Children's Presumptive Eligibility (CPE) Process

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This manual section provides an overview of the Children's Presumptive Eligibility (CPE) enrollment process, including eligibility criteria for children and youth eligible for pre-enrollment into temporary full-scope Medi-Cal through CPE.

CPE Enrollment

Pre-Enrollment in Medi-Cal

Qualified Providers (QPs) approved to participate in CPE use the electronic CPE application located in the Medi-Cal Provider Portal to temporarily pre-enroll eligible children and youth into CPE during any type of visit. CPE provides temporary full-scope Medi-Cal coverage on a fee-for-service basis. Coverage is available beginning on the date eligibility is determined by the QP using the electronic CPE application.

As part of the pre-enrollment process, a family may choose to receive the *Single Streamlined Application* (CCFRM604), which ensures that the family has the opportunity to apply for continuing health care coverage beyond the CPE pre-enrollment period. The pre-enrollment period will be extended if the family completes and submits a Medi-Cal application prior to the termination of the pre-enrollment period and will continue until a decision is made determining Medi-Cal eligibility.

Children's Presumptive Eligibility Pre-Enrollment Worksheet (DHCS 4073)

A *Children's Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073) should be given to each child or youth who has no health insurance coverage at the time of the visit, but who may be eligible for CPE.

The patient or family completes the DHCS 4073. Information on the form should be legible and complete. Providers submit a CPE transaction through the Medi-Cal Provider Portal to initiate the pre-enrollment process.

Providers are encouraged to complete transactions in a quiet environment to ensure patient confidentiality.

Obtaining the Pre-Enrollment Worksheet (DHCS 4073)

The *Children's Presumptive Eligibility Pre-Enrollment Worksheet* (DHCS 4073) acts as a paper reference version of the electronic CPE application located in the Medi-Cal Provider Portal. The DHCS 4073 is a resource to collect information needed to complete the electronic application which, once populated, is known as the Application Summary.

QPs may obtain the DHCS 4073 from either the CPE "Resources" section of the Medi-Cal Provider Portal or under the "Supplemental Materials" heading of the Children's Presumptive Eligibility (CPE) page of the Medi-Cal Providers website.

Eligibility Criteria

QPs conduct CPE determinations by submitting the electronic CPE application.

Criteria

Children and youth are potentially eligible for CPE if they are:

- A California resident.
- Under the age of 19.
- Within 266 percent of the Federal Poverty Level (FPL) for their household size.
- Not already receiving full-scope Medi-Cal benefits with no Share of Cost (SOC).

Note: Children under the age of 19 can receive only two (2) Presumptive Eligibility (PE) pre-enrollment periods in a 12-month period. Pregnant individuals are exempted and can be enrolled into PE once per pregnancy regardless of the 12-month period.

Providers must verify eligibility through the Automated Eligibility Verification System (AEVS) at each visit. As long as AEVS shows eligibility for the date of service, it is not necessary to complete the DHCS 4073.

Share of Cost

Children and youth with an unmet SOC on the date of the application are potentially eligible to receive temporary, full-scope Medi-Cal benefits through CPE.

Frequency of Applying for Pre-Enrollment through CPE

Children and youth who meet the eligibility criteria can receive temporary coverage through Presumptive Eligibility (PE) two (2) times every 12 months.

After the initial period of pre-enrollment eligibility has expired, a patient/family may pre-enroll the child or youth through CPE again if:

- No *Single Streamlined Application* (CCFRM604) was submitted.
- A *Single Streamlined Application* (CCFRM604) was submitted, but the child or youth was determined ineligible for Medi-Cal.
- A *Single Streamlined Application* (CCFRM604) was submitted, and the child or youth was determined eligible for Medi-Cal, but Medi-Cal eligibility was not maintained.

Note: Both CPE and Hospital Presumptive Eligibility (HPE) pre-enrollment periods count towards the twice every twelve months limitation.

Pre-Enrollment Period

Providers submit the CPE application electronically through the Medi-Cal Provider Portal to pre-enroll eligible children and youth into temporary fee-for-service, full-scope Medi-Cal for up to two (2) months, starting from the date the application is submitted. If an insurance affordability application is not submitted, services continue until the last day of the month following the month eligibility was determined. If an insurance affordability application is submitted, the pre-enrollment period will continue until a determination is made on the insurance affordability application (for example, approved or denied).

To begin the pre-enrollment process, at the time of visit the parent, legal guardian or emancipated minor either:

- Completes a hard copy version of the DHCS 4073 form, *or*
- Verbally provides responses to the DHCS 4073 questions.

QPs collect the information into the electronic CPE application located in the Medi-Cal Provider Portal. Once the electronic CPE application is populated and the applicant/family reviews and signs the Application Summary, the CPE enrollment transaction can be submitted. A response message is displayed in real time indicating whether the patient is eligible.

