

**STATE OF CALIFORNIA
MANAGED RISK MEDICAL INSURANCE BOARD
1000 G STREET, SUITE 450
SACRAMENTO, CA 95814**

**TITLE 10. INVESTMENT. CALIFORNIA CODE OF REGULATIONS
CHAPTER 5.6. ACCESS FOR INFANTS AND MOTHERS PROGRAM**

AMEND SECTIONS 2699.200 AND 2699.201

ARTICLE 2. ELIGIBILITY, APPLICATION, AND ENROLLMENT

Text proposed to be added is displayed in underline type.
Text proposed to be deleted is displayed in ~~strikeout~~ type.

Section 2699.200 is amended to read:

2699.200. Basis of Eligibility.

- (a) All eligibility requirements contained herein shall be applied without regard to race, creed, color, sexual orientation, health status, national origin, occupation, or occupational history of the individual applying for the program.
- (b) To be eligible for the program, an individual shall meet the requirements of either (1) or (2):
 - (1) Meet all of the following requirements:
 - (A) Be certified as pregnant by a staff person authorized by the Planned Parenthood Organization or a licensed or certified healthcare professional, including, but not limited to a medical doctor, doctor of osteopathy, registered nurse physician's assistant, nurse midwife, vocational nurse, or medical assistant, and have a reasonable good faith belief that the pregnancy is not beyond the 30th week of gestation as of the application date; and
 - (B) Be a resident of the state of California ~~and have been a resident for at least six continuous months~~

~~immediately prior to the date of signing the application;~~ and

- (C) Have a monthly household income after income deductions that is above 200 percent of the federal poverty level but does not exceed 300 percent of the federal poverty level at the time of application; and
 - (D) Pay the first portion of the subscriber contribution, which shall be fifty dollars (\$50), and agree to the payment of the complete subscriber contribution; and
 - (E) Not be reimbursed by any health care provider or any state or local governmental entity for payment of the subscriber contribution and not have any health care provider or state or local governmental entity pay the subscriber contribution; and
 - (F) Not be a beneficiary of either no-cost Medi-Cal or Medicare Part A and Part B as of the application date; and
 - (G) Not be covered for maternity benefits in a private insurance arrangement as of the application date. A pregnant woman in a private insurance arrangement with a separate maternity only deductible or copayment greater than \$500 shall be deemed not covered for maternity benefits for purposes of determining eligibility.
- (2) Be an infant of less than two (2) years of age born to a program subscriber who was enrolled prior to July 1, 2004, and reside in California.

NOTE: Authority cited: Section 12696.05, Insurance Code. Reference: Sections 12696.05, 12698(b), 12698(c), 12698.05, and 12698.06, Insurance Code; and Maternal and Child Health Access, Petitioner, vs. Managed Risk Medical Insurance Board, et al, Respondents (Superior Court of the State of California, City and County of San Francisco, Case No. CPF-08-508296).

Section 2699.201 is amended to read:

2699.201. Application.

- (a) To apply for the program an individual shall submit:
 - (1) All information, documentation, and declarations necessary to determine program eligibility as set forth in subsection (d) of this section; and
 - (2) A cashier's check or money order for fifty dollars (\$50.00); and
 - (3) A statement signed by the applicant agreeing that if the pregnant woman is enrolled, the applicant will pay the full subscriber contribution and acknowledging that the program will take aggressive action to collect the full subscriber contribution.
- (b) The applicant shall sign and date a declaration stating that the information is true and accurate to the best of his or her knowledge.
- (c) The applicant will be notified in writing that the application is incomplete and what documentation is required for completion.
- (d) (1) The application, entitled Access for Infants and Mothers (AIM) Application (rev ~~07.04.2006~~ 12.02.2008), which is incorporated by reference, shall contain the following:
 - (A) The pregnant woman's full name,
 - (B) The pregnant woman's current living address including house or building number (and unit number if applicable), street, city, county, state, and zip code, and phone number,
 - (C) The pregnant woman's date of birth,
 - (D) The pregnant woman's social security number (provision of the Social Security number is not mandatory),
 - (E) The pregnant woman's ethnicity and primary language (not mandatory),

- (F) Certification by a staff person authorized by the Planned Parenthood Organization or a licensed or certified healthcare professional, including, but not limited to a medical doctor, doctor of osteopathy, registered nurse, physician's assistant, nurse midwife, vocational nurse, or medical assistant, that the woman on whose behalf the application is filed is pregnant,
- (G) The first day of the pregnant woman's last menstrual period,
- (H) A declaration that the pregnant woman is not, to the best of the applicant's knowledge, beyond the 30th week of gestation in a current pregnancy, as of the application date,
- (I) Information about whether the applicant or anyone in the household smokes,
- (J) The address to which the bills for the subscriber's contribution are to be sent, if different from the current living address,
- (K) The first and last name, and date of birth of the baby's father if living with the pregnant woman,
- (L) Information about whether the father of the baby is married to the pregnant woman,
- (M) A list of all family members living in the home, their ages, and relationship to the pregnant woman,
- (N) A list of those family members, and their social security numbers excluding dependent children, living in the home who had income in the previous or current calendar year, (provision of the social security number is not mandatory),
- (O) Documentation of the total monthly gross household income for either the previous or current calendar year. For each person listed in (N) above, provide documentation for each source of income. Such

documentation shall be provided for the previous or current year as indicated below:

1. For the previous calendar year:
 - a. Federal tax return. If self-employed, a schedule C must be included.
 - b. All of the following that are applicable and that reflect the current benefit amount: copies of award letters, checks, bank statements, passbooks, or internal revenue service (IRS) 1099 forms showing the amount of Social Security, State Disability Insurance (SDI), Retirement Survivor Disability Insurance (RSDI), veterans benefits, Railroad Retirement, disability workers' compensation, unemployment benefits, alimony, spousal support, pensions and retirement benefits, loans to meet personal needs, grants that cover living expenses, settlement benefits, rental income, gifts, lottery/bingo winnings, dividends, or interest income.
2. For the current calendar year:
 - a. A letter from the person's current employer. The letter shall be dated and written on the employer's letterhead, and shall include the following:
 - i. The employee's name.
 - ii. The employer's business name, business address and phone number.
 - iii. A statement of the person's current gross monthly income for a period ending within 45 days of the date the program receives the document.

