

29. Infants, Children, and Pregnant Individuals

29.1 Continued Eligibility for Pregnant Individuals

All MC eligible pregnant individuals are potentially eligible for CE. Under this program:

- When a pregnant individual has been approved for pregnancy-related MC with a Share of Cost (SOC), increases in income must not result in an increased SOC for pregnancy-related services, throughout the pregnancy, until the end of the 60-day postpartum period. Other changes in MFBU or Maintenance Need Levels may affect MC eligibility.
- When a pregnant individual has been approved for a zero SOC Non-MAGI aid code and reports an increase in income which would result in a SOC, the individual must maintain their zero SOC eligibility for pregnancy-related services, throughout the pregnancy, until the end of the 60-day postpartum period.
- When a pregnant individual on a MAGI pregnancy aid code (M7, M8, M9, M0) reports an increase in income which would result in ineligibility for that aid code, the client must maintain their eligibility for the MAGI pregnancy aid code.
- Pregnant individuals must continue to meet other eligibility criteria, such as residency requirements.
- Increases in family income must be applied to all other individuals in the MFBU (with the exception of deemed infants) and to a pregnant individual's non-pregnancy aid code (for individuals with dual eligibility).

29.1.1 Applying CE Rules

MAGI

When a pregnant individual reports an increase in income which results in a loss of eligibility for MAGI, Soft Pause should be applied to that individual. Due to system limitations, EWs must leave MAGI individuals who are eligible for CE on soft pause until the end of the CE period or the client reports a decrease in income which results in eligibility to a regular MC aid code.

Non-MAGI

When a pregnant individual reports an increase in income which would result in an increased SOC, CalWIN is programmed to keep the SOC unchanged. Individuals must maintain the same SOC until the end of the CE period or the client reports a decrease in income which results in a lowered SOC.

**Reminder:**

CE only disregards increases in income, not decreases in the MFBU composition or maintenance need level that result in a SOC.

29.1.2 Eligibility for Pregnant Individuals

Only a pregnant individual who is eligible for and receiving MC in the month of disposition of the pregnancy is eligible for CE.

- For individuals with a SOC, it must have been met at least once during the pregnancy, prior to, or in the same month as, the income increase, in order to qualify for CE (unless eligible under the Income Disregard Program). There are no additional requirements for individuals with no SOC (including MAGI).
- CE does not apply to any individual who receives Retroactive MC coverage for the month of delivery.
- For Non-MAGI, increases in the income or the property of the unmarried father do not affect the pregnant individual, regardless of whether he wants MC for himself or other children.
- Increases in the spouse's income do not affect the pregnant individual's SOC, however changes in his property do affect the pregnant individual's eligibility (for Non-MAGI), unless the pregnant individual is eligible for the Property Waiver Program.

29.1.3 Three Month Retroactive

Use actual income to determine the SOC for each retroactive month requested. Once an increase in income is reported subsequent to the month of application, the increase is to be disregarded. Increases in income after the month of application trigger CE, not the family's income in the retroactive months or the date of the initial interview.

Example 1:

A woman applies for MC (and requests a Non-MAGI evaluation) on 10/30/17. She had a baby 10/5/17. She requests Retro Medi-Cal for August and September. She completes the application process on 11/15/17. Her net nonexempt income is as follows:

(Retro)	(Retro)	(App. Mo.)	(Current Mo.)
8/17	9/17	10/17	11/17
None	\$1,000	\$1,200	\$1,800

Actual income is budgeted for August and September. In November, her income is much higher. Since she applied during the month of October, the income increase in November is disregarded under Continued Eligibility rules. Even though she applied after the baby was born, October is not a “Retro” month; therefore, CE rules apply. Once her SOC for 10/17 is certified, she receives zero SOC postpartum services for November and December. The newborn's SOC is based on October's income until the child turns age one, unless income decreases.

An infant can receive DE retroactively when one of the three months prior to the application month is the infant's birth month and the mother, parent, legal guardian or responsible relative of the infant requests MC coverage for that month. If the infant's mother had MC eligibility in the birth month, then apply DE to the infant beginning in that retroactive month.

Example 1:

A mother applies for MC on July 6, 2017 for herself and her infant. The infant's date of birth was June 16, 2017. The mother indicates on her application that she has unpaid medical bills for May and June and requests MC for May and June. The EW approves MC for July 2017 and ongoing. In determining her retroactive MC eligibility, the EW determined that she was not eligible in May but eligible for June. Because the infant's month of birth is in the retro month of June and the mother was MC eligible in June, the infant has DE beginning in June.

29.1.4 Break In Aid

Once a pregnant individual is no longer eligible for MC, the CE period ends.

Any break in aid causes CE to end. For example, a family moves from County A and fails to notify their EW, so the case is discontinued 10/31. The family reapplies in County B after the 30 day timeframe allowed by SB 87. This is considered a break in aid for purposes of determining CE. County B determines eligibility and SOC based on November's income.

29.1.5 Inter County Transfers (ICTs)

If an ICT is received and the client was in the middle of a CE period, the client is still entitled to CE until the end of the original period, as no break in aid occurred.

When initiating an ICT for a recipient who is entitled to CE, EWs must include adequate documentation/explanation for the Receiving county.

29.1.6 Whereabouts Unknown

If the pregnant individual's whereabouts become unknown, the case may be discontinued with a timely notice of action after following SB 87 procedures for loss of contact.

29.1.7 Annual Redeterminations

The following requirements apply when an MFBU includes a pregnant individual:

- Redeterminations must be completed annually as a condition of eligibility for pregnant individual.
- Failure to comply with RD will result in the end of the CE period and discontinuance of MC if no other eligibility exists.
- If it is determined at RD (or any other time) that the mother has excess property, the mother would be ineligible.

29.1.8 Increased Income, Pregnant Individual (MN/MI Programs)

For Non-MAGI individuals, use this chart to determine under which program a pregnant individual's eligibility continues when there is an increase in family income or SOC:

Table 29-1: Increased Income, Pregnant Individual

If the Prior Month Aid is...	And Income Increases...	Then Continue Eligibility for the Pregnant Woman under...
No SOC, MN/MI or PA	But does not exceed Maintenance Need	MN/MI, no SOC. (Unaffected by Continued Eligibility)
	Between Maintenance Need and 200% of FPL	Income Disregard Program for pregnancy related services. Increase her SOC for non-pregnancy care.
	Over 200%	Income Disregard Program for pregnancy related services. Increase her SOC for non-pregnancy care.
Income Disregard Program (between Maintenance Need and 200% of FPL)	At or Below 200%	Income Disregard Program for pregnancy related services. Increase her SOC for non-pregnancy care.
	Over 200%	Income Disregard Program for pregnancy related services. Increase her SOC for non-pregnancy care.
Property Waiver Provision	At or Below 200%	Property Waiver Provision for pregnancy related services.
	Over 200%	Property Waiver Provision for pregnancy related services. (Use Income Disregard Program Aid Code.)
SOC, MN/MI (Income over 200%)	Still Over 200%	Continue pregnant woman at prior month's SOC for both her pregnancy and non-pregnancy services.

For MAGI individuals, an increase in income over the limit for MAGI pregnancy aid codes should trigger Soft Pause. Due to system limitations, the pregnant individual must remain on Soft Pause until the end of the CE period or when other changes (i.e. tax household information) make the client ineligible. Pregnant individuals who report income below the pregnancy aid code income limit will remain on that aid code.

29.1.9 Increased Income, PA

Pregnant individuals who are discontinued from CalWORKs, Transitional Medi-Cal (TMC), or Edwards are potentially eligible for CE.

Determine eligibility for no SOC MC in the following sequence:

Table 29-2:

Step	Action	
1.	Determine eligibility for MAGI.	
1.	If ineligible for MAGI, determine eligibility for no SOC under Transitional Medi-Cal (TMC).	
2.	If ineligible for TMC, determine ongoing MC eligibility under the MN/MI programs. Disregard increases in family income for the pregnancy related services.	
	If Income is:	Then Establish Medi-Cal under:
	At or below Maintenance Need Level	MN/MI Program, No SOC, unaffected by CE.
	Above Maintenance Need Level (regardless of how high the income is)	Income Disregard Program for: <ul style="list-style-type: none"> • Pregnancy related services, and • A child under age one. Apply full SOC to: <ul style="list-style-type: none"> • Other family members, and • The pregnant woman's non-pregnancy care. NOTE: Other children in the MFBU may be eligible for No SOC under Federal Poverty Level programs.

29.2 Provisional Postpartum Care Extension

Under Senate Bill (SB) 104, the Provisional Postpartum Care Extension (PPCE) allows an individual who would lose MC or Medi-Cal Access Program (MCAP) coverage after the 60-day postpartum period to remain eligible under their current aid category for an additional 10 months if they have been diagnosed with a maternal mental health condition. This program began August 1, 2020 and is scheduled to end December 31, 2021 unless it is extended by the Legislature.

In order for eligibility to be extended, an individual must provide a *Medical Report for Medi-Cal or MCAP Postpartum Care Extension* form (MC 61 PPCE) which has been signed by a treating health care provider indicating that the individual has been diagnosed with a maternal mental health condition during their pregnancy, postpartum or 90-day cure period following the postpartum period. The completed form can be submitted during any of these periods. The individual will not be placed into a PPCE aid code (M7, M8, M9, M0, or 0E for MCAP) until the end of the 60-day postpartum period. The 10 months of PPCE eligibility are granted retroactively to begin where the postpartum period ended.

29.2.1 PPCE Informing

EW must send the MC 61 PPCE and PPCE Flyer any time client requests and at one of the following intervals:

- Report of a pregnancy
- Report of the end of pregnancy
- Report of a birth



Important:

EW must case comment to indicate that the MC 61 PPCE and PPCE Flyer have been sent.

