

# Article 4, Section 20 – Single Point of Entry Medi-Cal Mail-in Application for Children and Pregnant Women

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## Processing Guidelines

RESOURCE	TITLE
Processing Guidelines	<ul style="list-style-type: none"> <li>• <a href="#">TLICP</a></li> <li>• SPE Referrals</li> </ul>
Desk Aid	<ul style="list-style-type: none"> <li>• <a href="#">SPE Application Flow Chart</a></li> <li>• AER Date</li> <li>• SPE Transmittal and Key</li> </ul>
LMS Training	<a href="#">HFP Transition to Medi-Cal</a> (Type “ <b>Transition</b> ” on the LMS search field to register and complete the training.)

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## 04.20.01 Accelerated Enrollment

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### A. Accelerated Enrollment Background

Effective July 1, 2002, the California Department of Health Care Services (DHCS) implemented a state plan under Title XIX to initiate an Accelerated Enrollment (AE) program. The purpose of AE is to accelerate temporary, fee-for-service, full-scope, no-cost Medi-Cal coverage for children under the age of 19 who are new to Medi-Cal, applied for Medi-Cal through Single Point of Entry (SPE) and are likely to be eligible for a Medi-Cal Percent Program or 1931(b) based on screening by SPE. Applications may be received from SPE with children who are approved for AE and/or family members who are not, and will be, processed using the established procedures described in item [04.20.02.C](#) below.

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### B. Individuals Ineligible to AE

The following individuals are ineligible to AE: Those

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- Who will be 19 years of age or over in the application month;
- With an active Medi-Cal case as shown on MEDS in either the current, pending or application month;
- Without California residence;
- Whose application does not provide enough information to assign a client identification number (CIN);
- Who are in the Bridging Program the month of or the month prior to the month AE would be established;
- Whose income is above 250 percent FPL at screening and who do not appear eligible for Medi-Cal;
- Whose application does not provide enough information at screening to establish eligibility
- Who have been reported as deceased on MEDS with a death date.

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### C. Processing an AE approved child

When a child is approved by SPE for AE:

- SPE activates the child on MEDS with the AE aid code in the Special Program segment. The 14 digit County-ID for an AE individual will be formatted as follows: residence county number, aid code, "9", and CIN.
- Eligibility begins the first day of the month of the date SPE receives the application.
- MEDS issues a BIC with the AE County ID, even if the child was

previously on Medi-Cal and a BIC was issued to that child. **NOTE: It is the county’s responsibility to notify SPE of the correct CIN prior to the granting/ denial action if the CIN was incorrectly assigned by SPE.**

After screening and activation of AE on MEDS:

- The application of the AE child is sent to the county per the established process for mail-in applications or Health-e-App applications as described in item [04.20.02.C](#) below. **NOTE: It is critical that a thorough clearance be done to ensure application information is reported correctly to MEDS. If incorrect information is found on MEDS, workers must match MEDS prior to granting, then make necessary corrections the next day to update MEDS with the correct information.**
- AE continues until the County reports eligibility to another Medi-Cal program on MEDS or denies the application using the MEDS on-line AP18 transaction.

After the Medi-Cal Determination:

If the AE child...	Then ...
is approved for regular Medi-Cal benefits	<ul style="list-style-type: none"> <li>• the worker will approve the case, beginning with the first day of eligibility based on the application date and other eligibility factors.</li> <li>• MEDS will terminate the AE aid code once a child is approved for ongoing Medi-Cal benefits.</li> </ul>
Denied regular Medi-Cal Benefits	<ul style="list-style-type: none"> <li>• The worker will deny the case.</li> <li>• There is no 10-day NOA requirement when AE is terminated but the worker must still notify the beneficiary that benefits under AE will be discontinued.</li> </ul>

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NOTE: AE benefits granted to a child who is later determined to be ineligible to ongoing Medi-Cal benefits is not considered an overpayment.

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**D. Aid Code and Automation**

The aid code for AE is **8E**. This is a zero share of cost, full-scope fee-for-service aid code. For other automation information, see [Appendix 4-20-A](#).

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## 04.20.02 SPE Applications

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### A. Introduction

As mandated by Senate Bill (SB) 903 and Assembly Bill (AB) 1126, the DHCS has developed a simplified mail-in application process for Medi-Cal and HFP.

AB 1494 required the transition of HFP to the Medi-Cal Program. Effective 1/1/13, joint Medi-Cal/HFP applications that would have been processed by HFP will be sent to counties.

