
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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AID CODE MASTER CHART

May 8, 1996

AID CODE	BENEFIT	PROGRAM	SOC
I. CASH GRANTS: (Public Assistance)			
03	FULL	Adoption Assistance Program. A cash assistance program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. FFP	NO
10	FULL	SSI/SSP Aid to the Aged. A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older. FFP	NO
20	FULL	SSI/SSP Aid to the Blind. A cash assistance program administered by SSA which pays a cash grant to needy blind persons of any age. FFP	NO
30	FULL	AFDC-FG. Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. FFP	NO
32	FULL	AFDC-FG. Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. FFP NON-FFP FOR CASH GRANT (STATE ONLY)	NO
36	FULL	AFDC-FG. (EXEMPT) Provides aid to families in which a child is deprived because of the absence, incapacity, or death of either parent, who does not meet all federal requirements, but State rules require the individual(s) be aided. (THIS IS THE SAME POPULATION AS AID CODE 32, EXCEPT EXEMPT FROM GRANT CUTS.) FFP NON-FFP FOR CASH GRANT (STATE ONLY)	NO
33	FULL	AFDC-Unemployed Parent. Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. FFP NON-FFP FOR CASH GRANT (STATE ONLY)	NO

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AID CODE MASTER CHART

May 8, 1996

AID CODE	BEN- EFT	PROGRAM	SOC
3H	FULL	AFDC-Unemployed Parent. (EXEMPT) Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. (This is the same population as aid code 33, except exempt from grant cuts.) FFP NON-FFP FOR CASH GRANT (STATE ONLY)	NO
35	FULL	AFDC-Unemployed Parent (CASH) Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements. FFP	NO
3P	FULL	AFDC-Unemployed Parent (Cash) (Exempt) Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements. THIS POPULATION IS THE SAME AS AID CODE 35, EXCEPT THAT THEY ARE EXEMPT FROM AFDC GRANT REDUCTIONS. FFP	NO
3R	FULL	AFDC-FG. (EXEMPT) Provides Aid to Families with Dependent Children in a family group in which the child(ren) is deprived because of the absence, incapacity, or death of either parent. This population is the same as aid code 30 except that they are exempt from the AFDC grant reductions. FFP	NO
4C	FULL	AFDC-FC Voluntarily Placed. (FED) Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care. FFP	NO
40	FULL	AFDC-FC/Non Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care. FFP FOR MEDI-CAL NON-FFP FOR CASH GRANT (STATE ONLY)	NO
42	FULL	AFDC-FC/FED. Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care. (IV-A) (IV-E). FFP	NO
60	FULL	SSI/SSP Aid to the Disabled. A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability. FFP	NO

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AID CODE MASTER CHART

May 8, 1996

AID CODE	BENEFIT	PROGRAM	SOC
2. OTHER PUBLIC ASSISTANCE PROGRAMS:			
16	FULL	Aid to the Aged-Pickie Eligibles. Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit. FFP	NO
26	FULL	Aid to the Blind-Pickie Eligibles. Covers persons who meet the federal criteria for blindness and are covered by the provisions <u>Lynch v. Rank</u> . (See aid code 16 for definition of Pickie eligibles.)	NO
36	FULL	Aid to Disabled Widow/ers. Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAS were disregarded. FFP	NO
66	FULL	Aid to the Disabled Pickie Eligibles. Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code. FFP	NO
6A	FULL	Disabled Adult Child(ren) (DAC) Blindness FFP	NO
6C	FULL	Disabled Adult Child(ren) (DAC) Disabled FFP	NO
18	FULL	Aid to the Aged-IHSS. Covers aged IHSS cash recipients who are 65 years of age or older, who are not eligible for SSI/SSP cash benefits. FFP	NO
28	FULL	Aid to Blind-IHSS. Covers persons who meet the federal definition of blindness and are eligible for IHSS. FFP	NO

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AID CODE	BENEFIT	PROGRAM	SOC
68	FULL	Aid to the Disabled IHSS. Covers persons who meet the federal definition of disability and are eligible for IHSS. FFP	NO
3. CONTINUING MEDI-CAL WHEN PA DISCONTINUED NO SOC:			
38	FULL	Continuing Medi-Cal Eligibility. Edwards v. Krzer court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from AFDC, until the family's eligibility for Medi-Cal only has been determined and an appropriate Notice of Action issued. FFP	NO
39	FULL	Initial Transitional Medi-Cal (TMC)-Six Months Continuing Eligibility. Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard. FFP	NO
54	FULL	Four-Month Continuing Eligibility. Covers persons discontinued from AFDC due to the increased collection of child/spousal support payments. FFP	NO
59	FULL	Additional TMC-Additional Six Months Continuing Eligibility. Covers persons discontinued from AFDC due to increased earnings, or hours of employment, or loss of the \$30 and 1/3 disregard. FFP	NO
4. MEDICALLY NEEDY NO SOC:			
14	FULL	Aid to the Aged-Medically Needy. Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. FFP	NO
24	FULL	Aid to the Blind Medically Needy. Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. FFP	NO

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AID CODE MASTER CHART

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AID CODE	BEN- EFIT	PROGRAM	SOC
3A	FULL	California Alternative Assistance Program-Aid to Families with Dependent Children. Family Group (CAAP-AFDC [FG]). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal. FFP	NO
3C	FULL	California Alternative Assistance Program-Aid to families with Dependent Children. Unemployed Parent Group (CAAP-AFDC [U]). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal. FFP	NO
34	FULL	AFDC-MN. Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. FFP	NO
64	FULL	Aid to the Disabled-Medically Needy. Covers persons who meet the federal definition of disability and do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. FFP	NO
5. MEDICALLY NEEDY SHARE OF COST			
17	FULL	Aid to the Aged-Medically Needy, SOC. Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. SOC required. FFP	YES
27	FULL	Aid to the Blind-Medically Needy, SOC. Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries. FFP	YES
37	FULL	AFDC-MN. Covers families with deprivation of or loss of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only. SOC is required of the beneficiaries. FFP	YES
67	FULL	Aid to the Disabled-Medically Needy, SOC. (See aid code 64 for definition of Disabled-MN). SOC is required of the beneficiaries. FFP	YES
6. MEDICALLY NEEDY SOC & NO SOC:			

