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In order to fulfill some requirements of Emily Q. et al. v. Bonta, an MC 003 was mailed to all Medi-Cal beneficiaries through a special mailing. To complete the requirements of this case, counties are required to begin informing new beneficiaries of EPSDT services at the time of application and annually thereafter.

English and Spanish versions of the MC 003 are available and attached to this ACWDL. The MC 003 form explains what EPSDT services are, how a person can get such services, what are EPSDT mental health services and where to call for more information. The telephone number for the Department of Mental Health Ombudsman is 1-800-896-4042.

*California Department of Social Services - State Hearings Division  
Notes from the Training Bureau - September 7, 2001*

<b>Item 01-09-01H</b> <b>ACWDL 01-45 - -August 7, 2001 (Synopsis): TMC Flyer</b>
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### **TMC Flyer**

SB 391 requires the DHS to implement certain informing provisions of the TMC program. A TMC flyer was developed and is attached to this ACWDL. Presently, the TMC flyer is only required for CalWORKs and §1931(b) applicants and for §1931(b) recipients if they fail to return the annual redetermination.

*California Department of Social Services - State Hearings Division  
Notes from the Training Bureau - September 7, 2001*

<b>Item 01-09-01G</b> <b>ACWDL 01-40 - -July 20, 2001 (Synopsis): Continuous Eligibility for Children (CEC) Program</b>
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### **Continuous Eligibility for Children (CEC) Program**

#### **Reference: ACWDL 99-06 and 01-01; Medi-Cal Eligibility Procedures Manual §5H**

This ACWDL provides 24 questions and answers about the CEC program. Assembly Bill 2900 establishes the CEC program for children for up to 12 months which ends with the earlier of the next eligibility determination period or the child's 19th birthday. CEC is effective January 1, 2001. The purpose of the CEC program is to continue to provide \$0 share of cost Medi-Cal to a child until the next annual redetermination even if the rest of the family is no longer eligible for \$0 share of cost Medi-Cal prior to the redetermination.

The CEC period begins with first month Medi-Cal eligibility is established or the first month impacted by an annual redetermination and ends 12 months later (unless the child turns 19 in less than 12 months). The CEC is triggered only when there is a change from

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\$0 share of cost Medi-Cal either to share of cost Medi-Cal or when the child is determined to be ineligible for Medi-Cal for reasons other than attaining age 19, death, incarceration or loss of California residency.

The period of time that a child remains eligible for \$0 share of cost under the CEC program is referred to as the CEC guaranteed period. During the CEC guaranteed period, any change in family income, assets or other circumstances that results in a change from \$0 share of cost to a share of cost or from eligibility to ineligibility is disregarded for the child but not for adult family members. The CEC period guarantees that the child under age 19 continues to receive \$0 share of cost Medi-Cal for the guarantee period.

The CEC period may not follow another continuous eligibility program such as the Transitional Medi-Cal (TMC) program. Thus assume a family that included a 17-year-old has just completed the first year on TMC. The prior annual redetermination was made before TMC began. If the family is found to be eligible for a second year of TMC, the 17-year-old would not be eligible for another year of \$0 share of cost under CEC because TMC is viewed as another continuous eligibility program.

CEC applies to retroactive months. Questions and answers five and six of this ACWDL explain how to determine the CEC period when there is an application for retroactive Medi-Cal.

*California Department of Social Services - State Hearings Division  
Notes from the Training Bureau - September 7, 2001*

<p><b>Item 01-09-01F</b> <b>ACWDL 01-39 - - July 13, 2001 (Synopsis): Medi-Cal Request for Information Form (MC 355)</b></p>
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## **Medi-Cal Request for Information Form (MC 355)**

SB 87 mandated that the DHS in collaboration with counties and advocate groups create a request for information form for Medi-Cal beneficiaries to complete. The MC 355 form is both a request for information and a Medi-Cal information cover letter.

Per SB 87, counties are precluded from requesting information from a Medi-Cal beneficiary that has previously been provided, not subject to change or not absolutely necessary. As stated in ACWDL 01-36, counties are to initiate a Medi-Cal eligibility review at annual redetermination and when there is a change in beneficiary circumstances that affect Medi-Cal eligibility. ACWDL instructs counties to follow the ex parte process and telephone contact requirements to complete Medi-Cal eligibility review. When a county is unable to obtain the necessary information through the ex parte or telephone review process, it must send out the MC 355 form.