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**Under the Medi-Cal program, the mail-in application process is for all applicants.** A face-to-face interview for Medi-Cal is not required except at the client's request or if the FRC determines it is necessary for good cause, suspicion of fraud or for completion of the application process.

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### B. Application Packets

The common Medi-Cal application form is available in booklet form through community-based organizations (CBOs), county welfare offices, schools, neighborhood businesses and other agencies. General information, an explanation of Medi-Cal, and instructions for completing the application are included in the booklet. The booklet also includes an envelope for the applicant to send the application to SPE.

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MAXIMUS is the administrative vendor of SPE. The address on the envelope is SPE's address. MAXIMUS will process SPE applications as outlined in the SPE Application Flow Chart Desk Aid. If the applicant sends the application to ACCESS it will be forwarded to the appropriate Family Resource Center.

When submitting a mail-in Medi-Cal application, the applicant must include the four-page MC 321 HFP and the CA 2.1 and CA 2.1 (Q) if required. The CA 2.1 and CA 2.1 (Q) are not included in the booklet, but are available separately at the same locations as the application booklets. Verification of income, income deductions and residency shall also be mailed with the application forms.

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### C. AER Application

The AER may be used in lieu of the MC 210 or mail-in application for children and pregnant women. The date of application will be

determined as follows:

<b>If the SPE referral comes ...</b>	<b>Then the date of application is ...</b>
With a transmittal and it is associated with an AER,	The date referred to the County (found on the transmittal).
With a transmittal but there is no association to an AER,	The date received by HFP (found on the transmittal).
Without a transmittal,	The date received by the County.

**NOTE:** The AER form does not include a citizenship or immigration status question, therefore an MC 13 is required for these applications.

**D.  
SPE APP/REG  
Process**

SPE applications will all be routed to the Document Processing Center (DPC). Within 24 hours of receipt the DPC must:

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- Date stamp the application
- Scan all documents received

External Referral Application (ERA) unit must follow the SPE APP/REG Process-Processing Guidelines when completing the APP/REG process for an SPE application.

The date of application for SPE applications will be determined as follows:

<b>If the application is received ...</b>	<b>the application date is ...</b>
without a transmittal form,	the date received.
with a transmittal form,	date on the transmittal form.

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**E.  
SPE  
Application  
Process**

The processing of SPE applications will continue to be the responsibility of the receiving office. Workers must follow the SPE Application Processing Guidelines to ensure applications received from SPE are processed within the following timeframes:

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<b>Applications for children who ...</b>	<b>Must be completed within ...</b>
are granted AE,	45 days.
have an active Medi-Cal case,	45 days.
are not granted SPE or active on Medi-Cal and have an application “complete and without client error” as defined below,	10 days.

**Definitions:**

Action	Definition
Completed	A disposition of the case by the eligibility worker certifying initial eligibility for another 12 month period or notifying the applicant of ineligibility with a timely denial or termination.
Complete and without client error	All questions on the application or RV form were answered and no further action is required from the recipient or the county because all the information necessary to make a disposition of initial or ongoing eligibility or ineligibility has been provided.

Pregnancy and other urgent care needs are still to be processed expeditiously under existing immediate need guidelines. The procedure for retroactive Medi-Cal also remains unchanged.

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**F.  
Medi-Cal  
Applications  
for Other  
Family  
Members**

Families wishing to apply for Medi-Cal for everyone in the family, including adults and children, must complete the MC 210. However, if the family has already completed the MC 321 HFP (Application for Health Care - Healthy Families and/or Medi-Cal) or AER, they only need to complete the supplementary forms required, such as the MC 371 - Additional Family Members Requesting Medi-Cal, MC 322 Real and Personal Property Supplement to Medi-Cal Mail-In Application. **The forms MC 321 HFP and MC 322 may substitute for the MC 210, and SAWS 1 to add persons to the Healthy Families Application.**

**NOTE:** The AER form does not include a citizenship or immigration status question, therefore an MC 13 is required for these applications.

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To identify a teen's spouse or pregnant woman's husband, the worker must review the responses to the Family Size questions #26-28. The applicant will list all family members who live in the home including children under 21, stepparents, and the spouse of any teenager or pregnant woman who lives in the home. The applicant will identify the name, gender, date of birth, and how this person is related to the family member listed in question #1. The worker will contact the applicant to identify the teen's spouse or pregnant woman's husband if this information is not clearly stated. The Percent Programs approvals NOAs include a box that can be checked to request additional information needed to determine eligibility for other family members.