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AID CODE MASTER CHART

May 29, 1996

AID CODE	BEN-EFIT	PROGRAM	SOC
65	FULL	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled-Medically Needy IHSS. Covers persons who: (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations; (b) also continue to suffer from the physical or mental impairment that was the basis of the disability determination; and (c) have the costs of IHSS deducted from their monthly income. Non-FFP	Y/N
7. MEDICALLY-NEEDY LONG-TERM CARE:			
13	FULL	Aid to Aged LTC. Covers persons 65-years of age or older who are medically needy and in Long-Term Care (LTC) status. FFP	Y/N
23	FULL	Aid to the Blind-LTC Status. Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status. FFP	Y/N
55	R	Covers undocumented aliens in LTC who are not found by INS to be Permanently Residing in the U.S. Under Color of Law (PRUCOL). Beneficiaries will remain in this aid code even if they leave LTC. RESTRICTED TO LONG-TERM CARE, PREGNANCY-RELATED, AND EMERGENCY SERVICES LTC: STATE ONLY FUNDS EMERGENCY AND PREGNANCY RELATED SERVICES: STATE AND FEDERAL FUNDS	NO
63	FULL	Aid to Disabled-LTC Status. Covers persons who meet the federal definition of disability, who are medically needy, and in LTC status. FFP	Y/N
8. MEDICALLY INDIGENT:			
04	FULL	Adoption Assistance Program /Aid for Adoption of Children With or Without a Cash Grant. The Aid for Adoption of Children cases are eligible for financial assistance through the Adoption Assistance Program, providing an Aid for the Adoption of Children Agreement, which was executed prior to October 1, 1982. NON-FFP	NO
45	FULL	Children Supported by Public Funds. Children whose needs are met in whole or in part by public funds other than AFDC-FC. FFP	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
4K	FULL	Emergency Assistance (EA) Program. Covers juvenile probation cases placed in foster care. FFP	NO
5K	FULL	Emergency Assistance (EA) Program. Covers child welfare cases placed in EA foster care. FFP	NO
53	R	Medically indigent-LTC. Covers persons age 21 or older and under 65 years of age who are residing in a Skilled Nursing or Intermediate Care Facility (SNF or ICF) and meet all other eligibility requirements with or without a SOC. Medi-Cal does not cover Acute Inpatient Hospital Care. Non-FFP LTC SERVICES ONLY	Y/N
82	FULL	MI-Person. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. Covers persons until age 22 who were in an institution for mental disease before age 21. Persons may be continued in this aid code until age 22 if they have filed for a State hearing. FFP	NO
83	FULL	MI-Person SOC. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. FFP	YES
86	FULL	MI-Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. FFP	NO
87	FULL	MI-Confirmed Pregnancy. Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent. FFP	YES
9. MEDI-CAL SPECIAL TREATMENT PROGRAMS:			
7H	R	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only. FFP VALID ONLY FOR OUTPATIENT TB-RELATED SERVICES	NO
7I	R	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers persons of any age who are eligible only for dialysis and related services. Non-FFP	Y/N

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AID CODE	BEN-EFFT	PROGRAM	SOC
73	R	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program. Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs. Non-FFP	Y/N
IO. REFUGEE/ ENTRANT PROGRAM:			
01	FULL	Refugee Cash Assistance. Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eight-month limitation provision. 100% FFP	NO
0A	FULL	Refugee Cash Assistance. (EXEMPT) Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eight-month limitation provision. (This is the same population as aid code 01, except exempt from grant cuts.) 100% FFP	NO
02	FULL	Refugee Medical Assistance/Entrant Medical Assistance. Covers eligible refugees and entrants, who do not qualify for or want cash assistance during their first eight months in the United States. 100% FFP	Y/N
08	FULL	Entrant Cash Assistance (ECA) Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole). Unaccompanied children are not subject to the eight-month limitation provision. 100% FFP	NO
II. OBRA ALIENS:			
58	R	Covers eligible aliens, permanent lawful residents, PRUCOL, or with valid and current I-688/A cards. RESTRICTED TO PREGNANCY-RELATED AND EMERGENCY SERVICES <i>EMERGENCY SERVICES: FFP</i> <i>PREGNANCY RELATED- NONEMERGENCY: STATE ONLY</i>	Y/N

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AID CODE	BEN-EFIT	PROGRAM	SOC
5F	R	Covers eligible aliens, permanent lawful residents, PRUCOL, or valid and current I-688/A cards. RESTRICTED TO PREGNANCY-RELATED AND EMERGENCY SERVICES <i>EMERGENCY SERVICES: FFP</i> <i>PREGNANCY RELATED NONEMERGENCY: STATE ONLY</i>	Y/N
12. 100 PERCENT PROGRAM/NO SOC			
7A	FULL	100 Percent Program. Child United States Citizen, Lawful Permanent Resident/PRUCOL. Provides full benefits to children born after September 30, 1983, ages 6 to 19 and beyond when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level. FFP	NO
7C	R	100 Percent Program Child-Undocumented Nonimmigrant Status. Covers emergency and pregnancy-related services to children born after September 30, 1983, ages 6 to 19 and beyond when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level. RESTRICTED TO PREGNANCY AND EMERGENCY SERVICES	NO
13. PRESUMPTIVE ELIGIBILITY:			
7F	R	Presumptive Eligibility (PE)-Pregnancy Verification. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative. FFP VALID FOR PREGNANCY VERIFICATION OFFICE VISIT	NO
7G	R	Presumptive Eligibility (PE)-Ambulatory Prenatal Care Services. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive. FFP VALID ONLY FOR AMBULATORY PRENATAL CARE SERVICES.	NO

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AID CODE	BENEFIT	PROGRAM	SOC
14. 133 PERCENT PROGRAM-NO SHARE OF COST:			
72	FULL	133 PERCENT Program. Child-United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues and family income is at or below 133 percent of the federal poverty level. FFP	NO
74	R	133 PERCENT Program. (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for children ages one up to six and beyond when inpatient status, which began before sixth birthday, continues, and family income is at or below 133 percent of the federal poverty level. FFP RESTRICTED TO EMERGENCY SERVICES	NO
15. INCOME DISREGARD PROGRAM:			
44	R	Income Disregard Program. Pregnancy. United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. FFP RESTRICTED TO PREGNANCY RELATED SERVICES	NO
47	FULL	Income Disregard Program. Infant-United States Citizen/Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to one year old and continues beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. FFP	NO
48	R	Income Disregard Program. Pregnant-Undocumented/Nonimmigrant Alien. Provides family planning, pregnancy-related, and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level. FFP RESTRICTED TO PREGNANCY RELATED SERVICES	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
69	R	Income Disregard Program. Infant/Undocumented/Nonimmigrant Alien. Provides emergency services only for infants under one year of age and beyond one year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the federal poverty level. FFP RESTRICTED TO EMERGENCY SERVICES	NO
71 PENDING	R	Income Disregard Program. Provides family planning, pregnancy and postpartum services for any pregnant minor consent female whose income is at or below 200% of the poverty level. FFP RESTRICTED TO FAMILY PLANNING, PREGNANCY AND POSTPARTUM SERVICES	NO
16. 60-DAY POSTPARTUM SERVICES:			
76	R	60-Day Postpartum Program. Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for and received Medi-Cal benefits. They may continue to be eligible for postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs. FFP RESTRICTED TO 60-DAY POSTPARTUM SERVICES	NO
17. QUALIFIED MEDICARE BENEFICIARY:			
80	R	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A and B premiums, coinsurance and deductibles for eligible low-income aged, blind, or disabled individuals. FFP RESTRICTED TO MEDICARE EXPENSES	NO
18. SSI/SSP REDUCTION BENEFICIARIES (2.3, 2.7, 4.9 PERCENT)			
1A PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-AGED (PENDING IMPLEMENTATION) FFP AFTER THE STATE OBLIGATES SOC	NO