29.2.2 Granting PPCE Eligibility

Once completed MC 61 PPCE is received, the EW will grant PPCE at the end of 60-day postpartum period by completing a BLO in CalWIN and submitting a corresponding SCD 1296 for MEDS. The SCD 1296 must have the begin and end dates for the 10 month PPCE period as well as termination code "41" - PPCE eligibility ending. The MTO will enter this as a closed period exception eligible transaction (ESAC 9). The MC 239 V will be used as the approval NOA.

SCD 1296 example:

Santa Clara County		Social Services Agency																			
<i>Original</i>		REQUEST FOR ONLINE TRANSACTION																			
Case Last Name:	Example	Date:	9/16/2020																		
Case Serial #:	1Bxxxxx	EW #:	Axxx																		
Person #	Modify Application / Appeal Info (AF34)	Record / Deny Application	Citizen/Identify	Transfer Marital Responsibility (EW05)	Change MEDS ID / SSN (EW10/FX10)	Merge / Chain / Consolidate (EW11*)	Update / Modify / Confirm (EW12/30/31*)	Immediate Need / Replacement (EW15/45)	Add / Activate (EW20 / FX20)	Suspend / Release from Incarceration (EW22)	Hold / Release / Terminate (EW35/40)	Eligibility Over 12 Months (EW50)	SSI/SSP Modify / Card Request (EW55)	Modify FS Record / ABAWD Calendar	Other**	Effective Date or From / Thru Date	Aid Code	Termination Code	SOC Amount \$	OHC Code	LTC
01									X							10/1/20-8/31/21	M7	41			
*New MEDS ID-SSN to be used : <input type="checkbox"/> Issue Paper BIC <input type="checkbox"/> Client Waiting <input type="checkbox"/> Mail to Client																					
**Other:																					
EW Sup. Approval: MTO: Date Completed:																					
Scan: Benefits - MEDS SCD 1296 - 04/11																					

MC 239 V example:

MEDS alerts 9561 and 9562 will generate when PPCE is ending or overdue and eligibility needs to be redetermined [Refer to MEDS Update 20-11 and MEDS HB chapter 11]. The end of the PPCE period will be treated as a change in circumstance (CIC) and the PPCE individual must have their eligibility redetermined. Annual redeterminations (RDs) which are due during the PPCE period must not negatively affect PPCE eligibility.

**Note:**

MCAP individuals (aid code 0E) will have their PPCE administered by MAXIMUS. If an EW receives the MC 61 PPCE for an individual in aid code 0E, they shall send the scanned copy to MAXIMUS by secure email at SPELiaisons@maximus.com.

29.3 Deemed Eligibility for Infants

Infants born to individuals who are eligible for and receiving MC on the date of the infant's birth are automatically deemed eligible for MC for one year:

- Without a separate MC application, and
- Without requiring a Social Security Number (SSN) for the infant, and
- Without considering the infant's living arrangements or the mother's eligibility status.

A new application is required when the child turns age one only in those cases when the mother is ineligible and no one else in the family is receiving MC.

29.3.1 Program Eligibility

Under DE, the infant's eligibility is determined based on the household (tax household or MFBU) circumstances in the birth month and remains the same until the infant's first birthday unless the change in circumstance is beneficial to the infant (i.e. lower SOC).

If the mother is receiving MC under the Supplemental Security Income/State Supplementary Payment (SSI/SSP) program, the Federal Breast and Cervical Cancer Treatment Program (BCCTP), or the Medi-Cal Inmate Eligibility Program (MCIEP), there will not be an open MC case in CalWIN. A new MC

case will need to be established if there is no previous case history. The annual RD is due when the infant turns age one. If there are other family members on MC, or the infant's father is now requesting MC, the infant is included in the same MFBU/tax household for regular MC eligibility. [Refer to 22- for procedures to establish Medi-Cal eligibility for this deemed infant.]

Residency

California residency is a federal requirement to receive MC. As long as the infant resides in California, the infant meets the residency requirement for DE.

DE does not continue when an infant moves from the state of birth where he/she initially received DE to another state. When a DE infant moves to another state, the DE terminates. Likewise, when an infant with DE arrives from another state, he/she is not DE eligible because the infant's mother was not eligible for and receiving MC in California on the date of birth.

Deficit Reduction Act (DRA) of 2005

DE infants are exempt from DRA citizenship and identity requirements. Children born in the U.S. to an individual who is eligible for and receiving MC on the infant's date of birth are deemed to have provided satisfactory documentation of citizenship and identity and are not required to provide any additional documents.

Infants Born to Minor Consent Mothers

Infants born to mothers receiving limited scope pregnancy related services under the Minor Consent Program qualify for DE.



Reminder:

Establish the case for the newborn using a separate case number from the Minor Consent case.

Infant Born to Youths Receiving Adoption Assistance Program (AAP) Benefits

Under the AAP program MC is automatically included as a part of the benefits. Infants born to mothers who are receiving AAP are eligible for MC under the DE for Infants program.

When the Foster Care (FC) bureau is notified that a youth receiving AAP benefits has had a baby the FC bureau must open a new case only for the infant and the infant's mother.

FC Clerical is only required to complete the Application Registration then forward the case number and the application for MC Expedited Enrollment to District Office. The infant cannot be added to an existing AAP case. Once the case is approved in District Office it follows current MC policy.

The following process must be followed when an infant is born to a mother receiving AAP benefits:

Table 29-3: Infant Born to AAP Youth

Step	Who	ACTION
1.	FC Clerical/FC EW	Receives notification the AAP youth has had a baby.
2.	FC EW	Reviews the application/request forwards to FC Clerical for Application Registration for MC only.
3.	FC Clerical	Completes the Application Registration for MC with <u>only</u> the Infant and the Infant's mother and forwards the following information to District Office. <ul style="list-style-type: none"> • SCD 1374 FC, • When available, the Application, • A copy of the CalWIN Inquire On Case Information window, and • Any additional information provided by the adoption social worker, adoptive parents, and/or the youth receiving AAP benefits.
4.	District Office	Receives the Application and approves MC. <p>Note:</p> <p>The infant's redetermination of benefits has no effect on the open AAP case.</p>

This process only applies to DE infants that are initiated at the FC Bureau

29.3.2 Retroactive Eligibility

An infant can receive DE retroactively when one of the three months prior to the application month is the infant's birth month and the mother, parent, legal guardian or responsible relative of the infant requests MC coverage for that month. If the infant's mother had MC eligibility in the birth month, then apply DE to the infant beginning in that retroactive month.

Example 1:

A mother applies for MC on July 6, 2017 for herself and her infant. The infant's date of birth was June 16, 2011. The mother indicates on her application that she has unpaid medical bills for May and June and requests Medi-Cal for May and June. The EW approves MC for July 2017 and ongoing. In determining her retroactive Medi-Cal eligibility, the EW determined that she was not eligible in May but eligible for June. Because the infant's month of birth is in the retro month of June and the mother was MC eligible in June, the infant has DE beginning in June.

29.3.3 Infant's SOC

The infant's SOC will remain, through the month that the child reaches age one, the same as his/her SOC during the month of birth.

If the mother has no SOC MC on the date of the infant's birth, the infant has DE with no SOC, regardless if the mother has full scope or restricted benefits.

**Important:**

A mother who is concurrently eligible for the Income Disregard program and MC with a SOC does not have to meet the SOC for her infant to be DE. Enrollment by the mother in the Income Disregard program entitles the infant to DE if the infant is otherwise eligible.

Example 1: Mother eligible for no SOC Restricted Benefits

Mother is eligible only for no SOC pregnancy-related MC with restricted benefits in the month of July 2017 and gives birth to an infant on July 17, 2017. Because the mother was MC eligible on July 17th, the infant has DE with no SOC until the end of the month in which the infant reaches age one.

Example 2: Mother Eligible for no SOC Medi-Cal

A mother receiving no SOC Medi-Cal in the month of May 2017 gives birth to an infant on May 31, 2017. In July, the mother becomes ineligible for MC and her MC is discontinued. Because the mother had no SOC Medi-Cal on the day of the infant's birth, the infant continues with no SOC Medi-Cal under DE until the end of the month in which the infant reaches age one.

If the mother has eligibility for Medi-Cal with a SOC in the birth month and meets her SOC in the birth month, the infant has DE with the same SOC as the mother. In accordance with federal guidelines, an individual with a SOC is ineligible for MC until the individual pays or obligates to pay his/her SOC. Therefore, unless the mother paid or obligated to pay her SOC in the birth month, the mother is not Medi-Cal eligible in that month and the infant would not have DE for MC. The EW will need to verify the SOC obligation in MEDS prior to approving DE for an infant.

Example 3: Mother's SOC Unmet in the Birth Month

A pregnant woman has employer covered medical insurance. Her medical insurance has a high co-payment and does not cover some medical expenses for labor and delivery so she applies for MC. The EW determines she is only eligible for MC with a \$700 SOC. She delivers her infant and pays her employer insurance copayment of \$550. She does not meet or obligate to meet the remaining \$150 of her \$700 SOC in the birth month. Because she still has \$150 of her unmet SOC, the mother does not receive MC on the date of the infant's birth. Therefore, the infant is not entitled to DE.

**Important:**

A mother currently eligible for restricted benefits under the Income Disregard Program and full-scope Medi-Cal with a SOC does not have to meet the SOC for her infant to have DE. Enrollment in the Income Disregard Program entitles the infant to DE as long as the infant is otherwise eligible for deeming.