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**G.  
Medi-Cal  
Applications  
for Non-  
Family  
Members**

If a review of questions #26-28 indicates any non-family members requesting Medi-Cal, a separate MC 210 form should be completed for these people. If a separate MC 210 form is required, the worker will complete a SAWS 1 form on behalf of any person requesting Medi-Cal to preserve the application date and forward an application package to the person for completion. The date of the Medi-Cal application will be the date that the application was received at SPE.

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**H.  
Disability-  
Based  
Medi-Cal  
Applications**

Question #39 has been added to the MC 321 HFP Application to assist the worker in screening for disability-based Medi-Cal benefits:

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- Does any person in the home have a physical, mental, emotional or developmental disability and want Medi-Cal? If Yes, who? (If you answer “Yes”, we will contact you to see if you qualify.)

The worker will follow the procedures in [MPG Article 5, Section 4](#), regarding DDSD referrals. If a child enrolled in HFP is determined eligible for no-cost Medi-Cal based on a disability, the worker will inform the family that in order to access free Medi-Cal services the parent/guardian must write a letter asking to end the child's enrollment in HFP. The letter requesting discontinued enrollment can be faxed to 1-866-848-4974 or mailed to the following address:

Healthy Families  
ATTN: Eligibility  
P.O. Box 138005  
Sacramento, CA 95813-8005

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**I.  
Verification  
Process for  
Mail-ins**

The following chart contains an outline of the verification process for Medi-Cal Mail-ins:

Satisfactory Immigration Status (SIS)	An MC 13 Statement of Citizenship, Alienage, and Immigration Status is <b>not</b> required for children on the MC 321 HFP.
SIS	The applicant must answer question 19 on the MC 321 HFP and send proof of SIS if appropriate.
SIS	If all the information necessary for an eligibility determination is received and the applicants are otherwise eligible, full-scope benefits must be

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	<p>approved. Applicants have 30 days to provide SIS documentation.</p> <table border="1"> <thead> <tr> <th>If...</th> <th>Then...</th> </tr> </thead> <tbody> <tr> <td>all the information necessary for an eligibility determination is received and the applicants are otherwise eligible</td> <td>full-scope benefits must be approved. Applicants have 30 days to provide SIS documentation.</td> </tr> <tr> <td>worker does not receive documentation of SIS within 30 days</td> <td>reduce benefits to restricted scope coverage after a ten-day Notice of Action.</td> </tr> </tbody> </table>	If...	Then...	all the information necessary for an eligibility determination is received and the applicants are otherwise eligible	full-scope benefits must be approved. Applicants have 30 days to provide SIS documentation.	worker does not receive documentation of SIS within 30 days	reduce benefits to restricted scope coverage after a ten-day Notice of Action.
If...	Then...						
all the information necessary for an eligibility determination is received and the applicants are otherwise eligible	full-scope benefits must be approved. Applicants have 30 days to provide SIS documentation.						
worker does not receive documentation of SIS within 30 days	reduce benefits to restricted scope coverage after a ten-day Notice of Action.						
Social Security Number	Applicants have up to 60 days to provide a social security number for people applying for full-scope benefits.						
Pregnancy	Pregnant applicants have up to 60 days to send the county verification of pregnancy when applying for full-scope benefits. No pregnancy verification is required when applying for restricted, pregnancy-related services.						
Rights and Responsibilities	The MC 219 Rights and Responsibilities must be mailed to the applicant upon receipt of the MC 321 HFP. The worker must narrate that it was sent. The applicant is not required to return it.						
CHDP	The Child Health Disability and Prevention (CHDP) Program brochure must be sent to the applicant upon receipt of the mail-in application.						
Citizenship and Identity	<p>For Medi-Cal purposes, refer to <a href="#">MPG Article 4, Section 7</a> for detailed information regarding identity and citizenship verification requirements for U.S. citizens/nationals.</p> <p>The mail-in application instructs applicants to send copies of proof of citizenship. For Medi-Cal, only original documents or copies certified by the issuing agency may be accepted as proof of citizenship, national status, and identity. Copies of CA birth certificates may be used to initiate a Birth Record Data Match.</p>						
Income	The most recent pay stub may be accepted as verification of income rather than an entire month's pay stubs. Workers may still request additional pay stubs if						

	<p>there is any discrepancy between the amount reported on the application and the pay stub submitted as verification. A copy of the previous year's income tax return is also acceptable proof of income.</p> <p>Applicants are instructed in the application booklet to explain any future fluctuations in income on a separate sheet of paper.</p>
Residence	Pay stubs showing the employer's address are generally acceptable as proof of residence, unless the applicant's employment is out of state or residence is otherwise questionable.
Other Health Care Coverage	If the applicant reports other health, dental or vision insurance or a pending lawsuit due to accident or injury the worker may contact the applicant by phone for needed information and complete a DHS 6155 Health Insurance Questionnaire for the applicant without the applicant's signature.