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AID CODE	BEN-EFIT	PROGRAM	SOC
2A PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-BLIND (PENDING IMPLEMENTATION) FFP AFTER THE STATE OBLIGATES SOC	NO
3D PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-FAMILY NO SOC (PENDING IMPLEMENTATION) FFP AFTER THE STATE OBLIGATES SOC	NO
3F PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-FAMILY SOC (PENDING IMPLEMENTATION) FFP AFTER STATE OBLIGATES SOC	YES
6D PENDING	FULL	SSI/SSP REDUCTION BENEFICIARY-DISABLED (PENDING IMPLEMENTATION) FFP AFTER STATE OBLIGATES SOC	YES
19. COUNTY MEDICAL SERVICES PROGRAM:			
50	R	CMSP MI-Restricted. Covers persons who have undetermined immigration status. RESTRICTED TO CMSP EMERGENCY SERVICES ONLY	Y/N
8F		CMSP Companion Aid Code. Covers persons eligible for certain benefits under the Medi-Cal program and other benefits under CMSP. 8F is used in conjunction with Medi-Cal aid codes 52, 53, to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full scope CMSP coverage for those services not covered by Medi-Cal.	Y/N
84	R	CMSP MI-A. Covers medically indigent adults age 21 and over but under 65 years, who meet the eligibility requirements of medically indigent. NON-FFP CMSP SERVICES ONLY	NO
85	R	CMSP MI-A. Covers medically indigent adults age 21 and over but under 65 years, who meet the eligibility requirements of medically indigent. NON-FFP CMSP SERVICES ONLY	YES

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AID CODE	BEN-EFIT	PROGRAM	SOC
88	R	CMSP MI-A/Disability Pending. Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Non-FFP CMSP SERVICES ONLY	NO
89	R	CMSP MI-A/Disability Pending. Covers medically indigent adults age 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Non-FFP CMSP SERVICES ONLY	YES
20. GENERAL RELIEF (GR) /GENERAL ASSISTANCE (GA) 90-99			
21. OTHER INDICATORS AND IDENTIFIERS:			
4D		An Artificial aid code for ADAM so that DSB can bill DSS for the costs associated with processing these cases through IEYS.	
9A		The Breast Cancer Early Detection Program (BCEDP) recipient identifier. BCEDP offers benefits to uninsured and underinsured women, 40 years and older, whose household income is at or below 200 percent of the federal poverty level. BCEDP offers reimbursement for screening, diagnostic, and case management. Please note: BCEDP and Medi-Cal are separate programs, but BCEDP is using the Medi-Cal billing process (with few exceptions).	
9C		The Expanded Access to Primary Care (EAPC) program. EAPC claims can be identified for processing by EDS separately from the Medi-Cal program.	
9X		FOSTER CARE INELIGIBLE CASES PAID BY COUNTY-ONLY FUNDS- When a child has been determined ineligible for foster care based on state and federal rules, some counties still pay benefits with county-only funds. This code is for SAWS purpose to identify foster care ineligible cases paid by county-only funds.	

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AID CODE	BEN-EFIT	PROGRAM	SOC
IE		Ineligible. A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.	
RR		Responsible Relative. An RR is allowed to use medical expenses to meet the SOC for other family members associated within the same case. An RR person may be eligible for Medi-Cal benefits in another case where the person is not identified as RR.	
22. SERVICES ONLY- OPTIONAL CODES- NO MEDI-CAL ISSUED:			
11		AGED-SO. Aid to the Aged-Services Only. Persons age 65 years or older who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income. (OPTIONAL)	
21		Blind-SO. Aid to the Blind-Services Only. Persons who meet the federal criteria for blindness and do not receive a cash grant, but are receiving social services as income. (OPTIONAL)	
31		AFDC-Family Group-Services Only See Aid Code 30 for definition of AFDC-FG. Families who do not receive a cash grant, but are receiving social services as income eligibles with or without regard to income eligibles with or without regard to income.	
41		AFDC-Foster Care-Services Only Families in the Foster Care Program who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income.	
61		Disabled-SO Aid to the Disabled-Services Only- Persons who meet the federal definition of disability who do not receive a cash grant, but are receiving social services as an income eligible with or without regard to income. (OPTIONAL)	
23. FOOD STAMP PROGRAM:			

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AID CODE	BENEFIT	PROGRAM	SOC
09	FS	Food Stamp Program—Participants are not public welfare recipients, but need a case number to receive food stamps.	
24. MINOR CONSENT:			
7H PENDING	R	Restricted to minors who are at least 12 years of age, limited to sexually transmitted diseases, drug and alcohol abuse, pregnancy and pregnancy related, family planning, and sexual assault services. This aid code may have a share of cost. This aid code is not to be used for outpatient mental health services.	Y/N
7H PENDING	R	Income Disregard Program. Provides family planning, pregnancy and postpartum services for any pregnant minor consent female whose income is at or below 200% of the federal poverty level. FFP RESTRICTED TO FAMILY PLANNING, PREGNANCY AND POSTPARTUM SERVICES	N
7P PENDING	R	Restricted to minors who are at least 12 years of age, limited to sexually transmitted diseases, drug and alcohol abuse, pregnancy and pregnancy related, family planning, sexual assault services, and outpatient mental health treatment and counseling. This aid code may have a share of cost.	Y/N
7R PENDING	R	Restricted to minors under age 12 and limited to pregnancy and pregnancy-related services, family planning, and sexual assault services. This aid code is not to be used for outpatient mental health services or drug and alcohol abuse. This aid code may have a share of cost.	Y/N
25. CASH GRANTS: (No Medi-Cal Issued)			
05		Seriously Emotionally Disturbed (SED). Cash grant only for residential placement necessary for education. No Medi-Cal issued.	
12		Aid to the Aged-Special Circumstances (Aged-SC-Optio. ~)— Special circumstances payments to aged adult recipients of SSI/SSP and SSP only. No Medi-Cal issued.	
22		Aid to the Blind-Special Circumstances (Blind-SC-Optional) Special Circumstances payments to blind adult recipients of SSI/SSP only. No Medi-Cal issued.	

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AID CODE	BEN- EFT	PROGRAM	SOC
62		Aid to the Disabled-Special Circumstances (DISABLED-SC-Optional) Special circumstances payments to adult recipients of SSI/SSP and SSP only. No Medi-Cal issued.	
8A		Qualified Disabled Working Individual (QDWI). Provides state paid Medicare Part A premiums for working disabled individuals under age 65. No Medi-Cal issued. FFP	
8C		Specified Low-Income Medicare Beneficiaries (SLMB). Provides state paid Medicare Part B premiums for certain specified low-income Medicare beneficiaries. No Medi-Cal issued. FFP	

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5B--FOUR-MONTH CONTINUING ELIGIBILITY, TRANSITIONAL MEDI-CAL AND WEDFARE

1. FOUR-MONTH CONTINUING COVERAGE

The original Medi-Cal regulations [Title 22, California Code of Regulations (CCR), Section 50243] allowed persons who were discontinued from Aid to Families with Dependent Children (AFDC) due (wholly or in part) to the collection or increased collection of child/spousal support four months of no-cost Medi-Cal provided they were receiving AFDC in at least three of the six months prior to the month they became ineligible for AFDC. This program was effective August 1, 1984. Benefits shall begin the month in which the family became ineligible for AFDC or should have been considered ineligible for an AFDC payment. Therefore, if the family received no share-of-cost Medi-Cal under Edwards v. Kizer or an AFDC overpayment after the date the family became technically ineligible for AFDC, these months count towards the four month limit. The family would only receive the remainder of the four months depending on how many months were remaining.