Benefits During Pre-Enrollment Period

Children and youth are eligible to receive the complete range of Medi-Cal fee-for-service benefits during the pre-enrollment period. Benefits include traditional Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, as well as any service that is a covered benefit of Medi-Cal.

Continuation of Benefits

To receive continuing health care coverage through Medi-Cal, a family must complete and submit a *Single Streamlined Application* (CCFRM604) before the end of the pre-enrollment period.

Application for Continuing Health Care Coverage

For children and youth to have comprehensive health insurance coverage beyond the CPE pre-enrollment period, parents or legal guardians must complete the *Single Streamlined Application* (CCFRM604) for enrollment in Medi-Cal.

Providers must ask the parents or legal guardians whether they wish to receive a follow-up *Single Streamlined Application* (CCFRM604). Providers are also encouraged to recommend that patients/families complete the follow-up application to ensure they receive full health care benefits.

If a patient/family wishes to apply for continuing health care coverage, providers must verify that the *Yes* box is checked on the DHCS 4073.

The *Single Streamlined Application* (CCFRM604) will be sent to the family at the address indicated on the DHCS 4073 only if:

- The family requests it on the electronic CPE application, *and*
- The child or youth is pre-enrolled in temporary fee-for-service, full-scope Medi-Cal.

The *Single Streamlined Application* (CCFRM604) is sent to families along with a *Welcome Letter* that explains the need to complete and submit the application in a timely manner. If the application is not received by the beginning of the second month of temporary Medi-Cal eligibility under CPE, the family will receive a *15-Day Reminder Notice* encouraging them to complete and mail in the application prior to the end of the pre-enrollment period.

The two (2) letters will be sent in the language that the family indicates as “best read” on the DHCS 4073.

When the family submits the application prior to the end of the pre-enrollment period, the temporary Medi-Cal enrollment is extended until a decision is made about Medi-Cal eligibility.

Note: Families of infants who are automatically enrolled in full-scope, no SOC Medi-Cal will not receive a *Single Streamlined Application* (CCFRM604) even if they indicated “yes” on the DHCS 4073, as they are already enrolled in Medi-Cal.

If the family does not provide a full address on the DHCS 4073, the above letters and *Single Streamlined Application* (CCFRM604) cannot be mailed. Providers are required to print and provide the *Single Streamlined Application* (CCFRM604) to any applicant who does not provide a full mailing address or whenever asked.

Deemed Infant Eligibility

The electronic CPE application allows QPs to directly enroll certain infants (children under one [1] year of age) into full-scope, no SOC Medi-Cal at the time of the visit.

Infants born to mothers who had active Medi-Cal eligibility at the time of birth and who continue to reside in California are automatically eligible for full-scope, no SOC Medi-Cal. Deemed Infant eligibility dates back to the first day of their birth month and will continue until their first birthday. No *Single Streamlined Application* (CCFRM604) is needed. This Deemed Infant eligibility applies to infants whose mothers were in a Medi-Cal Managed Care Plan (MCP) or had Medi-Cal with a SOC that was met at the time of birth.

Two (2) optional data fields are used to check the mother's Medi-Cal eligibility at the time of birth and link the mother to the infant. When linkage is found, the CPE portal will automatically enroll the infant into Medi-Cal during the visit. QPs should encourage families with infants younger than one (1) year of age to complete the "For Patients Under One Year of Age" section of the DHCS 4073.

While the "For Patients Under One Year of Age" section is optional and is not required for CPE determination, completion is highly encouraged.

Enrollment Response Messages

After the electronic CPE application is submitted, a response is generated in real time. The response indicates one (1) of the following:

- Approved eligibility.
  - Approval of full-scope, no SOC Medi-Cal eligibility (8U), *or*
  - Approval of temporary Medi-Cal eligibility through CPE (8W, 8X)
- Denied eligibility and the reason.
  - A denial can be due to eligibility factors reported on the electronic CPE application (for example, over income, over age, etc.), *or*
  - A denial can be due to existing, full-scope Medi-Cal eligibility

Note: A listing of the full response messages can be found in the *Children's Presumptive Eligibility (CPE) Step-by-Step User Guide.*

Provider Review of Application

The provider must collect the information provided by the parent, legal guardian or patient on the DHCS 4073 onto the electronic CPE application. After the information is collected, but before the electronic CPE application is submitted, the provider must print a copy of the Application Summary. The parent, legal guardian or patient must review the Application Summary for accuracy and completeness.

- If complete, a signature must be obtained on the Application Summary and kept in the patient's records.
- If incomplete or inaccurate, the provider must make corrections on the electronic CPE application, reprint the Application Summary and allow another review. If another review determines it is complete, a signature must be obtained on the Application Summary and kept in the patient's records.