Example 4: Mother's SOC Met in the Birth Month:

In February 2017, a pregnant individual applies for MC and is eligible with a \$350 SOC beginning February 2017. The individual delivers in July and meets the \$350 SOC for the birth month of July. Because the mother met or obligated to meet the \$350 SOC in the birth month, she is certified as meeting her SOC and therefore Medi-Cal eligible. The infant has the same SOC as the mother and has DE until the end of the month in which the infant reaches age one.

**Note:**

There will be instances during an infant's DE period that the mother's SOC is reduced. When the mother has a lower SOC, the infant will also have a lower SOC.

Example 5: Mother's SOC Reduced

A pregnant individual has eligibility for SOC MC beginning February 2017 and ending January 2018. The woman delivers her baby in July and meets her SOC in that month. Her infant has DE with the same SOC amount as the mother until the end of the month in which the infant reaches age one. In August the mother's company furloughs its employees and the mother has a cut in pay. The mother's income goes down and she now has a lower SOC. The infant's SOC will also be lowered. If the mother's income continues to go down prior to the infant reaching age one, the infant's SOC will also continue to go down. If the mother's SOC decreases to zero, the infant will have zero SOC until the end of the month in which the infant reaches age one, even if the mother's income increases again and she goes from no SOC to SOC prior to the infant reaching age one because CE protects the DE infant.

Example 6: Mother Met Her SOC in the Birth Month, Change in MFBU

A pregnant woman and her 18-year old child have MC eligibility with a SOC beginning February 2017 and ending January 2018. The pregnant woman delivers in July and meets her SOC in that month. The infant has DE with a SOC until the end of the month in which the infant reaches age one. However, the 18-year old member of the MFBU moves out of the household the following month. The MFBU and the maintenance need level decrease but the income of the MFBU does not change. This change results in a higher SOC. The infant's SOC also increased because the CE program only disregards increases in income, not the change in MFBU composition or Maintenance Need Level.

29.3.4 Increased Income, Infants (MN/MI Programs)

For Non-MAGI, use this chart to determine under which program an infant's eligibility continues through the month that the child turns age one, when there is an increase in family income or SOC:

Table 29-4: Increased Income, Infants

If the Prior Month Aid is...	And Income Increases...	Then Continue Eligibility for the Infant under....
No SOC, MN/MI or PA	But does not exceed Maintenance Need	MN/MI, no SOC. (Unaffected by CE)
	Between Maintenance Need and 200% of FPL	Income Disregard Program. No SOC.
	Over 200%	Income Disregard Program. No SOC.
Income Disregard Program (between Maintenance Need and 200% FPL)	At or Below 200%	Income Disregard Program. No SOC.
	Over 200%	Income Disregard Program. No SOC.
Property Waiver Provision	At or Below 200%	Property Waiver Provision. No SOC.
	Over 200%	Property Waiver Provision. No SOC. (Use Income Disregard Program Aid Code.)
SOC, MN/MI (Income over 200%)	Still Over 200%	Continue infant at prior month's SOC.

For infants on MAGI, an increase in tax household income over the limit for MAGI should trigger Soft Pause. Due to system limitations, the infant must remain on Soft Pause until the end of the DE period or when other changes (i.e. tax household information) make the infant ineligible.

29.3.5 Unmarried Fathers - MN/MI (Non-MAGI) MC

MFBU

An unmarried father living in the home is not required to be in the MN/MI MFBU until the month following the month that his child turns age one, unless he is requesting MC for himself and/or any of his separate or mutual children. The unmarried father must be added to the MFBU the first of the month after the infant turns one year old.

Income/Property

Increases in the income or property of an unmarried father do not affect the infant until the child reaches age one, regardless of whether the unmarried father wants MC himself or other children. [\[Refer to "Sneede," page 29-13\].](#)

EWs are not required to verify the income or resources of an unmarried father (who does not want MC for himself or other children) until the infant turns age one.

Information Provided

Although an unmarried father is not required to be in the MN/MI MFBU until the newborn reaches age one, occasionally he may provide all necessary information and verifications. When this occurs:

- He may be included in the MFBU.
- If adding him adversely affects the mother or child (results in excess property or a SOC) then Sneeede rules apply.

Sneeede

In cases where there is an unmarried father in the home and the MFBU has a SOC or excess property, the following rules apply when determining eligibility for the newborn:

- After the baby is born, the child's eligibility is tied to the mother.
- If the unmarried father wants MC for himself or for his other mutual children and there is a SOC or excess property, Sneeede rules apply. [[Refer to "Sneeede v Kizer," page 28-1\]](#)
- Include the newborn under age one in the Responsible Relative determination, even though the newborn will not actually receive an allocation from the unmarried father until the month after the child turns age one.
- There is to be no allocation from the unmarried father to the infant during CE.
- Mother's income, before any increases, is allocated to the baby.
- If a pregnant individual/infant are included in an Mini Budget Unit (MBU) that has a SOC, evaluate them under the poverty level programs.
- If a SOC remains and they had no SOC or a lower SOC in the prior month, apply CE rules.

Medical Support Enforcement

For purposes of medical support enforcement, an absent parent still has a legal responsibility for the health and welfare of his child(ren). A medical support referral must be made at the end of the mother's 60-day postpartum period if there is an absent parent.

29.3.6 General Newborn Referrals

The "Newborn Referral Form" (MC 330) was developed by the Department of Health Care Services to facilitate the enrollment of DE newborns into MC. The MC 330 is received from various agencies and

hospitals throughout Santa Clara County. Once a referral is received designated staff will review the information provided to determine the correct course of action.

Table 75: Forwarding Referral

If the Mother...	Then the Referral Will Be...
Is active in another county,	Forwarded to the county of record by designated staff.
Is active on MC in Santa Clara County,	Forwarded to the appropriate District Office for assignment. <ul style="list-style-type: none"> • Use the information provided to activate the infant on the mother’s Medi-Cal case.
Is receiving SSI/SSP, BCCTP, or MCIEP Medi-Cal benefits at the time of birth,	Processed as an application if no other family members are receiving Medi-Cal.
Has no active case record,	Held for 30 days, then file-cleared again in CalWIN/MEDS. <ul style="list-style-type: none"> • If the case is found to be active or pending at that time, the referral will be forwarded to the appropriate office for task assignment. • If no case is found to be active at that time, a “Medi-Cal Notice of Newborn Referral” (SCD 1374) must be completed and sent to the parent by the designated staff. • If the child has an active Accelerated Enrollment (AE) or CHDP Gateway MEDS record, the referral will be forwarded to AAC for processing. Reminder: Staff must enter the date of application recorded on the MEDS INQP screen.

Medi-Cal Notice of Newborn Referral Form (SCD 1374)

The “Medi-Cal Notice of Newborn Referral” (SCD 1374) must be completed and sent to the parent/caretaker relative by designated clerical staff when no active record is found after 30 days. As part of Santa Clara County’s MC outreach effort, the notice explains to the new mother that she may apply for MC if she wishes.

The SCD 1374 informs the parent that the county has no MC case record and he/she must contact the Social Services Agency to apply for MC.

Infants born to mothers receiving SSI/SSP, BCCTP or MCIEP at the time of birth are also deemed eligible. The MC case must be established by using the information available on the referral and the mother’s MEDS record.



Note:

General newborn referrals do not have a 5 day due date and are not received via the Healthier Kids Foundation as are the Baby Gateway Referrals.

29.3.7 Baby Gateway Referrals

The Baby Gateway program was implemented to expand health coverage to infants, secure a medical home, reduce emergency department use for infants, and ensure parents are given the appropriate resources to create a safe and healthy environment for their children. The program is a partnership between Santa Clara County Social Services Agency (SSA) and the Healthier Kids Foundation.

The Baby Gateway program applies **ONLY** to O'Connor Hospital, Saint Louise Regional Hospital, and Santa Clara Valley Medical Center.

Baby Gateway Referral Procedure

Following the birth of a child, Certified Application Assistors (CAAs) working within the participating hospitals listed above, will meet with the MC eligible mothers before they leave the hospital. As part of the visit with each newborn's mother, the CAA will assist the mother with:

1. Providing the required information to Healthier Kids to add the newborn to the active MC case,
2. Selecting a health plan and a primary care physician, and
3. Scheduling the six week well baby appointment with a pediatrician.



Note:

Newborn referrals sent to SSA by individuals and agencies outside of the Baby Gateway program do not qualify as Baby Gateway referrals and should follow normal processing procedures. [“Three Month Retroactive,” page 29-2](#)

The Healthier Kids Foundation will gather the newborn requests from each hospital and combine information onto a single spreadsheet to send to SSA. Designated SSA staff will:

- Receive the spreadsheet via email from the Healthier Kids Foundation.
- Maintain a record of all Baby Gateway referrals received, including:
 - Date the Referral is Received
 - Mother's name
 - Mother's CIN
 - CalWIN Case #
 - Child's Name
 - Child's Date of Birth
 - Child's Gender



Note:

The MC 330 is no longer sent for Baby Gateway Referrals.

29.3.8 Forwarding Referrals

Baby Gateway referrals are forwarded as outlined in the table below.

Table 76: Forwarding Baby Gateway Referrals

If...	Then...
An active MC case exists AND the newborn is unknown,	Send the list of eligible names to clerical staff for ticket creation. Note: If a ticket was previously created and it has been more than 5 days and the child is still not active on MC send the spreadsheet to the appropriate office’s Management Analyst for follow up with the assigned EW supervisor.
An active MC case exists AND the newborn is known to CalWIN and active on MC,	Return the CIN to the Healthier Kids Foundation.
No MC case exists for the mother,	Return a “no match” response to the Healthier Kids Foundation.

29.3.9 Baby Gateway Workflow

Table 77: Baby Gateway Work Flow

Step	Who	Action
1.	Patient/ Mother	Provide CAA with required information to add the newborn to the MC case.