A. Background

Section 1931(b) of Title XIX of the Social Security Act was added by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) to establish a new mandatory coverage group at Section 1931(b) of the Social Security Act. Section 1931(b) requires that Medi-Cal be provided to low-income families, who met the provision of the July 16, 1996 AFDC program (or more liberal provisions at State option). Section 161 of AB 1542 (Chapter 270, Statutes of 1997) established the California Work Opportunity and Responsibility to Kids (CalWORKs) program which was implemented January 1, 1998. Persons receiving CalWORKs continue to receive automatic Medi-Cal under Section 1931(b), but it is not necessary to be receiving CalWORKs to be eligible for Section 1931(b). If they are terminated, are not eligible for, or chose not to apply for CalWORKs, they must be evaluated for Section 1931(b)-Only.

Those that met the requirements for Section 1931(b) would remain on that program until some change caused them to be ineligible. Those persons who received CalWORKs for three of the last six months, were terminated from CalWORKs due to increased collection of child/spousal support and are not eligible for Section 1931(b) would then receive Four-Month Continuing coverage as described in Section 1931(c). Persons who received Section 1931(b)-Only for three of the last six months and are terminated for increased child/support are also eligible for Four-Month Continuing even if they were never a recipient of CalWORKs.

B. Conditions of Eligibility

Once determined eligible, the only other requirements for this program are that the family must contain a deprived child as defined in the Section 1931(b) program and reside in California. Should the person(s) leave California but then return to California prior to the expiration of the four months, he/she may receive the remainder. Persons who were terminated from a cash program similar to CalWORKs in another state are not entitled to Four-Month Continuing benefits in California.

C. Determining the Causal Relationship ("Wholly or in Part")

There must be a causal relationship between the support increase and the ineligibility for CalWORKs or Section 1931(b). For example, the family may be terminated from CalWORKs due to a change in family circumstance at the same time that support increased. If this increase would not in itself be the cause of the CalWORKs termination, the family would not be eligible for Four-Month Continuing benefits. Four-Month Continuing is allowed if the increase or collection of support is not enough to terminate the family from AFDC, but the increase would if combined with another circumstance, e.g., an increase in unearned income.

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Example 1: A Section 1931(b) family of four receives \$300 in countable child support for two of three children. The third child turns 19 and moves out of the household. Assume that because the income exceeds the standard for assistance for a family of three, the family is ineligible for Section 1931(b). Four-Month Continuing benefits are not granted because there was no increase in support collection; ineligibility was caused by the adjustment in the standard of assistance.

Example 2: A CalWORKs family receives \$325 in countable child support. The applicable standard of assistance is \$775 for a family of that size. In the next month the countable support increases to \$650 and at the same time one of the older children leaves home. The standard of assistance is reduced to \$624 due to the reduction of family size and the family became ineligible for CalWORKs. Four-Month Continuing benefits were granted because although the increase in support collection was not sufficient in itself (wholly) to cause ineligibility, when combined (in part) with the reduction in the standard of assistance, the family lost eligibility.

Example 3: A Section 1931(b) family receives \$300 in countable child support and \$200 in Title II benefits. The applicable standard of assistance is \$624 for a family of that size. In the next month both the child support and Title II increase by \$150. The family's income (now at \$650) makes them ineligible due to excess income. Because the increase in Title II benefits and child support were both necessary to cause ineligibility, that is, the child support actively contributes to ineligibility, the family is eligible for Four-Month Continuing benefits.

D. Medi-Cal Family Budget Unit (MFBU) Composition

Persons receiving Four-Month Continuing Medi-Cal shall be ineligible members of the MFBU when determining Medi-Cal eligibility for other family members and may use their noncovered Medi-Cal health care costs to reduce the other family members' share of cost (SOC) in accordance with Section 50379.

E. Intercounty Transfer Process (ICT)

When a family receiving Medi-Cal benefits under the Four-Month Continuing Medi-Cal coverage moves from the first county to the second county, an ICT must be initiated by the first county to the second county. The first county is responsible for case activities and benefit issuance until the last day of the final month in which eligibility exists for the family under the Four-Month Continuing Medi-Cal coverage. If a beneficiary becomes ineligible during the transfer period, the first county is responsible for the issuance of any notices to the beneficiary. The second county is responsible for determining new Medi-Cal eligibility under other programs when the four-month eligibility period ends. Through mutual agreement, the first county may transfer the responsibility of all case activities to the second county before the four-month eligibility period expires. (See MEPM Article 3D-3.)

F. Aid Codes

Persons who are eligible for Four-Month Continuing should be reported to MEDS under aid code 54. Because PRWORA also allows aliens who do not have satisfactory immigration status (SIS) to receive Section 1931(b) if they meet the income, property and deprivation requirements of the old AFDC program, they are also eligible for restricted benefits under the Four-Month Continuing program. This aid code is 5W. Persons who are no longer eligible for 5W are not eligible for aid code 38 because they are not entitled to a full scope card.

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2. TRANSITIONAL MEDI-CAL (TMC)

Effective in California on April 1, 1990, (pursuant to the Family Support Act of 1988, which added Section 1925 to Title XIX of the Social Security Act), the TMC program increased no-cost continuing Medi-Cal from four to a maximum of twelve months for families who were discontinued from AFDC due to an increase in the earnings or hours from employment of the caretaker relative, or principal wage earner. Section 1925 also replaced the Nine-Month Continuing Eligibility program which offered nine months of continuing eligibility for persons who were discontinued from AFDC due solely to the expiration of the \$30 plus 1/3 or the \$30 earned income disregard. Under TMC, persons received a maximum of 12 months of no-cost Medi-Cal providing that they were members of a family who received AFDC in at least three of the six months immediately preceding the month in which they became ineligible for AFDC. Since this program was an incentive for families to obtain full time employment, increases in non-job related earned income such as state disability income which cause AFDC ineligibility did not qualify the family for TMC.

On January 1, 1998, pursuant to PRWORA and state law, Section 1931(b) of the Social Security Act as described above in Four-Month Continuing Coverage, was implemented. Now, any reference to AFDC has been changed to mean the CalWORKs or the Section 1931(b) program. Neither CalWORKs nor Section 1931(b) has time limits on their earned income disregard although there are time limits on receipt of aid for adults. For recipients, these programs do not base unemployment on the 100-hour rule, i.e., on hours of employment; however, increased earnings from employment can make them ineligible for both programs. As with Four-Month Continuing Medi-Cal, all persons terminated from CalWORKs for increased earnings from employment must first be evaluated for Section 1931(b). If they are eligible, they may remain on the Section 1931(b) program indefinitely. If they are not eligible, they are evaluated for TMC.