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**J.  
Mail-ins  
received from  
the absent  
parent**

The absent parent may initiate a Healthy Families application for his/her child because Family Support has told them of their responsibility to pay for the child's medical expenses. However, the absent parent cannot complete the Statement of Facts unless the custodial parent is mentally incompetent. Medi-Cal eligibility is based on the circumstances of the custodial parent, not those of the absent parent. The following procedures will be used when an absent parent submits an application for his/her child and the custodial parent is mentally competent.

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- The MC 321 HFP will be viewed as the application (SAWS 1) only and not the Statement of Facts when completed by the absent parent.
- The worker will request a new Statement of Facts (MC 321 HFP or MC 210) from the custodial parent when the absent parent signs the MC 321 HFP or SAWS 1. However, if the information on the MC 321 HFP is about the custodial parent, then the worker may send him/her the MC 321 HFP, completed by the absent parent, for review and signature.
- A denial notice of action (NOA) will be sent to the absent parent if the custodial parent does not return the completed Statement of Facts.  
**All other notices will be sent to the custodial parent.**
- A denial NOA will be sent to the **custodial parent** if the worker

determines that the children are already receiving Medi-Cal. The notice will explain that a Medi-Cal application was made on behalf of the children and is being denied because the children are already receiving Medi-Cal. This information will not be given to the absent parent.

- Information regarding the status of the application, if requested by the absent parent, may not be shared with the absent parent except when the custodial parent does not complete the Statement of Facts. Explain that all NOAs will be mailed to the custodial parent.
- Information provided by the absent parent may be shared with the custodial parent if it is related to eligibility determination. Otherwise, the information will be protected as confidential.
- Information from the custodial parent cannot be shared with the absent parent.

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**K.  
Summary  
Transmittal  
Form**

Each application sent to the county from the SPE is listed on a transmittal.

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HF Administrative Vendor (HFAV) Summary Transmittal Form

This is a computer-generated coversheet. This coversheet lists all applications that have been forwarded to the county for a specific day. If DPC notices that a listed application is not in the packet or an additional application is included in the packet but not on the list, DPC will contact SPE at (916) 673-4602.

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**L.  
SPE  
Transmittal**

The computer-generated transmittal is used by SPE to send Medi-Cal applications to the county. The transmittal accompanies each application referred to the county for Medi-Cal processing. The transmittal has a county response section, which is used to respond to SPE with CIN corrections.

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This transmittal includes two dates which are used for the Medi-Cal application date in different situations:

- Date Received. This is the date the application was received by SPE. This date is the application date for all referrals that are not associated with AER.
- Date Referred to County. This is the date that SPE refers the application/AER to the county. This is the application date for all applications associated with AER.

- The worker is to complete the county response section to:
  - Inform SPE when corrections have been made to the CIN, including instances where SPE used an incorrect CIN, or a CIN is created in error for an applicant.
  - Inform SPE of a CIN for a new applicant when it was not available to SPE.

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A sample of the form and a key for all the fields can be found in Desk Aid 29 –SPE Transmittal Guide.

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See [SN 10-18](#) for information on applications through health-e-app.

## 04.20.03 CHDP Gateway

### A. CHDP Gateway Process

CHDP Providers screen children for potential eligibility to zero SOC Medi-Cal.

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If the results of the screening indicate that a ...	Then the provider will ...
child is under 19 and has family income below 250% of the FPL,	Enters the child's information into the Gateway system so that SPE can enroll the child into a temporary (up to two months) zero SOC Medi-Cal
parent(s) of the child requests an evaluation for ongoing Medi-Cal benefits,	provides the Medi-Cal application and informs the parent that if they want their child to receive ongoing Medi-Cal coverage, they must return the completed application to SPE. (Application is not required for a deemed eligible infant enrolled through CHDP Gateway. <a href="#">See MPG 5-15-1.</a> )

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MAXIMUS will follow up on these cases and will take the following actions:

If the application is ...	Then ...
<b>Not</b> received by the end of the second month,	the pre-enrollment eligibility will be terminated at the end of the second month.
<b>Received</b> by the end of the	the child's initial two-month pre-

second month,	enrollment period will be extended until an eligibility determination is reported by the worker to MEDS.
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Applications received by SPE are sent to the County per the established process for mail-in applications or Health-e-App applications as described in item [04.20.02.C](#) above.