Step	Who	Action										
2.	CAA	<p>1. Obtains a list of all MC Active mothers from the hospital. 2. Visits the client in the hospital.</p> <table border="1"> <thead> <tr> <th>If the...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>List is not available or the patient is not on the list,</td> <td> <ul style="list-style-type: none"> • Emails the SCD 115 to the Baby Gateway email at SSA. • Calls the OS III at SSA to verify MC status. • The OS III researches in CalWIN and MEDS to verify the client's MC status. <table border="1"> <thead> <tr> <th>If the client is...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Active on MC,</td> <td> <ul style="list-style-type: none"> • Proceed with requesting the necessary information and updating the Baby Gateway spreadsheet. • Send referrals to Healthier Kids Foundation. </td> </tr> <tr> <td>Not active on MC,</td> <td> <p>Assists the client in completing the MC application via Benefits CalWIN (BCW) and obtaining the appropriate verifications for the family unit.</p> <p>Note: This application will follow regular BCW process.</p> </td> </tr> </tbody> </table> </td> </tr> </tbody> </table>	If the...	Then...	List is not available or the patient is not on the list,	<ul style="list-style-type: none"> • Emails the SCD 115 to the Baby Gateway email at SSA. • Calls the OS III at SSA to verify MC status. • The OS III researches in CalWIN and MEDS to verify the client's MC status. <table border="1"> <thead> <tr> <th>If the client is...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Active on MC,</td> <td> <ul style="list-style-type: none"> • Proceed with requesting the necessary information and updating the Baby Gateway spreadsheet. • Send referrals to Healthier Kids Foundation. </td> </tr> <tr> <td>Not active on MC,</td> <td> <p>Assists the client in completing the MC application via Benefits CalWIN (BCW) and obtaining the appropriate verifications for the family unit.</p> <p>Note: This application will follow regular BCW process.</p> </td> </tr> </tbody> </table>	If the client is...	Then...	Active on MC,	<ul style="list-style-type: none"> • Proceed with requesting the necessary information and updating the Baby Gateway spreadsheet. • Send referrals to Healthier Kids Foundation. 	Not active on MC,	<p>Assists the client in completing the MC application via Benefits CalWIN (BCW) and obtaining the appropriate verifications for the family unit.</p> <p>Note: This application will follow regular BCW process.</p>
If the...	Then...											
List is not available or the patient is not on the list,	<ul style="list-style-type: none"> • Emails the SCD 115 to the Baby Gateway email at SSA. • Calls the OS III at SSA to verify MC status. • The OS III researches in CalWIN and MEDS to verify the client's MC status. <table border="1"> <thead> <tr> <th>If the client is...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>Active on MC,</td> <td> <ul style="list-style-type: none"> • Proceed with requesting the necessary information and updating the Baby Gateway spreadsheet. • Send referrals to Healthier Kids Foundation. </td> </tr> <tr> <td>Not active on MC,</td> <td> <p>Assists the client in completing the MC application via Benefits CalWIN (BCW) and obtaining the appropriate verifications for the family unit.</p> <p>Note: This application will follow regular BCW process.</p> </td> </tr> </tbody> </table>	If the client is...	Then...	Active on MC,	<ul style="list-style-type: none"> • Proceed with requesting the necessary information and updating the Baby Gateway spreadsheet. • Send referrals to Healthier Kids Foundation. 	Not active on MC,	<p>Assists the client in completing the MC application via Benefits CalWIN (BCW) and obtaining the appropriate verifications for the family unit.</p> <p>Note: This application will follow regular BCW process.</p>					
If the client is...	Then...											
Active on MC,	<ul style="list-style-type: none"> • Proceed with requesting the necessary information and updating the Baby Gateway spreadsheet. • Send referrals to Healthier Kids Foundation. 											
Not active on MC,	<p>Assists the client in completing the MC application via Benefits CalWIN (BCW) and obtaining the appropriate verifications for the family unit.</p> <p>Note: This application will follow regular BCW process.</p>											
3.	Healthier Kids Foundation	<ul style="list-style-type: none"> • Collects the newborn referral information from the participating hospitals. • Combines all information onto one spread sheet. • Emails the Baby Gateway spreadsheet to designated SSA Staff once a week. 										
4.	Designated SSA Staff	<ul style="list-style-type: none"> • Once a week, receive the spreadsheet from Healthier Kids Foundation. • Performs data match to identify: <ul style="list-style-type: none"> - Child's CIN - Child's aid code - Approval Date - Known or Unknown to CalWIN • Send the disposition of the referrals on a weekly basis to designated Healthier Kids Foundation staff member. • Send unknown Baby Gateway newborn information to designated SSA Clerical staff. • Send referrals over 5 days, where the child is still unknown, to the appropriate district office Management Analyst. 										

Step	Who	Action
5.	Designated Clerical Staff	<ul style="list-style-type: none"> • IDs the mother’s active MC case. <p>Note: Per policy refer cases with Foster Care and the Adoption Assistance Program to the Foster Care Bureau via FosterCareProcessing@ssa.sccgov.org</p> <ul style="list-style-type: none"> • Creates an “Urgent” TMT for each newborn referral to assign the add-a-person task to the assigned EW or Unit. <p>Note: The Foster Care Bureau will create the Foster Care TMT. Refer to Foster Care Handbook “Infants Born to Youth in FC and Kin-GAP,” page 33-16, “Deemed Eligibility for Infants Born to Mother Receiving AAP Benefits,” page 33-46</p>
6.	EW	<ul style="list-style-type: none"> • Receives “Urgent” “Baby Gateway” add-a-person TMT. • Within 5 working days of receiving the TMT, adds the newborn to the MC case, per established business process. • If the child’s tax filing information is unavailable: <ul style="list-style-type: none"> - Request the information from the mother. Do not delay benefits for the child, if unavailable, enter the child as a non-filer in the Display Tax Filer Detail window.
7.	EW Supervisor	<p>Monitor all Baby Gateway assignments to ensure a 5 business day turn around for add-a-person. If the baby is not added within 5 business days of assignment, communicate with the worker to expedite the process.</p>

29.3.10 Expedited Enrollment

MC eligibility for infants may be established through receipt of:

- A Newborn Referral Form (MC 330)
- Telephone Call
- Letter,
- Fax, or
- Other Contact.

The information provided must include sufficient information to link the infant to the mother's MEDS record or an open MC case.

The minimum basic information required for the mother is the Benefits Identification Card (BIC) or SSN. The required information for the infant is the name, gender and date of birth.

EWs are not to request the following items to add the DE infant:

- Birth Certificate
- Social Security Number
- Income documentation
- Immigration Status Form (MC 13), or
- "Medical Support Questionnaire" (CW 2.1/CW 2.1Q).



Note:

NOTE: A medical support referral must be made on the infant once the mother's 60 day postpartum period has ended if there is an absent parent.

If the information in CalWIN/MEDS indicates the mother's case is closed, the infant's MC must be approved effective the month of birth through the current month as long as the mother was MC eligible at the time of birth.



Note:

A DE infant who is no longer a California resident must be discontinued. A ten day notice of action (NOA) is not required.

29.3.11 Change in County of Residence

A change in county of residence within California does not affect the infant's DE. When an ICT is received, the EW must review the information in the case file from the Sending County and continue the infant's DE. If there are changes to the family's circumstances that may affect the DE infant, the Receiving County will review and make the necessary changes.

29.3.12 Resetting RD when Family Members are Discontinued

When a negative action is taken on a case with a deemed infant, the infant must retain the same level of benefits until their first birthday. When the rest of the household is discontinued, the RD must be updated to the infant's first birthday so the infant's eligibility can be reevaluated once he/she is no longer deemed.

29.3.13 Discontinued Family Reapplies During SB 87 Process

If during the SB 87 process for the DE infant, or at any time prior to the end of the infant's DE period, any discontinued family members wish to reapply for MC, a new application must be completed to obtain information to determine the family's eligibility. However, do not delay the infant's eligibility determination if information is available for the infant to continue MC under another program. Instead, grant the infant's eligibility without regard to the pending application of the other family member(s). When the family's new eligibility is determined, add the infant in the family's case as an eligible MFBU member with the same RD date of the family.

29.3.14 Rescind DE Due to Whereabouts Unknown

When a family with a DE infant is discontinued for whereabouts unknown and later the family reestablishes contact, reinstate DE for the infant, for any months discontinued due to whereabouts unknown, unless the family lost California residency.

29.4 CHDP Gateway DE Infant Enrollment Process

The state Department of Health Care Services (DHCS) implemented a method to grant immediate full-scope presumptive eligibility to infants through the CHDP Gateway electronic enrollment process when the mother is receiving MC in the month of birth. Based on an initial income screening, deemed eligible infants immediately receive full scope Medi-Cal coverage retroactive to the month of birth under Aid Code 8U (zero SOC) or 8V (SOC) instead of the standard CHDP Gateway Aid Code 8W.

DE continues until an eligibility determination is completed and MC is either approved under a different Aid Code or a denial/discontinuance is reported to MEDS.

**Note:**

These infants may be known to us as unborns.

29.4.1 MEDS Alerts

MEDS alert 9034 and 9535 will be issued when an existing case is identified. The EW must review the mother’s case to determine if DE or some other MC program is appropriate. If the case is closed, it must be re-opened and the infant’s eligibility must be determined.



Note:

An application will not be received from the Single Point of Entry (SPE) on these infants and we cannot require an application for the infant.