Effective October 1, 1998, Section 73 of AB 2780 (Chapter 310, Statutes of 1998) added Section 14005.81 to the Welfare and Institutions (W&I) Code which established a second year of state-only funded TMC for persons who received the first year of TMC and who are age 19 years old or older. Counties were requested to report any pregnant women to MEDS if they were eligible for the Income Disregard (200 Percent) program with the second year TMC aid code and the appropriate secondary Percent program aid code in order to claim federal financial participation. There was no Edwards process for those being terminated from the second year of TMC. Counties were to evaluate those persons for any other Medi-Cal program as usual. Effective September 30, 2000, Senate Bill 87 (Chapter 1088, Statutes of 2000) amended Section 14005.81 of the W&I Code that eliminated quarterly status reporting for the second year of Transitional Medi-Cal. A request to waive federal law and eliminate status reporting for the first year of TMC was denied by the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration). AB 1762 (Chapter 230, Statutes of 2003) eliminated the state-only second year of TMC. No new persons were added to this program after September 30, 2003. Counties were required to determine whether those persons were eligible for any other program prior to terminating them.

The following examples illustrate situations in which the family may or may not be eligible for TMC coverage:

Example 1: A family received CalWORKs for 18 months. The parents were terminated because the time limit to receive aid expired, but the children continued on CalWORKs. The parents were determined eligible for Section 1931(b) (Aid Code 3N). In the next month, because the PWE's earnings increased, the family was terminated from cash and Section 1931(b). Because the children were eligible for CalWORKs and the parents for Section 1931(b) in three of the last six months, the family is entitled to TMC.

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Example 2: A family is receiving CalWORKs. The PWE just started working over 100 hours. The PWE would not be subject to the 100-hour rule. However, assume the increase in earnings makes the family ineligible for CalWORKs. The county evaluates the family for Section 1931(b). Assume the family's income does not exceed the Section 1931 (b) limits. This family is on Section 1931(b) and does not need TMC.

A. Period of Eligibility

Benefits shall begin the month in which the family became ineligible for CalWORKs or Section 1931(b). If the family received no share-of-cost Medi-Cal under aid code 38 or a CalWORKs overpayment occurred after the date the family became technically ineligible for CalWORKs, those months count towards the 12 month TMC limit and the family would only receive the remainder the 12 months depending on how many months were remaining. The same rule applies if the family should have been terminated from Section 1931(b) Only or the family moves out of state then returns within the Initial or Additional TMC period.

Example 1. (Prior to the Implementation of the Section 1931(b) program)

If the family inadvertently received Medi-Cal-Only under aid code 38 rather than TMC for three months, the family would only receive the remaining three months of initial TMC (aid code 39). Since the same zero share-of-cost Medi-Cal is available under TMC and aid code 38, counties do not have to make any retroactive adjustments for the first three months. However, if theoretically, the family received Medi-Cal with a SOC during the first three months, the county would have to ensure the family received zero SOC TMC for the first three months.

Example 2. (After the Implementation of the Section 1931(b) program)

Persons terminated from CalWORKs must be evaluated for Section 1931(b) prior to the county determining eligibility for TMC. If they are eligible for Section 1931(b), they would remain on that program until some change caused them to be ineligible. Those persons who received CalWORKs for three of the last six month, were terminated from CalWORKs due to increased earnings and are not eligible for Section 1931(b) would then receive TMC. Persons who received Section 1931(b)-Only for three of the last six months and are terminated for increased earnings or hours of employment are also eligible for TMC even if they were never a recipient of CalWORKs.

B. Conditions of Eligibility

1. Initial Six-Month Period

The first six-month period has no eligibility requirements other than the family must continue to have a child living in the home and the family must reside in California. Persons age 18 or older are not eligible as children for CalWORKs, Section 1931(b), or the first year of TMC unless they are 18, enrolled in school and expected to graduate before their 19th birthday.

2. Additional Six-Month Period

The additional six-month period requires that in addition to the above requirements, that the family must remain employed unless good cause exists, received Initial TMC for the entire six-month period, and meet certain reporting requirements unless good cause for failure to report exists. The family's average gross monthly earnings less child care costs necessary for the employment of the caretaker relative or principal wage earner may not exceed 185 percent of the FPL for a family of the same size.

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Example A: The only child left the home in the third month of the Initial TMC period. The family was terminated from TMC. In the fifth month, the child returned. The family is eligible to receive the remaining two months of the Initial TMC period; however, they are not eligible for additional TMC because they did not receive the entire initial six months of TMC.

Example B: The family moved to another state in the first month of the Initial TMC period. Although the family continues to meet all the TMC requirements, benefits must be discontinued because they are no longer in California. The family returned to California in the third month of the Initial TMC period. They may receive the remainder of the Initial six-month period and the six months of Additional TMC if they are otherwise eligible since the family continued to be eligible for TMC even though they did not actually receive TMC when they were living out of state. This is an exception to the rule that the family must have actually received the entire Initial period of TMC. This rule also applies to the second six month period.

C. Determining the TMC Family Members

1. Eligible Persons

In addition to the individuals who were included in the CalWORKs or Section 1931(b) family unit at the time the family lost eligibility, those who did not receive, but who were members of a family who received CalWORKs or Section 1931(b) and family members who enter the home during the Initial or Additional six-month period may be added to the TMC case.

These persons include:

- Newborn or adopted children.
- Persons under CalWORKs sanction for failure to cooperate with GAIN or other sanctions whose income was included in that unit.
- Persons who would have been considered family members for CalWORKs or Section 1931(b) if they had been in the home in the month the family was determined to be ineligible or whose income and resources would have or were counted in the budget regardless of whether deprivation exists now.
- Persons in the family who were terminated from Supplemental Security Income (SSI) due to increased earnings from other family members on CalWORKs or Section 1931(b).
- Other CalWORKs sanctioned or ineligible persons such undocumented aliens, fleeing felons, etc. whose income but not needs were included in that unit or who were receiving Section 1931(b).
- Children, parents, or spouses who are members of a family who are eligible for TMC.

The earned income of an individual who has entered or returned must be included in the gross family TMC income assessment if he/she wishes to receive TMC. Persons added to the TMC case only receive TMC for the remainder of the family's TMC period. NOTE: An absent parent or spouse who returns home with earnings from employment which causes the family to lose CalWORKs or Section 1931(b) no longer qualifies the family for TMC. (See Wedfare). NOTE: MEDS allows counties to add persons to TMC who were not in a CalWORKs, Edwards, or Section 1931(b) aid codes in the previous month.