Worker action upon receipt of CHDP Gateway Application

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Step	Action	
1	Complete a full clearance	
	<b>If the child is active in aid codes 8W or 8X, and the application ...</b>	<b>Then ...</b>
	comes straight to the county without going through SPE	Workers must submit a 14-28 online request to extend the CHDP pre-enrollment period.
	arrives from SPE	SPE has already extended the pre-enrollment period. Go to Step 2.
<b>NOTE:</b> If incorrect information is found on MEDS workers must match MEDS prior to granting, then make necessary corrections the next day to update MEDS with the correct information.		
2	Complete the Medi-Cal determination.	
	<b>If a CHDP gateway child is ...</b>	<b>Then the worker must...</b>
	approved for ongoing Medi-Cal benefits,	approve the case as usual in the automated system. MEDS will terminate the temporary CHDP Gateway eligibility once a child is approved for ongoing Medi-Cal eligibility.
	denied for ongoing Medi-Cal benefits	report a denial of ongoing benefits for a CHDP Gateway child on MEDS by submitting a 14-28 to request a MEDS on-line AP18 transaction.
3	Notify beneficiaries of the result of the ongoing Medi-Cal determination.	

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	There is no 10-day NOA requirement when CHDP Gateway coverage is terminated, but the worker must notify the child that the CHDP Gateway benefits will be discontinued.
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MPG LTR 771 (12/12)

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**B.  
CHDP  
Gateway Aid  
codes and  
automation**

The aid codes for CHDP Gateway are listed below and are zero SOC, full-scope aid codes unless otherwise noted:

Aid Code	Description
8U	CHDP Gateway Deemed Eligible
8V	CHDP Gateway Deemed SOC
8W	CHDP Gateway Medi-Cal up to and including 150% of FPL
8X	CHDP Gateway Medi-Cal up to and including 250% of FPL
8Y	CHDP Gateway restricted Medi-Cal for undocumented alien children already active in a restricted aid code.

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For further automation information see [Appendix 4-20-A](#).

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**C.  
Retroactive  
Coverage**

If a CHDP Gateway child applies for Medi-Cal and also applies for retroactive Medi-Cal coverage, the retroactive period includes the period of Gateway eligibility. For example, if there was Gateway eligibility in June and July, and ongoing benefits are granted in August, retroactive benefits could only be granted for May.

MPG LTR 586 (11/05)

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**D.  
OHC override**

When a child is enrolled through the CHDP Gateway and assigned either aid code 8W or 8X, MEDS will automatically assign the child an OHC code of "N" (no other health coverage) regardless of whether there is OHC. The OHC code on MEDS will remain an "N" until ongoing eligibility to Medi-Cal is approved or denied. If the child is approved for ongoing Medi-Cal, and the worker enters the OHC code, MEDS will automatically change the OHC code for the future month to the newly reported OHC code.

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If a CHDP Gateway is child assigned a restricted aid code of 8Y, and the child reports OHC, MEDS will assign the child an OHC code of "A" (pay and chase) as long as the child remains in aid code 8Y and

continues to have OHC.

MPG LTR 635 (5/08)

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**E.  
CHDP  
issuance of  
new BIC**

If a parent of a child who is screened through the CHDP Gateway reports that the child needs a replacement BIC the provider can order the replacement BIC for the child. This includes children who are already active on zero SOC full-scope Medi-Cal at the time of the screening and thus ineligible to pre-enrollment through the CHDP Gateway. The new BIC will be sent to the child within two days.

MPG LTR 635 (5/08)

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## 04.20.04 Healthy Families Program (HFP)

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**A.  
HFP**

Effective January 1, 2013, HFP will no longer accept new applications. HFP will continue to serve AIM Linked HFP beneficiaries with incomes above 250% of FPL. HFP transition will occur in the following phases:

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Phase	Date	Phase will include HFP children currently:
1a	1/1/13	Enrolled in the following HFP health plans that are also Medi-Cal Managed Care plans: <ul style="list-style-type: none"><li>• Community Health Group</li><li>• Kaiser</li><li>• Molina Health Care</li></ul>
1b	3/1/13	Enrolled in Health Net which is a HFP health plan and also a Medi-Cal Managed Care plan.
3	8/1/13	Enrolled Blue Cross HFP plan which is not a Medi-Cal Managed Care plan and does not contract or subcontract with a Medi-Cal Managed Care plan. <b>NOTE:</b> These children will have to choose a new Medi-Cal Managed Care plan.