EWs must follow the steps below to clear these records:

If the Infant is...	Then the Worker must...
Already active in a case under the same MEDS ID,	<ul style="list-style-type: none"> • Determine the infant’s MC eligibility from the date of birth, and • Complete an SCD 1296 requesting an AP 18 transaction to deny the application (which will terminate Aid Code 8U/8V). Use the existing 14-digit County ID; Application Flag “P”, and Denial Code “L” (for an existing MC recipient).
Already active in a case under a different MEDS ID,	<ul style="list-style-type: none"> • Determine the infant’s MC eligibility from the date of birth, and • Complete an SCD 1296 requesting an EW 11 transaction to combine the two MEDS records, and an AP18 transaction to deny the application and terminate Aid Code 8U/8V. Use the existing 14-digit County ID, Application Flag “P”, and Denial Code “L”.
Not active, and he/she meets the criteria for Deemed Eligibility, [Refer to Section 22.1.4]	<ul style="list-style-type: none"> • Add the infant to the mother’s case and report it to MEDS using the child’s existing CHDP Gateway MEDS ID. • Once the child is active on MEDS with the ongoing Medi-Cal Aid Code, MEDS will terminate the 8U/8V record automatically (The Name, DOB and SSN MUST match to capture the same record).
Not active, and he/she does not meet the criteria for Deemed Eligibility (e.g., does not live with the mother),	<ul style="list-style-type: none"> • Complete an SCD 1296 requesting an AP 18 transaction to deny the application and terminate Aid Code 8U/8V. Use the following County ID format: 43-IE-xxxxxxx-y-zz*, and Application Flag “F.” NOTE: Refer to the Users Guide or MEDS Quick Reference Guide for the appropriate MEDS denial code.

- * xxxxxxx = the CalWIN Case Number
- * y= the Last Digit of the FBU
- * z = the Person Number

**Note:**

When adding a newborn to a CalWORKs case, follow procedures for the Beginning Date of Aid for Newborns in the CalWORKs Handbook.

29.4.2 Exception Eligibles Report

These records will be added to the monthly Exception Eligibles report, if left uncleared. Infants will remain active in Aid Code 8U/8V until his/her first birthday, at which time an eligibility determination will be required for the infant, even if the case is closed.

**Note:**

The mother's CIN appears on the daily worker alert but not on the Exception Eligibles report. Using the daily worker alerts to initiate the follow-up process for these DE infants facilitates the process of linking the infant to the mother's case and reporting the final determination to MEDS. Once MEDS receives the determination, the infant's record is automatically removed from the EE report.

29.5 Continuous Eligibility for Children (CEC)

CEC ensures that all children under age 19 who are determined eligible for zero SOC MC maintain eligibility until the next annual redetermination or the child turns 19, whichever occurs first. All adverse changes in financial eligibility income, property, including a change in maintenance need levels, are disregarded until the CEC period ends.

29.5.1 CEC Program Eligibility Rules

The following eligibility rules apply to the CEC program:

- The CEC period begins at the first month of MC eligibility for all categories of zero SOC MC, including cash-based categories.
- Any changes in family income, assets or other circumstances reported by the family during the CEC period, which would otherwise move a child under age 19 from:
 - Zero SOC category (including MAGI aid codes) to a SOC category
 - Zero SOC category (including MAGI aid codes) to a Premium aid code,
 - Zero SOC eligibility (including MAGI aid codes) to ineligibility.
- The CEC period continues for up to 12-months, and ends the last day of the month in which the annual redetermination (RD) is due, or when the child turns age 19, whichever occurs first.

- Independent minors living on their own, away from parents (under age 19) are entitled to CEC.

29.5.2 CEC Exceptions

CEC does not apply in the following circumstances:

- A child receiving Minor Consent services
- A child becomes incarcerated
- In the event of death
- The family/child moves out of state.
- A break in aid of more than one month.

29.5.3 The 12 Month CEC Period

The CEC period is always twelve months. The CEC period begins with the first month of an initial zero SOC (or MAGI) eligibility determination or the first month impacted by an annual redetermination, and ends with the last month covered by that determination, or the child's 19th birthday, whichever occurs first. The month impacted by the annual redetermination is the month following the month in which the annual redetermination is completed. CEC can begin at any time during the CEC period after the first zero SOC month.



Example:

An annual redetermination conducted in April impacts the month of May. The CEC period runs from May to the end of the following April.

29.5.4 Guaranteed CEC Period

The CEC guaranteed period is within the CEC period, but must begin with a zero SOC month. CEC can only be triggered following a change from zero SOC MC to either a SOC or ineligibility. The months from the time of the zero SOC determination until the next annual redetermination are referred to as the CEC guaranteed period.

If the initial eligibility determination or the annual redetermination results in coverage for zero SOC Medi-Cal, the CEC period and the CEC guaranteed period start at the same time. The CEC period and the CEC guaranteed period always end at the time of the next annual redetermination.

During the CEC guaranteed period, any change in family income, assets, or other circumstances resulting in a SOC or ineligibility is disregarded for the child but not for the adult family members. The child is placed into CEC and continues to receive zero SOC MC for the remainder of the 12 month CEC eligibility period.

The zero SOC determination is not limited to determinations at initial eligibility or at annual redetermination, however, it can begin no earlier than the first month impacted by an initial eligibility determination or an annual redetermination.

29.5.5 CEC Aid Codes

Most children on Non-MAGI aid codes will remain on the same aid code throughout the CEC period, however, there are some instances where a child can no longer stay on that aid code and the CEC aid codes must be utilized (ex: TMC). The Non-MAGI CEC zero SOC Aid Codes are as follows:

Table 29-5: CEC Aid Codes

Aid Code	Description
7J	Full Scope coverage to qualified children under age 19(Citizen/Legal Immigrant)
7K	Restricted coverage to qualified children under 19 without satisfactory immigration status.

There is not a specific CEC aid code for MAGI individuals. Due to system limitations, MAGI children eligible for CEC must remain on Soft Pause through the end of their CEC period.

CEC Individuals on Soft Pause who Age Out of their Aid Code

When a MAGI child is on Soft Pause and reaches the age limit for their current aid code, system functionality does not allow the aid code to be changed and remain on Soft Pause. A Burman Hold will be placed on these individuals in MEDS, however, this should not cause an issue with access to care. If the client indicates that they were denied services, check the MOPI screen in MEDS for the specific service month. If no eligibility appears in MOPI but there is eligibility on the INQM (Q1, Q2, etc.) screen, review the case and create a GadWIN ticket if necessary. The Burman Hold must not be lifted.

29.5.6 Changes Reported During The CEC Period

MC recipients are still required to report information which may affect the determination of eligibility (i.e., change in family/tax household composition, income or property) within ten calendar days following the date the change occurred. This requirement has not changed. However, any changes reported must not be used to adversely affect a child's eligibility during the CEC period.



Note:

If the change in family circumstances causes the child to be moved to a different zero SOC MC category, the EW must authorize the change. The child would continue to be protected by CEC under the new category until redetermination.

Decrease in Income Reported in SOC Month Prior to Annual RD

If the family reports a decrease in income for any month prior to the annual RD that results in the child's eligibility for a zero SOC program, then the guaranteed CEC period based on that report is triggered and continues through the next annual RD.

29.5.7 Annual Redetermination Following a Period of CEC

EWs must take appropriate action based on the information gathered during the redetermination process.

Table 29-6: Annual Redetermination Following a Period of CEC

If the redetermination results in...	Then...
The family income level permits the child to continue to be eligible for a zero SOC (or MAGI) MC program,	The child is placed into that program, and a new CEC period begins.
The family income level gives the child a SOC,	A new CEC period does not begin until the child is determined eligible for a zero SOC program.
Total ineligibility for all MC programs,	The child must be discontinued.

29.5.8 CEC Retroactive Eligibility

Applicants and recipients have up to one year to apply for retroactive MC coverage, and must be evaluated for any or all months within the 3-month retroactive period when requested. If a child is determined eligible for a zero SOC MC (or MAGI MC) program in one of the three retroactive months, then CEC applies beginning the first day of the month in which the child is determined eligible.

SOC in Month of Application and Zero SOC in Retroactive Month

When it is determined there is a SOC in the month of application, but there is eligibility for zero SOC (or MAGI) in a retroactive month, the guaranteed CEC period is based on the retroactive zero SOC month, and runs for a period of 12-months.



Example:

A family applies for MC in August and also applies for retroactive benefits for June and July. They have a zero SOC for June and a SOC for July and August. In this instance, the guaranteed CEC period for the child starts in June, the month that zero SOC begins, and continues through May. The adult family members would remain on SOC MC.

Eligibility Established Prior to Retroactive Request

A late retroactive request and subsequent CEC eligibility changes the eligibility previously determined in the months already established.

CEC Begins in a Retro Month/CEC Guaranteed Period Ends Prior to RD

When CEC is based on a zero SOC month in the 3-month retroactive period prior to the month of application, the CEC guaranteed period will end before the annual RD 12 months from the date of the application. In this situation, the CEC guaranteed period extends to the annual RD. When the retroactive CEC guaranteed period ends, the guaranteed CEC period based on the month of application is still in effect. The child will have been covered by CEC from the applicable retroactive month to the annual RD.



Example:

A family applies for a child in June 2017 and the child is eligible for the 133% FPL program. Retroactive coverage is also requested for May 2017 and the child is eligible for the Income Disregard program. The child is covered by a CEC guaranteed period based on the child's retroactive zero SOC eligibility from May 2017 through April 2018. In addition, the child is covered under a CEC guaranteed period from June 2017 through May 2018, based on the initial zero SOC eligibility in June 2017. This child's CEC period runs continuously from May 2018 through June 2018.



Note:

When the guaranteed CEC period is based on a retroactive zero SOC month, and the family reports a decrease in income for any month prior to the annual RD that results in a child's eligibility for a zero SOC program, then the child's guaranteed CEC period based on that report is triggered and lasts until the annual redetermination. The child has CEC until the annual RD, even though the retroactive CEC period has ended.