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2. Ineligible Persons

The following persons are not eligible for TMC:

- Persons who were not eligible for CalWORKs or Section 1931(b) and whose income and resources were not counted when determining family members who were receiving CalWORKs or Section 1931(b) such as the non-needy caretaker relative.
- Persons terminated from CalWORKs or Section 1931(b) due to the change in the treatment of state disability insurance (SDI) payments from unearned income are not eligible for TMC since this is not considered actual earnings from employment.
- Persons who were convicted of fraud during the last six months in which the family was receiving Section 1931(b)-Only are also not eligible for TMC.
- Persons who remain eligible for Section 1931(b) because they are a Sneed class member and they are in a separate MBU.
- Persons who do not meet the CalWORKs definition of a child (over 18 and not enrolled in school and expected to graduate by age 19) are not eligible for TMC unless they met the definition of a child when Initial TMC was approved. A child who becomes an adult during the TMC period may remain in TMC unless he/she is the youngest child in the home. In that case, the entire family must be terminated from TMC.
- Family members who were terminated from CalWORKs or the 1931(b) program due to the loss of deprivation when a parent or spouse with earnings from employment returns home or is added to the family. This was a Wedfare case and that program has ended.

3. Persons Leaving the Home

TMC will continue for families if the parent/spouse or children leave the home in either the Initial or Additional TMC period; however, the remaining TMC family must continue to reside in the State and include a child. The family size will be reduced when comparing average earned income during the Additional six-month period since the person(s) who left will no longer be included in the MFBU. The family's earned income may also be reduced to the extent the person who left had earned income. If the family size has changed during the preceding three-month period, use the current family size.

D. Determining the Causal Relationship ("Entirely or Partially")

Loss of CalWORKs or Section 1931(b) eligibility would be considered to be "because of" an increase in hours or earned income if the increase in hours or earned income from employment was, by itself or in combination, sufficient to make the family ineligible.

Step 1.

Determine if the increase in hours or earnings from employment would have resulted in the loss of CalWORKs or Section 1931(b) eligibility if all other factors in the case remained the same (i.e., as if there were no other change in income, no change in family composition, no change in income standards, etc.) If yes, the family is eligible for TMC. If no, go to Step 2

Step 2.

Determine if events other than the increase in hours or earnings from employment would have resulted in loss of CalWORKs or Section 1931(b) eligibility if the income (hours or disregards) had stayed the same. If yes, the family is not eligible for TMC. Do not go to Step 3. If no, go to Step 3.

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Step 3.

Determine whether the family is ineligible for CalWORKs or Section 1931(b) when all changes are considered. If yes, the family is eligible for TMC. The increase in earnings from employment was essential to the loss of CalWORKs or Section 1931(b) eligibility. Without that increase, the family would not have lost CalWORKs or Section 1931(b) eligibility.

Example A: The caretaker relative, in a family with no other income, becomes employed on June 1 and reports countable earned income of \$400 in June. At the same time the caretaker relative reports that beginning with June, the family is receiving monthly unearned income of \$800. Assume the CalWORKs standard is \$775 and the family is no longer eligible for CalWORKs or Section 1931(b) in June due to excess income which is both earned and unearned.

Step 1. Did the increase in income result in termination if all other factors remained the same? The answer is "no". The earned income of \$400 alone did not result in the loss of CalWORKs or Section 1931(b). That is, if all other factors in the case remained the same, (the \$800 unearned income did not begin), the \$400 would not have caused ineligibility. Continue to Step 2.

Step 2. Did other events cause the termination? The answer is "yes". The unearned income alone would have resulted in the loss of CalWORKs or Section 1931(b). Therefore, the family is not eligible for TMC. Do not continue to Step 3.

That is, the \$800 increase in unearned income was sufficient alone to make the family ineligible for AFDC even if all other factors stayed the same.

Example B: The principal wage earner (PWE), in a family with no other income, becomes employed on June 1 and reports countable earned income of \$700 in June. In July, one child leaves the household. As a result, the income standard for the family in July is reduced to \$624. The family is no longer eligible for Section 1931(b) in July due to excess income, all of which is earned. However, the family is not eligible for TMC because the earnings of the PWE did not increase in July, the month in which Section 1931(b) eligibility was lost.

Example C: A caretaker relative is employed and has monthly countable earned income of \$375. The caretaker relative reports that she no longer has to pay for day care in June because free care is available. Without child care expenses, her countable earned income increased to \$750 in June.

The family is no longer eligible for Section 1931(b) in June because of excess income. However, the family is not eligible for TMC because the earnings of the caretaker relative did not increase in June, the month in which Section 1931(b) eligibility is lost.

Example D: A mother and her child are recipients of Section 1931(b) on the basis of absence of the father. The father returns home and is determined to be the PWE. He is working over 100 hours and the parent's earned income is over the U-Parent limit which is required because there has been a change in deprivation. The family's income is also over the Section 1931(b) limit. This family is not eligible for TMC because the family was discontinued from Section 1931(b) due to loss of deprivation (and a change in family composition) rather than increased hours or earnings from the father's employment. NOTE: The Welfare program (described in Section 3) is no longer applicable.

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E. Reporting Requirements

1. The family should receive a Notice of Action (NOA) upon approval of TMC which also inform them to keep their earning and child care receipts.
2. In the third month, the MC 176 TMC status report should be sent to the family informing them to report by the 21st day of the next month (fourth), the family's gross monthly earnings and the cost for child care necessary for the employment of the caretaker relative or principal wage earner for the preceding three months (months 1, 2, and 3). In the sixth month, the MC 176 TMC status report should be sent to the family informing them to report the same information by the 21st day of the next month (seventh), for each of months 4, 5, and 6 and in the tenth month for months 7, 8, and 9.

This status form (MC 176 TMC) has been revised so that more information is requested so that the county can evaluate the family for other Medi-Cal programs if the family is no longer eligible for TMC. The earnings from employment and child care costs are used to determine whether the family is eligible for the additional six months. If the income goes down, the family should be reevaluated for Section 1931(b) or other no cost Medi-Cal programs. Families who fail to report by the 21st day of the required months must be provided a ten-day notice prior to termination unless the county determines that they have good cause for filing late as specified in Title 22, Section 50175 of the California Code of Regulations.

F. Determining Earned Income

Family earnings must remain at or below 185 percent of the FPL to be eligible for additional TMC. The average monthly gross earnings for the preceding three-month period after deduction of any monthly child care expenses necessary for the employment of the caretaker are compared to 185 percent of the FPL for the current family size even if some family members are not eligible for TMC. Child care expenses that are reimbursed by the State are not allowable nor are any other deductions. Family earnings include those of a child as well as the parent(s) or parent and stepparent. Sneede rules apply. Persons who are not eligible for TMC and are receiving Medi-Cal under another program such as the Section 1931(b), Medically Needy, or Medically Indigent program (except PA or Other PA) are included in the TMC case to determine family size. Their earnings from employment are counted to determine whether the family is eligible for the second six months of TMC. A person who is not receiving any Medi-Cal benefits and does not wish to be added to the TMC case, such as a absent parent returning home during the TMC period of his family, is not required to be included and his/her income is not counted, nor is he/she considered in the family size.

Example: The Smith family budget (four members of the household).