The HFP will continue until their transition phase only for those enrolled in the program prior to January 1, 2013. As a result we will continue to receive Medi-Cal referrals from the HFP. These referrals will continue to be processed as outlined below and in accordance to new SPE performance standards found in MPG.

MPG LTR #771 (12/12)

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**B.  
HF AER**

HF children who have not transitioned to Medi-Cal will have their AER processed as follows:

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Step	Action	
1	SPE reviews the AER and determines eligibility.	
	If ...	Then ...
	eligible	HF continues for 12 months
	income is too low for the HFP	the following forms are sent to the county for a Medi-Cal evaluation: <ul style="list-style-type: none"> <li>• AER</li> <li>• Add New Children</li> <li>• Transmittal</li> </ul>
2	The county will process the AER referral as an SPE applications (refer to <a href="#">MPG 4.20.2</a> ).	

See SNs [14-01](#) and [14-03](#) for updated instructions on the AER process.

**C. Transition Aid Codes**

HFP beneficiaries will be placed in one of the following aid codes by DHCS at the start date of their transition phase:

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Aid Code	Description
5C	No Cost, full scope Medi-Cal with no premium payment
5D	Full scope Medi-Cal with a premium

Transitioned aid codes will be assigned as follows:

Families with income ...	Will be placed in aid code ...
at or below 150% FPL,	5C.
at or above 151% to 250% FPL,	5D.

The transition aid code will be visible in MEDS on the Secondary Program screen (INQ1 or INQ2). Once the child is placed in the transition aid code the county is responsible for case maintenance for that child.

MPG LTR #771 (12/12)

**D. Medi-Cal Determination**

AB 1494 requires the transition of HFP to the Medi-Cal program. Medi-Cal redeterminations must be completed by the HFP AER. MAXIMUS will continue to complete the following for children transitioning to Medi-Cal with AER dates from April to December 2013:

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- Mail the modified pre-populated AER form on a flow basis 75 days prior to the AER.
- Receive the returned AER forms.



- Forward the AER form to the County.
- Mail the County a list of AER's not returned.

The SPE Application Process Flow Chart demonstrates the process followed by MAXIMUS.

MAXIMUS mails AER forms 75 days prior to the AER due date, as a result the following AERs will be completed by MAXIMUS:

AER Due Date	Date AER Packet was Mailed
January 2013	October 2012
February 2013	November 2012
March 2013	December 2012

Workers will not evaluate these cases for Medi-Cal until their 2014 AER due date unless a change is reported that requires a case evaluation.

**NOTE:** In situations where MAXIMUS finds potential eligibility to Medi-Cal at AER, they will not complete the AER and refer the applicant to the County for evaluation.

MPG LTR 771 (12/12)

**E.  
When to  
Complete  
Medi-Cal  
Determination**

The timing of Medi-Cal determinations depends on the individual circumstances of the child transitioning from HFP. In general Medi-Cal eligibility determinations must be completed as follows:

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When the Child is in...	The Medi-Cal redetermination must be completed...
an active Medi-Cal case with a RRR date <b>prior</b> to the child's AER date,	at the RRR date for the family.
an active Medi-Cal case with a RRR date <b>after</b> the child's AER date,	at the AER. <b>NOTE:</b> This does not change the family's RRR due date
a closed Medi-Cal case or has no current Medi-Cal case,	at the AER date.
their own SSI case with no other family members with Medi-Cal,	by SSA. <b>NOTE:</b> A MEDS online transaction via form HHSA 14-28 will be required to terminate the transitional aid code.

In situations where a child is in a CalWORKs case with an annual RV date prior to the child's transition date the Medi-Cal determination must be completed as follows:

If the child is ...	Then ...
active on the CalWORKs case and receiving Medi-Cal,	terminate the transition aid code via a HHS 14-28.
not active on the CalWORKs case,	add the child and re-evaluate the CalWORKs case on the transition date.

CEC will also apply to children transitioning from HFP to Medi-Cal refer to MPG [5.15.05](#).

The AER date can be found on MEDS INQD screen under the ACCEL field. See Desk Aid 28 for examples.

**NOTE:** SPE application regulations found in [MPG 4.20.2e](#) apply when completing the Medi-Cal determination at the AER.