29.5.9 CEC for Infants Under Age One

Currently, infants under age one who are born to MC eligible mothers are deemed eligible for full-scope, zero SOC MC without an application, and remain MC eligible under the DE program for one year, regardless of any family income or resource changes during that period. DE takes precedence over the CEC program.



Exception:

Infants whose DE ends because they are no longer living with the MC eligible mother are eligible for CEC.

29.5.10 Children Discontinued from CalWORKs

When a child is terminated from CalWORKs and there is no longer eligibility for cash-based MC, EWs must first determine if the child qualifies under any other zero SOC MC program, including TMC, and place the child in that appropriate Aid Code.

- If the child is not eligible for any other zero share-of-cost Medi-Cal program, he/she must be placed in a CEC Aid Code.
- CEC begins with the first month of initial eligibility or the first month impacted by an annual redetermination of eligibility, whichever is later.
- CEC ends 12-months from the initial CalWORKs application or annual RD.

29.5.11 Children Losing Foster Care Eligibility

A child receiving Foster Care (FC) and/or Kin-GAP is eligible to receive MC benefits under CEC if he/she is not eligible for any other zero SOC MC Program.



Note:

The FFY Program takes priority over CEC. Children who were in FC on their 18th birthday are eligible to receive zero SOC MC until their 26th birthday. These children must be transferred into the FFY Program.

CEC applies whenever a child under 19 loses Foster Care eligibility and does not qualify for the Extended MC Eligibility for Former Foster Youth (FFY) program. The child is entitled to CEC until the next annual redetermination, which is 12 months from the last Foster Care RV. The Foster Care EW will transition the child to the CEC program after being discontinued from Foster Care without requiring a new application. An MC-only case must be established for each CEC child until the end of the CEC period, unless the child moves out of state or requests discontinuance.

[\[Refer to Foster Care Handbook Section 29.5\]](#)

29.5.12 Children Losing SSI Cash-Based Medi-Cal

Children losing SSI cash-based benefits continue to receive zero SOC MC (or MAGI) benefits under the *Craig vs. Bontá* lawsuit until an eligibility determination for ongoing MC is completed.

29.5.13 CEC Procedures

When CEC is triggered, children must either remain on a current zero SOC (or MAGI) program, if applicable, or transferred to the appropriate CEC Aid Code.

EW staff must take the following action for all children under age 19:

Table 29-7: CEC Procedures

If...	And...	Then...
A child is on an FPL program,	A change in family income results in a SOC,	Transfer the child to the CEC Program, using the appropriate Aid Code, through either the end of the redetermination period, or the child(ren) turns 19, whichever occurs first.
The child(ren) are receiving TMC,	Changes result in financial ineligibility, or TMC eligibility stops for any other reason,	The child(ren) must be evaluated to determine if he/she is still within the CEC period. If so, transfer the child(ren) into the appropriate CEC Aid Code until the CEC period ends, or the child(ren) turns 19, whichever occurs first. NOTE: If the child(ren) is not within the CEC period, follow the normal procedures for TMC ineligibility and review for eligibility under another MC program.
There are child(ren) eligible for CEC,	They are in an MFBU with other family members,	The EW must ensure that any reported changes are acted upon appropriately for the other family members.

29.5.14 Redeterminations Not Completed Timely

When a MC redetermination is not processed timely, and a child is determined to have a SOC, the EW is responsible for reviewing the information for the month the RD was due, and for each month until the RD was actually completed to determine if CEC is applicable.

29.5.15 ICTs

CEC cases are treated the same way current procedures are followed for ICTs. The CEC child continues to receive zero SOC (or MAGI) MC in the receiving county for the remainder of the CEC period. EWs must:

- Review information contained in the case record prior to transfer,
- Ensure that the child(ren)'s zero SOC MC continues during the ICT period, and
- not discontinue the child(ren)'s zero SOC MC benefits until the receiving county has placed the child in CEC or another zero SOC MC Aid Code.

29.5.16 CEC When a Child Leaves the Home

CEC applies when a child under 19 leaves the home as CEC follows the child. The child must be continued in his/her new home (as long as it is in California), regardless of family income and/or living arrangements, as long as the child is still in the CEC period.

In addition, CEC also applies when the CEC guaranteed period is established on a parent's case and the minor moves out, establishing his/her own case.

Confidentiality rules do not apply to the parents or caretaker relatives of the child as long as the child is a minor and under the care of the person they are living with. The custodian of the child may be contacted.



Note:

Changes in custody should be reported to the Department of Child Support Services (DCSS).

29.5.17 Whereabouts Unknown

Children on CEC may not be discontinued for Whereabouts Unknown.



Note:

Other members in the household must be discontinued as appropriate.

29.5.18 Request for CEC Discontinuance

The parent(s) of an eligible CEC child may request discontinuance of his/her child's MC benefits. If a request is made for discontinuance, the EW must discontinue benefits as requested.

29.6 Extended Medi-Cal Eligibility for Former Foster Youth (FFY) 18 to 26 Years of Age

Youth eligible for FFY Medi-Cal are exempt from a Modified Adjusted Gross Income (MAGI) determination and **all** income is disregarded for this group. Youth eligible for this program are entitled to full scope zero SOC MC benefits, including Early and Periodic Screening, Diagnosis, and Treatment services. These youth must be moved seamlessly into the FFY program without being terminated, having to reapply, or having to provide any additional information.

FFY on SSI, CalFRESH, GA or CalWORKs must stay on their current program but if the program is discontinued, their FFY MC status must be reactivated. In order to determine correct eligibility for aid code 4M the client's FFY status must be verified by the Foster Care unit, refer to "[Former Foster Youth \(FFY\) Application Process](#)," page 29-34 DHCS established Aid Code 4M to be used for youth eligible for FFY MC. Effective January 21, 2014, CalWIN began interfacing with the California Health care Eligibility Enrollment and Retention System (CalHEERS). Youth eligible for FFY MC can apply through the CalHEERS system. The application will be interfaced from CalHEERS to CalWIN for processing.

29.6.1 Who is Eligible

Eligible Youth 18-26

FFY who were in one of the following aid codes on their 18th birthday are entitled to FFY MC:

Aid Code	Program Description
40	AFDC-FC; Non Federal
42	AFDC- FC; Federal
43	AFDC-FC NMD; State Cash/FFP Medi-Cal
45	Foster Care
46	Out of State Foster Care; CA Medi-Cal
49	AFDC-FC NMD Title IV-E; Federal/FFP Medi-Cal
4H	Foster Care Child in CalWorks
4N	CalWorks NMD; State Cash;FFP Medi-Cal
5K	Emergency Assistance, Child in Foster Care
9X	County Funded Foster Care Payment
2S	ARC + Federal CalWORKs
2T	ARC + State CalWORKs
2U	ARC + State NMDs

Aid Code	Program Description
2P	ARC Only
2R	ARC Only (NMDs)

29.6.2 Youth Not Eligible for FFY

- Youth ages 18-26 who are institutionalized or incarcerated, their benefits must be suspended.
- Emancipated Minors under the Age of 18 years old.
- Youth exiting foster care before age 18 years old and court dependency is terminated.
- Youth exiting the AAP program on their 18th birthday.
- Youth exiting the Kin-GAP program on their 18th birthday.
- FFY 26 years old and older.
- FFY requesting to be terminated from FFY MC.
- FFY on SSI (If SSI is terminated and youth is under 26 FFY MC must be restored).
- FFY with verified residency in another state (If the FFY returns to California and is under 26 FFY MC must be restored).



Reminder:

Youth under age 19, who are discontinued from AAP or Kin-GAP are eligible for CEC.

29.6.3 General Eligibility Rules

A former foster care youth may apply for benefits by going to any district office and completing any Medi-Cal application or by completing an application through CalHEERS. The applicants may also apply by telephone, e-mail, Benefits CalWIN (BCW) or SApp, FAX, or mail. All applications on which the client declares to be a FFY must be screen by the Foster Care unit to verify their FFY status refer to the [“Former Foster Youth \(FFY\) Application Process,” page 29-34](#). Applicants are not required to complete a full application or provide any additional information beyond what is requested on the “Application for Medi-Cal for Former Foster Care Children” (MC 250A). Although an application is not necessary to approve FFY MC it is used to expedite processing the application.

FFY MC applicants are not required to provide proof they were in foster care placement on their 18th birthday, they can self-attest their foster care placement on their application.

All FFY MC applications require expedite processing and must be approved immediately with a 30 day reasonable opportunity to verify their eligibility. Aid Cod 4M must be used. FC EWs are required to validate eligibility for the FFY MC program.

The following rules apply:

- Youth in California that were discontinued from FFY MC because of turning 21 and are under 26 must have their FFY MC reinstated.
- Youth who are discontinued from FC or court dependency because of age, must be transferred to FFY MC and must remain in this program until their 26th birthday, regardless of any change in circumstances as long as he/she continues to meet the criteria and wishes to retain Medi-Cal coverage. This includes youth enrolled in the Transitional Housing Placement Plus (THP+) program.
- Youth that were on the run (runaway) from their placement on their 18th birthday and court dependency was not terminated until on or after their 18th birthday.
- There are no income or resource tests, regardless of the youth's living arrangements or with whom they reside.
- There is no share-of-cost.
- There are no additional forms required.
- The youth is set up in his/her own former foster care case unless the youth is receiving CalWORKs.
- A new FFY MC case must be established when the youth received FC in another county or state or an ICT.

The youth may decline MC coverage under the FFY program, they can be enrolled in unsubsidized Covered California coverage however, they would not be eligible for "Advance Premium Tax Credit" (APTC)/"Cost Sharing Reductions" (CSRs) because they are eligible for MC and declined it. If they qualify for free MC and choose to keep a Covered California plan, their monthly premium will increase.