- iv. A statement that the information presented is true and correct to the best of the signer's knowledge.
 - v. A signature by someone authorized to sign such letters by the employer. The signer shall include his or her position name or job title and shall not be the person whose income is being disclosed.
- b. Paystub or unemployment stub showing gross income for a period ending within 45 days of the date the program receives the document.
- c. If self employed, a profit and loss statement for the most recent three (3) month period prior to the date the program receives the document. A profit and loss statement must include the following:
- i. Date.
 - ii. Name, address and telephone number of the business.
 - iii. Gross income, gross expenses, and net profit itemized on a monthly basis.
 - iv. A statement on the profit and loss, signed by the person who earned the income, which states, "the information provided is true and correct."
- d. A letter or Notice of Action from the County Welfare Office issued within the last two (2) months that includes:

- i. For each person for whom application is being made, a statement that the person is eligible for share-of-cost Medi-Cal,
 - ii. A determination of total monthly household income and monthly household income after income deductions as defined in Section 2699.100, and
 - iii. A determination of the number of family members living in the household.
 - e. All of the following that are applicable and that reflect the current benefit amount: copies of award letters, checks, ~~or~~ bank statements, or passbooks showing the amount of Social Security, State Disability Insurance (SDI), Retirement Survivor Disability Insurance (RSDI), veterans benefits, Railroad Retirement, disability workers' compensation, unemployment benefits, alimony, spousal support, pensions and retirement benefits, loans to meet personal needs, grants that cover living expenses, settlement benefits, rental income, gifts, lottery/bingo winnings, dividends, or interest income for the previous month.
- (P) The name of each family member living in the home who pays court ordered child support or court ordered alimony. The name and age of each person for whom payments are made for child care and/or disabled dependent care by a family member living in the home and the monthly amount paid. Documentation of alimony paid, child care and/or disabled dependent care expenses paid. Documentation includes copies of court orders, cancelled checks, receipts,

statements from the District Attorney's Family Support Division or other equivalent document.

- (Q) A declaration that the pregnant woman is not a beneficiary of either no-cost Medi-Cal or Part A and Part B of Medicare,
- (R) A declaration that the pregnant woman ~~has been~~ is a resident of the State of California ~~for six (6)~~ continuous months immediately prior to the date of the signing of the application,
- (S) A declaration that the applicant will abide by the rules of participation, utilization review process, and dispute resolution process of any participating health plan in which the pregnant woman is enrolled,
- (T) Information about any health coverage that is in effect for the pregnant woman or will be in effect for the infant, including the name, address, and policy number of the current insurance or health plan,
- (U) A declaration that the pregnant woman is not, to the best of the applicant's knowledge, covered for maternity benefits in a private insurance arrangement. A pregnant woman with a separate, maternity only deductible or co-payment greater than \$500 shall be deemed not covered for maternity benefits for purposes of this declaration,
- (V) Name, address and phone number of the primary employer of each adult family member who is employed,
- (W) Information about health coverage available to the applicant, spouse, or father of the baby who is in the household,
- (X) A declaration that the applicant has reviewed the benefits offered by the participating health plans,
- (Y) A declaration that the applicant understands and will follow the rules and regulations of the program,

- (Z) A declaration that the applicant is giving permission for the program to verify family income, health insurance, residence, and other circumstances,
 - (AA) A declaration that the subscriber is not being, and will not be, reimbursed by any health care provider or any state and local governmental entity for payment of the subscriber contribution and that no health care provider or state or local governmental entity is paying or will pay the subscriber contribution,
 - (BB) An indication of the pregnant woman's first choice and second choice participating health plans,
 - (CC) A declaration that the subscriber agrees to pay the required subscriber contribution, even if the subscriber does not take full advantage of the coverage or services.
 - (DD) A declaration that the information and documentation submitted is true and correct to the best of the applicant's knowledge.
- (2) The Social Security number and other personal information are needed for identification and administrative purposes.
 - (3) If applicable, the applicant's signed authorization to forward the application to the Medi-Cal Program in the county in which the applicant resides for a determination of eligibility for no-cost Medi-Cal.

NOTE: Authority cited: Section 12696.05, Insurance Code. Reference: Sections 12698(b), 12698(c) and 12698.05, Insurance Code; and *Maternal and Child Health Access, Petitioner, vs. Managed Risk Medical Insurance Board (Superior Court of the State of California, City and County of San Francisco, Case No. CPF-08-508296)*.

**MANAGED RISK MEDICAL INSURANCE BOARD
RESOLUTION**

The public comment period having closed and receiving no public comments, the Board hereby approves the final adoption of regulation changes for the Access for Infants and Mothers Program, Eliminate Durational Residency Requirement, ER-3-09.

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CERTIFICATION

I, Lesley Cummings, Executive Director of the Managed Risk Medical Insurance Board, do hereby certify that the foregoing action was duly passed and adopted by the Managed Risk Medical Insurance Board at an official meeting thereof on April 21, 2010.

Dated this 21st day of April, 2010.

Lesley Cummings, Executive Director
Managed Risk Medical Insurance Board