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## F. Forms

The following is a list of the forms used by the HFP:

Form	Description
HF Administrative Vendor Summary Transmittal Form	This is a computer-generated coversheet. This coversheet lists all applications that have been forwarded to the county for a specific day.
Application Forwarded to CWD Form	This computer-generated transmittal is used by HF to send Medi-Cal/HF applications to the county when HF has determined that the person(s) referred is not eligible for HF, or other persons request Medi-Cal, or retroactive Medi-Cal coverage. The transmittal accompanies each application referred to the county for Medi-Cal processing.
Medi-Cal to HF Transmittal Form (MC 363)	This transmittal is used to forward a Medi-Cal application to HF when the responsible adult has consented to the application being forwarded to HF.
Add New Child Form	Used as part of the AER process.
Add New Children Form (7/13/00 Non-AER)	Was developed to add a child to an existing HF case at any time during the year rather than having the applicant complete another HF/Medi-Cal Application for Children (MC 321 HFP).
HF Application (MC 321)	HF application.
Real and Personal Property (MC 322)	Supplement to Medi-Cal mail-in application used only when children or pregnant women are

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	ineligible to property disregard programs.
Additional Family Member (MC 371)	Supplement to the Medi-Cal mail-in application MC 321 HFP, used when additional family members request Medi-Cal.

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## 04.20.05 Access for Infants and Mothers (AIM)

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### A. Introduction

The AIM program is an insurance program (as opposed to the Medi-Cal Program) which:

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- Is administered by Managed Risk Medical Insurance Board (MRMIB).
- Provides comprehensive health care to uninsured moderate income (200%-300% of the FPL) pregnant women and their children up to the age of two.
- Has a total cost to applicants of 2% of gross annual income, with no co-payments and no deductibles.
- Covers women and their infants who are not eligible for zero share of cost Medi-Cal or who have a co-pay, through a private insurance, of greater than \$500.
- Does not consider the pregnant woman or infant families' resources when evaluating for eligibility.
- Does not require verification of social security number.

**The AIM Program does not cover women over 30 weeks pregnant.**  
The AIM general information number is 1-800-433-2611.

MPG LTR 586 (11/05)

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### B. AIM Application

In an effort to provide a seamless application process, DHCS and MRMIB have agreed to take steps to link the application process. AIM applications for pregnant women who have been denied due to insufficient income, i.e., net nonexempt income at or below 200% of FPL, will be forwarded to the appropriate county for processing as a Medi-Cal application for the 200% Program. The AIM application will be used to determine the pregnant woman's eligibility to the Income Disregard Program (200% Program), postpartum benefits and deemed eligibility for the newborn. Additional information will need to be requested by the worker upon receipt of the AIM application. If the applicant requests full-scope Medi-Cal, he/she will be responsible for providing further information and verifications.

AIM contractors forward denied AIM applications that have been denied solely due to income below program limits (at or below 200% FPL) to SPE. SPE will forward all denied AIM applications to ACCESS,

as they currently do with HF applications.

MPG LTR 586 (11/05)

**C.  
AIM  
Application  
Processing**

The following chart is an outline of the AIM application process.

<b>ACCESS Actions</b>					
1	<p>Ensure that the AIM application was sent to the appropriate county.</p> <p>If the applicant is not a resident of San Diego County, ACCESS will:</p> <ul style="list-style-type: none"> <li>• Complete a Medi-Cal/ AIM Application Transmittal</li> <li>• Forward the AIM application to the correct county</li> <li>• Send a copy of the transmittal to SPE informing them that the AIM application was sent to the incorrect county.</li> </ul>				
2	<p>Clear all people on the application packet for an active Medi-Cal case. If none exist, ACCESS will forward the AIM application to the appropriate FRC (based on zip code) on a daily basis.</p>				
<b>FRC Intake Scheduling</b>					
1	<p>Open pend the application in the assigned worker's number.</p> <p><b>The application date is the date that the FRC receives the AIM application. This is different from the way the Medi-Cal mail in application date is determined.</b> The redetermination date may not exceed 12 months from the date the AIM application was signed.</p>				
2	<p>Treat AIM applications the same as a face-to-face appointment for the purposes of scheduling intakes and assigning to workers.</p>				
3	<p>Consider AIM applications an Immediate Need request, which must be processed within three days of receipt.</p>				
<b>Worker Actions</b>					
1	<p>Follow Medi-Cal application processing requirements described in Medi-Cal Program Guide Article 4, Section 2 when processing AIM applications for eligibility to the Income Disregard Program (200% Program).</p>				
2	<p>Follow the ten-ten timeline requirement for the client to provide the MC 13, Social Security Number (if appropriate) and any additional verification required.</p>				
3	<p>Send Speed Letter 780-1 – AIM Contact Letter to the applicant along with a MC 13, MC 210 A, and the informational notice "Medi-Cal Rights and Responsibilities." <b>NOTE: The applicant is not required to return a signed MC 219.</b></p>				
4	<p>Use the signed Declaration of Residency on the AIM application as sufficient verification of residency for pregnancy related services only.</p>				
5	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the applicant...</th> <th style="width: 50%; text-align: left;">Then...</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> </tr> </tbody> </table>	If the applicant...	Then...		
If the applicant...	Then...				

