

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

**TITLE 10. INVESTMENT  
CHAPTER 5.6. ACCESS FOR INFANTS AND MOTHERS PROGRAM  
AMEND SECTION 2699.202**

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**ARTICLE 2. ELIGIBILITY, APPLICATION, AND ENROLLMENT**

**2699.202. Board Determinations of Program Funding and Initial Review of Applications.**

~~Upon receipt of an application the program shall determine if there is funding available for additional enrollment in the program.~~

- (a) If the Board makes a finding that sufficient funds are not available to cover the estimated costs of program expenditures and that it is necessary to limit enrollment in the program to ensure that expenditures do not exceed amounts available for the program, the program shall be closed to new enrollment.
- (b) (1) If the Executive Director determines that, in addition to sufficient funds for all eligible subscribers, sufficient funds are available to cover the estimated cost of program expenditures for some new eligible applicants, the program shall be open to new enrollment for the number of eligible applicants for whom the Executive Director determines there are sufficient funds available.
- (2) If the Executive Director determines that sufficient funds are available to cover the estimated costs of program expenditures, the program shall be open to new enrollment.
- (c) ~~If there is no funding available the application shall be rejected and returned.~~ If the Board has made a finding pursuant to subsection (a) that sufficient funds are not available, all applications shall be denied due to insufficient funds, unless the program is open to new enrollment for some or all applicants pursuant to subsection (b).

(b)(d) If, and to the extent that, there is funding available the program is open to new enrollment, the application shall be reviewed for completeness.

- (1) If it is not complete a telephone call will be placed to the applicant to request the missing information and documentation. If the applicant is reached, the applicant will be asked to provide the necessary information and documentation. If the applicant is not reached by telephone, a letter will be mailed to the applicant indicating the required information and/or documentation needed to complete the application. The applicant must provide all information and/or documentation necessary for the application to be completed within 17 calendar days from the date the application was received by the program and prior to the 30th week of gestation, and the applicant will be so notified.
- (2) If the application submitted is not complete and it is not completed within seventeen (17) calendar days and prior to the 30th week of gestation, the application shall be denied. The applicant shall be sent a notice indicating that their application is denied on the basis that the program could not make an eligibility determination because of missing information or documentation.
- (3) If it is complete it will be reviewed for an eligibility determination pursuant to Section 2699.203.

Authority cited: Section 12696.05, Insurance Code. Reference: Sections 12696, 12696.05 and 12696.15, Insurance Code.