<u>Month</u>	<u>Gross Earned Income</u>	<u>Child Care Expenses</u>
May	\$200	\$ 95
June	\$300	\$105
July	<u>\$400</u>	<u>\$100</u>
Total	\$900	\$300

Average Monthly Gross Income = \$900 divided by 3 = \$300
Average Monthly Child Care = \$300 divided by 3 = \$100
Adjusted Monthly Income \$200

A family is income eligible for TMC when its "adjusted" monthly income is less than or equal to 185 percent of the FPL for a family of that size. For purposes of the TMC program, adjusted monthly income is the family's average monthly gross income less the family's average monthly expenses for child care. Thus, in the above example the family is income

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eligible for TMC because its adjusted monthly income of \$200 is less than 185 percent of the FPL for four persons. After calculating the adjusted monthly income, round it to the nearest dollar before comparing to the 185 percent of the FPL income standard. Use the usual Medi-Cal rounding rules: if the decimal number is .49 or less, round down; and if the decimal number is .50 or larger, round up. Unearned income is not counted when computing this income test. Individuals receiving TMC are not affected by excess resources.

NOTE: Self employed persons are allowed to deduct actual business expenses from their gross earnings, but they are not allowed the 40 percent "deduction" from their total business revenue as may be allowed in the Section 1931(b) program.

If the family had no earnings in one or more of the months in the preceding three-month period unless the lack of earnings were due to involuntary loss of employment or illness, the family is no longer eligible for TMC. Evaluate the family for Section 1931(b). NOTE: It may be more beneficial to put the family back on Section 1931(b) even though they are still eligible for TMC if they involuntarily lost their job or the PWE is now incapacitated.

G. Intercounty Transfer

Persons receiving TMC who move to another county are treated no differently from any other family receiving regular Medi-Cal in accordance with Section 50137.

H. Aid Codes

39 Initial TMC Full Scope

Persons who are eligible for initial TMC should be reported to MEDS under aid code 39.

59 Additional TMC Full Scope

Persons who are eligible for additional TMC should be reported to MEDS under aid code 59.

3T Initial TMC (Emergency and Pregnancy-Related Benefits Only)

This initial six-month aid code should be used for aliens who do not have satisfactory immigration status (SIS).

5T Additional TMC (Emergency and Pregnancy-Related Benefits Only)

This additional six-month aid code should be used for aliens who do not have SIS.

I. MFBU Composition, Linkage, and Sneede v. Kizer

Persons receiving TMC shall be ineligible members of the MFBU of those persons who are not eligible for TMC when determining Medi-Cal eligibility for other family members and may use their noncovered Medi-Cal health care costs to reduce other family members' or responsible relatives' share of cost in accordance with Section 50379 and the Sneede v. Kizer lawsuit settlement.

It is possible that some persons will be eligible for Section 1931(b) and some will be eligible for TMC because deprivation still exists for certain family members. For example, assume unmarried parents with mutual and separate children are eligible for Section 1931(b) based on the father's incapacity. The father recovers and is determined to be the Principal Wage Earner. Since he is working 100 hours or more and there has been a change in

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circumstances, the earned income U-Parent test is required to determine whether deprivation continues. The family fails this test. Dad and the mutual children are eligible for TMC due to increased hours of employment, but the mother and her separate children are still income eligible for Section 1931(b) as recipients based on absence of the separate children's father. It is also possible that a family is eligible for TMC, but their 20 year old "child" is not because he/she does not meet the definition of a child for Section 1931(b) or the first year of TMC. He is aided as an MI.

Due to Sneede rules, some persons may continue to be eligible for Section 1931(b) even if some of the other family members are over the income or resource limits and eligible for TMC. Section 1931(b) persons may continue to receive Medi-Cal until they are no longer eligible. If they have received Medi-Cal under the Section 1931(b) program for three of the last six months, and have been terminated for increased hours or earnings from employment, they are then entitled to TMC for the entire TMC period if they remain eligible even though other members of the family have already been receiving TMC in prior months. They will have status reporting due dates different from the other members of the family who began TMC in earlier months.

J. Returning to CalWORKs or Section 1931(b)

If a family returns to CalWORKs or Section 1931(b) during any of the TMC periods and is then terminated due to another reason which does not meet the requirements of TMC, e.g., is not related to employment or does not meet the three out of the preceding six-month requirement, the family is eligible for the remainder of the original TMC period if they are otherwise eligible. The months of zero share-of-cost Medi-Cal which the family received when they returned to CalWORKs, aid code 38, or Section 1931(b) are counted as if TMC were received in those months, i.e., they are counted as part of Initial or Additional TMC for purposes of determining the remaining months in the original TMC period. If they meet the requirements of TMC when terminated, they are evaluated again for a new initial TMC period.

Example: The family was terminated from CalWORKs due to increased hours or earnings from employment of the caretaker relative. They received TMC for four months. The caretaker became unemployed and the family was again eligible for CalWORKs. After two months, the caretaker found another job and was terminated from CalWORKs. The family is not eligible for a new Initial TMC period because they did not receive CalWORKs or Section 1931(b) for three out of the preceding six-month requirement. They are eligible to receive an additional six months of the original TMC period (if all other eligibility criteria are met) because the two months of CalWORKs cash-based Medi-Cal counted as if TMC were received and this completes the initial TMC period.

K. The TMC Flyer

Senate Bill (SB) 391, Chapter 294, Statutes of 1997, amended Section 14005.76 of the Welfare and Institutions (W&I) Code to require the Department of Health Services (DHS) to implement certain informing provisions in the TMC program. The first informing provision was to be implemented May 18, 1998. This section now requires that:

- A written TMC notice (flyer) be given to CalWORKs and Section 1931-Only recipients at the time that Medi-Cal eligibility is conferred and every six months thereafter. The Department developed a TMC flyer and form to meet this requirement. Counties are responsible for providing the flyer and form to new beneficiaries. Counties may provide the flyer and notice to applicants rather than newly approved beneficiaries if it is more convenient. DHS will mail the flyer and notice to these persons every six months.

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- The above flyer and form are to be provided to recipients when they are terminated from Section 1931-Only for failure to meet reporting requirements.

Assembly Bill 2780, Chapter 310, Statutes of 1998, Section 11265.9 of the Welfare and Institutions Code required the Department of Social Services (DSS) to send a brief summary of the requirements of TMC and a form which can be returned when any individual or family is discontinued from CalWORKs for reasons other than fraud. However, DSS stated in All County Information Notice No I-08-02 on January 28, 2002, that this flyer and form will be discontinued because SB 87, Chapter 1088, Statutes of 2000, requires that all persons who are terminated from CalWORKs must continue to receive ongoing Section 1931(b) benefits until they are determined ineligible.

L. Questions and Answers

1. Should counties terminate the family from TMC if the only child turns 18 and is not enrolled in school and expected to graduate before age 19 or was enrolled in school and turns 19 during the TMC period?

Yes. The family must have at least one eligible child living in the home to receive TMC.

2. If married parents with mutual and separate children were terminated from Section 1931(b) due to increased earnings and are eligible for TMC, but one child with income was previously only eligible for the Percent programs and now has a share of cost, is the child also now eligible for TMC?