Requests an evaluation for full-scope Medi-Cal	Request further information/verification to process the request for full-scope Medi-Cal
Requests full-scope Medi-Cal, but does not provide property verifications,	Evaluate for Income Disregard and TLICP Program.  <b>NOTE:</b> The applicant must provide a completed MC 13 and Social Security Number (if appropriate) in order for the AIM application to be considered complete when granting the applicant Medi-Cal under the 200% Program.
Is ineligible to the TLICP because of excess income,	Bridge to HFP as outline in MPG <a href="#">05.08.05</a>

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**D.  
AIM  
Verification  
Requirements**

The following is a list of verification requirements unique for AIM applications:

1	A MC 13 Statement of Citizenship, Alienage and Immigration Status is required in order to determine the applicant's eligibility to the correct level of coverage.
2	A Social Security Number (SSN) is required from all applicants, unless an applicant declares in the MC 13 that he or she is undocumented, or is otherwise illegally present in the United States.
3	Form MC 219 Rights and Responsibilities must be mailed to the applicant upon receipt of the AIM application. The worker must narrate that it was sent. The applicant is not required to return it.
4	Verification of identity is not required.
5	The signed AIM application is considered verification of residence, unless the applicant's employment is out of state or residence is otherwise questionable.
6	Property verification is not required when determining eligibility to the 200% Program. However, property must be verified in order to determine eligibility to zero SOC Medi-Cal.
7	If the applicant reports other health insurance or a pending lawsuit due to accident or injury, the worker may contact the applicant by phone for needed information and complete the other health coverage screens.

MPG LTR 586 (11/05)

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**E.  
Interaction  
Between AIM  
and Medi-Cal**

An AIM/Medi-Cal Transmittal form 14-71 HHSA (9/00) is used to assist and facilitate the communication process. This transmittal will be used by ACCESS when forwarding erroneously received AIM applications to the correct county. The intake workers will also use the transmittal forms to forward the AIM application for reevaluation by AIM.

A copy of the AIM application must remain in the case record. The transmittal must clearly state why the AIM application is being forwarded and a copy of SOC granting Notice of Action (NOA) or denial NOA must accompany the transmittal. Keep a copy of the transmittal in the case record.

MPG LTR 586 (11/05)

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# APPENDIX A. ACCELERATED ENROLLMENT AUTOMATION

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## WORKER ACTION:

- Review file clearance information on MEDS/SCI.
  - o AE aid code is 8E
  - o AE county ID will be 37-8E-9 (10 digit CIN #)
  - o Verify correct CIN #
- Ensure SPE is notified of correct CIN # prior to grant/deny action using HF transmittal form.
- Granting actions taken by the county before **or after** MEDS renewal will cause MEDS to automatically terminate the AE record at the end of the calendar month in which the approval is posted to MEDS. Eligibility for the month of application and ongoing will be recorded under the county ID on MEDS. Once granted, both the AE aid code and the regular Medi-Cal program aid code will show dual eligibility on MEDS for the month of application and ongoing eligibility under the regular Medi-Cal aid code only.
- If denying the application, the worker must submit a 14-28 HHSa MEDS Network On-Line Request form with a MEDS screen print of the AE record from INQ1 screen to MEDS Operator with the following information:
  - o 14 digit county ID (using IE as aid code – 37-IE-seven digit county case serial-last digit FBU-person number)
  - o Birth date
  - o MEDS ID (SSN or pseudo – same as AE {8E aid code} record on MEDS)
  - o CIN #
  - o Application date (same as AE record/found on INQP screen)
  - o Application flag (valid county value is P)
  - o Denial date
  - o Denial reason (see attachment)
  - o If not known to MEDS, the worker must also submit recipient name and sex.

MEDS will produce monthly (Renewal) workers alerts to reflect the time an “AE” beneficiary remains in aid code 8E.