Deemed Eligible Infant with FFY Youth Parent

When the FFY youth has an infant the infant is added to the same case.

The following rules apply:

- The infant is deemed eligible until one year old refer ["Provisional Postpartum Care Extension," page 29-5.](#)

- The “Newborn Referral” (MC 330) for the infant’s Medi-Cal must be sent to the former FC youth.
- The FFY MC must remain active in the FFY MC Aid Code. The case will remain in DO unless the former foster youth loses custody of the child and the child is no longer in their care, the FFY only case can then be transferred to the Outstationed Foster Care unit.
- The former FC youth’s eligibility for FFY MC must continue under Aid Code 4M/4U until no longer eligible for the program.
- Eligibility of the former FC youth’s infant must be established based on existing MC rules.

Enrollment in a Managed Care Plan is optional, unless the individual lives in a county that has a County Organized Health System (COHS) where enrollment is mandatory.

Non-Minor Dependent (NMD) or Youth Exiting FC With A Child Over 1 Year Old

When the youth is no longer eligible for FC and has a child and the child is over 1 year old the following must be sent to the client:

- The Application for Health Insurance (CCFRM 604) and,
- Self-Stamped Envelope to be returned to MBA for processing.

When a case is established the former FC youth must remain active in the FFY MC Aid Code until 26. The district office case must remain in district office during the eligibility period for FFY MC unless the former foster youth loses custody of the child and the child is no longer in their care.

Eligibility of the former FC youth’s child must be established based on existing MC rules.

29.6.4 FFY and CalHEERS

Youth may apply for FFY MC through CalHEERS. CalHEERS will interface their application with the CalWIN system. The interface will update the **Collect Individual Demographic Detail** window with the following new field:

A “Verification Source” the will include one of the following entries:

- California Documents,
- American Indian or Alaska Native Tribal Document,
- Not Received,
- Out of State Document, or
- Questionable.

The window will also include a “State Verification Source” that will include one of the following entries:

- Electronic and Service Center,
- Electronic Only, or
- Service Center Rep Only.

The EW is required to validate the “Verification” only and update the verification “Source” if necessary. The “State Verification” will be interfaced from CalHEERS and requires no validation.

When the youth applies for FFY MC through CalHEERS and CalHEERS has inappropriately enrolled the youth in a Covered California Qualified Health Care Plan (QHC), the youth must be disenrolled. When CalWIN is updated a transaction is sent to CalHEERS to update the youth’s record.

29.6.5 Former Foster Youth (FFY) Application Process

An application for Former Foster Youth linked Medi-Cal can be submitted at any intake office, the FFY status must however be verified by the Foster Care Unit prior to the approval of the 4M aid code. Please follow the process below to determine if the applicant is eligible for FFY MC and who is responsible for application processing:

WHO	ACTION
Applicant	Declares on their application that they are FFY.
Intake Eligibility Worker (EW)	Sends an e-mail to the Foster Care unit via the FosterCareDEBSTriage e-mail box in order to confirm FFY status and includes the following client information: <ul style="list-style-type: none"> • Name • Date of Birth • SSN
Foster Care Unit Triage EW	Confirms if the client is in fact a FFY and responds via e-mail to the Intake EW.

WHO	ACTION		
Intake EW	<ul style="list-style-type: none"> Receives response from the Foster Care Triage EW and takes the following action: 		
	If the Client is ...	And...	Then...
	Not a FFY	N/A	<ul style="list-style-type: none"> Evaluates the applicant for other potential MC eligibility based on existing business process.
	Confirmed to be a FFY	Has also applied for and is eligible for CW	<ul style="list-style-type: none"> Evaluates the applicant for CW and approves the CW aid code Enters the FFY status information on the Display Individual Demographics window in CalWIN Forwards case to appropriate DO (these cases are not maintained by the FC bureau) <p>Note: A determination for 4M is not required at this time.</p>
	Confirmed to be a FFY	Is applying for MC only (and is the only AU member)	<ul style="list-style-type: none"> Forwards the application to the Foster Care unit via the FosterCareProcessing e-mail box for processing.
Confirmed to be a FFY	Is applying for MC with other non FFY AU members or is applying for additional benefits (i.e. GA, CF)	<ul style="list-style-type: none"> Determines eligibility for all HH members, including the FFY individual Forwards case to appropriate DO (these cases are not maintained by the FC bureau) 	



Important:

If a client is active on FFY Medi-Cal (4M) and they apply for CF and/or a cash program the Intake EW must request that the FC EW discontinue the existing 4M case and open a new case in order to approve the MC and new program eligibility.

29.7 Hospital Presumptive Eligibility Program

Eligible FFY may be hospitalized and enrolled in the HPE program under Aid Code 4E.

MEDS will generate a new worker alert 9068 for counties to immediately move HPE FFY in Aid Code 4E to Aid Code 4M. The alert 9068 will be displayed and include the following information:

- FFY ATTESTED-ESTABLISH 4M ELIG AND VERIFY FFY STATUS,
- District,
- Foster Care Case Worker Number, and
- Foster Care Case Number (when there is no case number a new case number must be generated and assigned as urgent).

The youth's FFY MC must be still be validated. The Self Attestation process detailed in the next section.

29.7.1 Self Attestation

When the potential former foster care youth is applying for FFY Medi-Cal and was court dependent at the age 18 outside of Santa Clara County Aid Code 4M must be immediately established based on Self-Attestation (the youth declaring being in foster care at age 18). It is the responsibility of the FC Bureau to verify MC eligibility under the FFY MC program. A reasonable period of 30 days must be established. During this period the EW must approve Aid Code 4M then verify the county of jurisdiction where the youth was in FC on their 18th birthday.

The FC EW must use all available resources to validate eligibility including but not limited to:

- The FFY MC applicant,
- MEDS,
- Child Welfare Services/Cases Management System CWS/CMS,
- CalWIN,
- E-mails to the county or state where dependency was established,
- Phone contact, or
- Any resources available to determining the youth's eligibility.

Not Eligible for FFY

When the FC Bureau cannot validate the youth's eligibility or has determined the youth is not eligible for MC under the FFY program the EW must thoroughly document their efforts in CalWIN **Case Comment** and send the following to the youth:

- Manually generate a Denial/Discontinuance of Benefits Notice of Action (NOA) (MC 239A) using Code M10809 with the application date and the discontinued date at the end of the second month.
- The Reason for denial/discontinuance is free from text and must include the following:
 - **This Notice applies to:** The applicant's name
 - **The Reason for the Denial:** We have determined that you are not eligible for Former Foster Care Children Medi-Cal benefits. Our records indicate you were not in foster care on your 18th birthday.

- **You have failed to provide all the necessary information listed here:** Proof that you were in foster care placement on your 18th birthday. To be evaluated for another Medi-Cal program the enclosed documents must be completed and returned in the enclosed envelope for Medi-Cal Eligibility processing “California Code of Regulations, Title 22, Sec 5 Section 14005.28”.

The EW must also include the following additional documents:

- The CCFRM 604, and
- Self-Stamped Envelope returned to MBA for processing.

When it is determined that the youth is not eligible for FFY MC, the FC EW will allow at least 30 days from the date the above documents were sent before closing their case unless notified by DO that a new case is established. If the documents are returned to the FC bureau they must be sent to VMC for Medi-Cal expedited eligibility processing. The FC EW cannot close their case until the documents are reviewed by VMC staff. The case must remain in Aid Code 4M until a new Medi-Cal program is approved.



Note:

The “Not Eligible for FFY” process also applies to potential former foster care youth that were determined to be not eligible for FFY MC and applies for the program again. In this circumstance the 30 day eligibility period is not required.

29.7.2 MFBU Rules

The FFY child is considered PA and is excluded from the MFBU of other family members.



Note:

For this program, the FFY child does not provide linkage to the parents.

29.7.3 Income of FFY Child Who Resides With Their Parents and Other Family Members

Income paid to the parents or other family members, for reasonable living expenses, is exempt. Only income in excess of reasonable living expenses is considered income to the MFBU of other family members.

**Example:**

MFBU family members, including the FFY child, consist of a family of four. The family's total living expenses (rent and utilities) is \$2000. The pro-rated amount (\$2000 divided by family of 4) is \$500. Each family member's share of living expenses is \$500. The FFY child pays his/her parents \$500 monthly for his/her share of living expenses. Since the income to the family does not exceed what is considerable reasonable living expenses, the income is NOT counted to the Other Family Members MFBU.

29.7.4 Retroactive Eligibility

Former Foster Care Children (FFY) entitled to this program may request retroactive Medi-Cal coverage. Retroactive coverage may begin no earlier than October 1, 2000.

29.7.5 FFY and CalWORKs

Relatives who were not eligible for FC payments for a dependent child or youth may choose to apply for CalWORKs. If the youth is discontinued from CalWORKs with court dependency at age 18, the youth is eligible for FFY MC. Contact with the FC bureau may be required to determine if dependency exists on their 18th birthday.

If the FFY is receiving CalWORKs they are automatically linked to Medi-Cal therefore FFY MC is not necessary. When the youth is discontinued from CalWORKs and is under the age of 26, the FFY MC must be restored. The CalWORKs EW must send a NOA advising the youth FFY MC benefits will be restored and notify the FC bureau to restore their FFY MC case. No additional application is necessary to restored FFY MC. Youth entering in Santa Clara County from another county or state and are eligible for FFY MC, their information must be sent to the FC bureau to have a FFY case established.

When the FFY returns to live with his/her parents who are receiving Medi-Cal or CalWORKs, the FFY MC case or status (with mixed households) must remain active. Eligibility for other family members is determined based on existing Medi-Cal rules.