CPE eligibility is based on the applicant or family's self-attestation. The QP is not responsible for ensuring the accuracy of the information given by the parent, legal guardian or patient on the application. However, the QP is responsible for ensuring that the parent, legal guardian or patient understands the questions and that the application is complete and is reviewed and signed.

QPs must verify that the information pertaining to family income and size indicate that the family is eligible for CPE by using the "Income Eligibility Guidelines" found in this manual section. The chart is intended for provider use only and is not to be shared with the patient/family.

Certifying the Application Summary

The patient, parent, legal guardian or emancipated minor completing the DHCS 4073 must also review and sign the electronic version of the CPE application, known as the Application Summary, prior to its submission through the Medi-Cal Provider Portal.

The Application Summary is not complete without a valid signature. Valid signatures include a wet ink, telephonic or electronic signature. The signed Application Summary must be retained in patient files for three (3) years.

CPE Transaction

Once providers collect the information necessary for the electronic CPE application and have the applicant, parent or legal guardian review and sign, they submit the transaction for processing. After a few seconds, providers will receive a real-time eligibility determination response message.

Refer to the *Children's Presumptive Eligibility (CPE) Step-by-Step User Guide* for instructions for submitting transactions through the Medi-Cal Provider Portal.

Response Messages

After the CPE enrollment transaction is submitted, the system will generate a response message in real time indicating the outcome of the electronic CPE application.

If denied, the system will generate a response message which details the reason for the denial. QPs must print two (2) copies of the response message and give one (1) copy to the parent, legal guardian or emancipated minor and retain the other copy in the patient's records.

Immediate Need Document

Applicants approved for coverage will also receive a response message. Once printed, this response message becomes an Immediate Need document which can be used to obtain services.

QPs must print two (2) copies of the response message and give one (1) copy to the parent, legal guardian or emancipated minor and retain the other copy in the patient's records.

- The Immediate Need document will include a *Client Signature* line if the child or youth does not have a Benefits Identification Card (BIC).
- If there is a signature line, the parent, legal guardian or emancipated minor must sign the printout in order to use it as an Immediate Need document.

The BIC ID listed on the Immediate Need Document should be used until the child or youth receives a plastic BIC card in the mail. If necessary, the Immediate Need document can be used beyond the Good Thru Date, as long as providers use AEVS to verify that coverage is active during a visit.

If the applicant is approved but provided a wrong or incomplete address on the DHCS 4073, the QP must refer them to contact their county Medi-Cal office to request a plastic BIC or update the address.

Benefits Identification Card Number

Providers use the BIC ID number printed on the Immediate Need document to bill for services during the CPE pre-enrollment eligibility period.

Income Eligibility Guidelines

The following chart is used to determine whether a CPE applicant's gross family income is at or below the Medi-Cal program's income limits. "Gross income" refers to income before taxes and other deductions. This chart is updated annually.

‹‹266 percent of the 2026 Federal Poverty Level (FPL) guidelines effective January 1, 2026, through December 31, 2026 (for determinations of CPE aid codes 8W and 8X only).

CPE FPL Chart – 2026 Income Eligibility Guidelines››

Number of Persons in the Household	266 Percent Monthly Income	266 Percent Annual Income
1	‹‹$3,538	$42,454››
2	‹‹$4,799	$57,563››
3	‹‹$6,057	$72,672››
4	‹‹$7,315	$87,780››
5	‹‹$8,576	$102,889››
6	‹‹$9,835	$117,998››
7	‹‹$11,093	$133,107››
8	‹‹$12,354	$148,216››
9	‹‹$13,612	$163,324››
10	‹‹$14,870	$178,433››
11	‹‹$16,131	$193,542››
12	‹‹$17,389	$208,651››
For households of more than 12 persons, for each additional person, add:	‹‹$1,261	$15,109››

Note: Annual FPL figures are updated in the Federal Register by the U.S. Department of Health and Human Services.

Families With Incomes Over 266 Percent of Federal Poverty Guidelines

Children and youth whose family incomes are over 266 percent of the federal poverty guidelines are not eligible for CPE. However, they may be eligible for SOC Medi-Cal programs. Providers may keep a supply of the *Single Streamlined Application* (CCFRM604) forms to give to families.

For more information, families may contact their local county Medi-Cal office or Covered California at 1-800-300-1506.

Children’s Presumptive Eligibility (CPE) Step-By-Step User Guide

For additional information about CPE transactions, providers may refer to the *Children’s Presumptive Eligibility (CPE) Step-by-Step User Guide*. The user guide may be downloaded from the Medi-Cal Providers website.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.