**Note:**

It is important to note the only eligible person in the FFY MC case when the case is active at the FC bureau is the FFY. When the youth has a family that may be eligible or would like to apply for Medi-Cal an eligibility determination cannot be established based the FFY case. The family must be given an application and existing MC rules apply. The former FC youth can be included in the case, however, Aid Code 4M must be used for the FFY.

29.7.6 FFY and SSI

Former FC youth that received SSI benefits may receive FFY MC when they are under the age of 26 and they are no longer eligible for SSI benefits. If, however, they are receiving disability-based SSI benefits, they must remain in the appropriate SSI Aid Code. When SSI is terminated, FFY MC must be restored.

29.7.7 District Office Procedures

Application Process

CSTs/EWs in Intake District Offices must screen all MC applicants from 18 through 26 years of age, whether applying in person, or through the mail-in application process, to determine if they are entitled to the extended Medi-Cal program. All applications received via mail-in, BCW, or CalHeers must be reviewed to verify if the applicant has self identified themselves as FFY. If it is determined that the applicant is a FFY youth, then the application is to be forwarded to the Foster Care Bureau for case processing.

Walk-in applicants must be screened by CST's, while in District Offices, in order to identify and to provide the appropriate application. Screening may include but is not limited to the following questions:

- Were you receiving Foster Care benefits on your 18th birthday?
- Was the applicant terminated from FC because they reached the age of 18, 19, 20, or 21?

If an applicant at District Office has self-attested themselves as being FFY, CST's will provide the "Application And Statement of Facts For An Individual Who Is Over 18 and Under 26 And Who Was in Foster Care Placement On His/Her 18th Birthday" (MC 250A) to the applicant for completion. The MC 250A will then be forwarded to the Foster Care Bureau to process.



Note:

It is crucial to ask these questions up front to prevent having the former foster care applicant complete any unnecessary MC applications.

Forms/Verifications/Notices of Action (NOAs)

MC applicants who are FFY may complete the MC 250A when requesting Medi-Cal. The MC 250A is a simplified one-page application that takes the place of the "Application for Cash Aid, Food Stamps, and/or Medi-Cal/State CMSP" (SAWS 2 PLUS). The MC 250 A provides all the required information to establish eligibility for the FFY Program.

There are no additional application forms required. However, if an individual self-attests as being FFY and has applied using any other form of application (i.e. mail in application, BCW, or SSApp) it will be accepted and another application will not be required.

**Note:**

An MC 210A must be completed if retroactive MC coverage is requested.

Phone Application Requests

The following procedures must be followed when a phone application request is received.

CSTs/Eligibility Workers/Information Supervisors in the Intake district offices must screen requests for MC from individuals ages 18 through 26, regardless of their living arrangements, with the following questions:

- Were you receiving Foster Care benefits on your 18th birthday?, and
- Were you terminated from FC because you reached the age of 18, 19, 20, or 21?

Independent Living Program (ILP)

Many former foster care youth are in receipt of services through the Independent Living Program (ILP). ILP makes referrals to Intake offices for youth who were in foster care on their 18th birthday, and have exited the foster care system due to age. Due to the nature of this program, ILP recommends a mail-in or telephone application process.

If the applicant prefers a face-to-face interview, his/her request shall be honored.

NOAa

The following NOAs were developed for the FFY MC program:

Important Notice About a Change in Medi-Cal (MC 239 FFY) This NOA is used when the youth is approaching the age of 26.

Approval Of Eligibility for FFY (MC 239 FFY -1) This NOA is for FFY whose former FC status has been verified and benefits are approved.

Conditional Approval of Eligibility for FFY (MC 239 FFY-2) This NOA is to notify the FFY that they are pending verification of the former foster care status, including self-attesting youth.

Automatic Renew of Eligibility for FFY Medi-Cal Program (MC 239 FFY-3) This NOA is for the annual redetermination process who are currently in Aid Code 4M and are under 26 years old.

Notice of Continuing in Medi-Cal Coverage through FFY Medi-Cal Program (MC 239 FFY-4)

This NOA is used for FFY who were placed in an incorrect Aid Code and their MC benefits were placed into the correct FFY coverage group. These individuals may consist of FFY who were assigned an

incorrect aid code through CalHEERS or CalWIN. This NOA is also utilized to inform the youth exiting FC at age 18 or older that they have been automatically approved for the FFY MC program.

The above NOAs are available in CalWIN must be manually generated.

29.7.8 Redeterminations

Annual RDs are not required for the FFY MC program, however, since all income and resource tests are waived, it is limited to confirming the client's current address to verify California residency. CalWIN is not modified for this change. The EW will need to complete the CalWIN RRR process to ensure FFY MC does not shut down.

EWs are not required to make contact with the client to complete or required to receive an updated MC 250A for the RD process. The FFY MC must remain active until the beneficiary reaches 26, or is discontinued from the program due to moving out of state, deceased or notifying the EW of the desire not to continue in the program. FFY youth must receive an annual RD NOA noting their benefits are continuing. The "Automatic Renewal of Eligibility for Former Foster Youth Medi-Cal Program" (MC 239 FFY-3) must be sent. CalWIN currently will not issue the MC 239 FFY-4, it must be manually generated during the annual RD process.

During the annual RD and it is discovered the youth is incarcerated, the EW must follow the steps outlined in [\[Refer to "Juveniles in Public Institutions," page 33-42\]](#).

If the client does not submit a Redetermination for another program (i.e. CF, GA) that program will close and the 4M eligibility will continue. If the case becomes a FFY MC only case it may be transferred to the Outstation FC unit.



Note:

There is no requirement to complete any forms at the annual RD for the FFY youth as long as they are under the age of 26 years old.

29.7.9 No Longer Eligible for FFY Medi-Cal and Approach 26

When the EW is able to validate that the FFY has moved out of California, FFY MC must be terminated. The EW must send a NOA to the youth at least 10 days before benefits are discontinued. The EW must set a case alert to discontinue MC at the end of the month after the NOA was sent.

When the EW determines the youth is deceased, the "Medi-Cal NOA Discontinued Notice Deceased Person" (MC 239 R) must be sent to the last known address and the case must be closed at the end of the month.

When the EW has determined the youth is incarcerated the procedures outline in [“Suspension of Medi-Cal Benefits for Incarcerated Juveniles,” page 7-10](#) must be implemented.

When the youth is approaching 26 years old the county must initiate the redetermination process no later than 90 days prior to the youth’s 26th birthday for youth covered under the MCG or 90 days prior to the youth 21st birthday under the OCG. The following documents must be sent to the former FC youth to determine their eligibility for another MC program:

- Notice of Language Services (GEN 1365),
- FC CEC RRR Coverletter (SCD 2385 AK),
- Important Notice About a Change in Medi-Cal (MC 239 FFY), and
- The Application for Health Insurance (CCFRM 604).

When the youth is approaching 26 years old the county must initiate the redetermination process no later than 120 days prior to the youth’s 26th birthday for youth covered under the MCG or 120 days prior to the youth 21st birthday under the OCG.

All young adults receiving MC under Aid Code 4M that are 25 years old must have their redetermination due date set to the month of their birth. CalWIN will generate some of the required documents needed to be evaluated for another MC program 120 days before the youth turns 26 ([See CalWIN Announcement 326](#)).

When the young adult turns 26 years old the case must be converted to Aid Code 38 the month following their 26th birthday. Aid Code 38 is established using Bottom Line Override (BLO) and allowed for at least 30 days before closing the case. When any of the above documents are returned current MC policy applies.

29.8 Safely Surrendered Baby Law

The “Safely Surrendered Baby Law” is intended to:

- Provide health and safety for newborn children defined under the law
- Protect a parent or any adult from prosecution when surrendering custody of a child, three days old or younger, to a public or private hospital or any other location designated by the County Board of Supervisors
- Ensure that health facilities that accept surrendered newborns will be reimbursed for providing health screening assessment and care until the baby is returned to a responsible relative/caretaker or is established in the Foster Care system.

Any infant(s) protected under the Safely Surrendered Baby Law must be treated as an immediate need applicant.

Foster Care Eligibility Staff will process all MC applications for the safely surrendered newborns. The detailed processing instructions are in the Foster Care Handbook. [Refer to “Safely Surrendered Baby Law Program,” page 33-47].] [Foster Care Handbook](#)

Infants under the Safely Surrendered Baby law are granted MC Aid Code 2A.

29.9 General Pregnancy Rules

29.9.1 Verification Required

A client may self-attest pregnancy and due date verbally or in writing on the application, the Statement of Facts form, or by any other signed document.

- When the self-attestation of pregnancy is made verbally, the EW must document in the **Search Case Comments**.
- The expected number of unborns must be included in the budget calculation. (i.e. a mother expecting twins will have a household of at least 3, along with anyone else relevant to her case)
- For purposes of self-attestation of pregnancy, “medically verified” is information:
 - Received by the client from a medical provider indicating a positive pregnancy result has been confirmed, or
 - Through a home pregnancy test with a positive result.

Paper Pregnancy Verification

The EW must only request paper verification from a medical provider if the information is questionable.

When an EW determines that self-attestation of pregnancy is insufficient, acceptable pregnancy Verification is:

- A written statement from:
 - A physician
 - A physician’s assistant
 - A certified nurse midwife

- A certified nurse practitioner
- A licensed midwife, or
- A designated medical or clinic personnel with access to the patient's medical record.
- A signed stamped photocopy or carbon copy is acceptable, and does not need to be initialed or counter-signed by the designated medical or clinic personnel providing the verification.
- Pregnancy verification should include the Estimated Date of Delivery. If the pregnancy verification does not include the Estimated Date of Delivery, the EW may ask the client and document clearly in **Search Case Comments**.

**Reminder:**

EWs must not deny or delay services to an otherwise eligible applicant pending verification of pregnancy.