Yes. The child may be added to the TMC case with the parent.

3. Is the family eligible for TMC if they lose CalWORKs or Section 1931(b) due to increased earnings from State disability, or temporary Workers Compensation?

No. Only an increase in earnings from actual employment can make the family eligible for the TMC program.

4. If a family's income drops while receiving TMC, should counties redetermine eligibility for Section 1931(b) or CalWORKs?

Yes. Section 1931(b) is more beneficial to the family since there are no time limits. However, the family must pass the U-Parent earned income test if the PWE is working 100 hours or more and must meet applicant rules if they do not return to Section 1931(b) within four months.

5. If a family received CalWORKs for two months before being terminated and Section 1931(b) for two months before being ineligible due to increased earnings from employment, can they have TMC based on receiving CalWORKs or TMC for three of the last six months?

Yes.

6. In the second six months, do we use the limit for the entire family even if there is a 20-year-old who is not receiving TMC when comparing the TMC family's average last three month's earnings minus child care deductions to 185 percent of the Federal Poverty Level? If yes, do we also include the income of other family members receiving Medi-Cal who are not eligible for TMC?

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Yes. The family size includes everyone who is a family member in the household if they are receiving TMC or other Medi-Cal with the exception of a person who is PA or Other PA. The earned income of the other family members who are being aided in another aid code is also included when comparing the total to the 185 percent limit.

7. If the TMC flyer is returned months after the CalWORKs or Section 1931(b) case has been terminated and it is determined that the family was terminated for increased earnings from employment, should the county process the case for TMC?

Yes. If the family still meets the TMC eligibility criteria, they may be eligible for TMC if they are not eligible for Section 1931(b). The county must report the TMC aid code 39 retroactively to MEDS immediately following the CalWORKs, aid code 38, or Section 1931(b) aid code when they were terminated and the family may only receive the remainder of the initial TMC period. If eligible for the next six months, they may continue.

8. May an employed parent return home and be added to the TMC case with the other parent and children?

Yes. He/she may be added if his/her income/resources would have been included in the CalWORKs or Section 1931(b) case. If he/she chooses to be added, his/her income will be counted. Once added, he/she may not be later excluded.

9. May an 18-year-old child who is not enrolled in school return home and be added to the TMC unit?

Not unless he/she would have met the definition of a child if he/she had been in the home at the time that TMC began.

10. May undocumented parents be added to the TMC unit with their children if their citizen children were terminated from CalWORKs due to increased earnings of the PWE and the family is not eligible for Section 1931(b) even if the parents never received benefits under Section 1931(b)?

Yes. The parents could receive restricted TMC benefits because they were members of a family who received CalWORKs and their income was used in the CalWORKs determination.

11. If the family is determined to have excess property during the TMC period or at the time of the TMC determination, is the family still eligible for TMC?

Yes. There are no property requirements for the TMC program.

12. May a family be discontinued from TMC for failure to complete a request for information that is not required for the TMC program?

No. Redeterminations are not required for TMC coverage and such failure to cooperate has no effect on TMC. However, counties should request the completion of forms, information, or verifications that are required to conduct a redetermination of eligibility for other Medi-Cal programs that may begin when TMC coverage ends. The redetermination for ongoing eligibility under other Medi-Cal programs must be conducted prior to discontinuance so the beneficiary is transitioned into the appropriate aid code without a break in aid.

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13. If the stepparent with no children of his/her own is not the PWE and his/her earnings from employment cause the family to lose Section 1931(b), is the family eligible for TMC?

Yes, if the parent and the stepparent agree that the stepparent is the caretaker relative. Counties are not required to verify this for TMC purposes.

14. Is there a limit to amount of child care expenses which are necessary for the employment of the parents or spouse of a parent?

No.

15. If the county receives information that would cause the TMC family to lose eligibility, e.g., the earned income went above the 185 percent FPL limit in the Additional TMC period, may the county take action to terminate the family prior to the date the TMC status report is due?

No. Federal law only requires the family to report on specific dates and the earned income must be the average of the previous three months minus child care expenses.

16. A caretaker relative aunt and child were receiving CalWORKs until the aunt became employed and was discontinued from CalWORKs. The child continues to be eligible for CalWORKs. The aunt was determined not eligible for Section 1931(b). Is she eligible for TMC?

Yes. A parent or a caretaker relative may receive TMC if he/she meets the criteria even though the child is still receiving CalWORKs.

17. If a family exceeds the 185 percent TMC income limit in months one, two, and three, but reports that in month four their income will remain below 185 percent, would they be eligible for the additional six months of TMC?

No. The income test is the average of the last three months; however, they may be eligible for Section 1931(b) if their income was below that limit.

3. WEDFARE

Wedfare was a federal demonstration project initiated by the Department of Social Services that was effective October 1, 1995, and provided TMC to families who were discontinued from AFDC due to marriage or the reuniting of spouses. These families were discontinued because of excess assets, excess income, or they no longer met the deprivation requirements. This program did not apply to unmarried parents who reunited. This program did not apply to certain control cases in some counties. The same basic rules, regulations, and aid codes applied to persons receiving TMC due to the Wedfare program as those receiving TMC due to the loss of the disregard or increased hours or earnings from employment. Wedfare persons were not eligible for the Second Year of TMC. This special waiver group ended June 30, 1999. Families who were receiving TMC under the Wedfare provision continued receiving benefits until their maximum of one-year federal TMC benefits was completed.

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4. FORMS (English and Spanish)

1. MC 176 TMC Quarterly Status Report	Revised	11/00
2. MC 176 TMC (SP) Quarterly Status Report	Revised	11/00
3. MC 176 TMC A Quarterly Status Report (Pin Fed)	Revised	11/00
4. MC 176 TMC A (SP) Quarterly Status Report (Pin Fed)	Revised	11/00
5. MC 239 TMC-1 Approval	Revised	9/03
6. MC 239 TMC-1 (SP) Approval	Revised	9/03
7. MC 239 TMC 2 Denial/Discontinuance	Revised	8/03
8. MC 239 TMC 2 (SP) Denial/Discontinuance	Revised	8/03
9. TMC Flyer and the MC 325 Back	Revised	1/04
10. MC 323 Four-Month Continuing Approval	Revised	8/01
11. MC 323 (SP) Four-Month Continuing Approval	Revised	8/01
12. MC 357 Four-Month Continuing Denial/Discontinuance	New	11/01
13. MC 357 (SP) Four Month Continuing Denial/Discontinuance	New	11/01

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State of California—Health and Human Services Agency

Department of Health Services

TRANSITIONAL MEDI-CAL (TMC) QUARTERLY STATUS REPORT

This status report is for the months of			Return this form no later than the 21st day of
Month 1	Month 2	Month 3	

IMPORTANT: COMPLETE, SIGN, AND RETURN THIS REPORT TO THE WELFARE DEPARTMENT IN THE ENCLOSED ENVELOPE. Attach proof of your income, actual child care expenses paid, and total hours of employment for the three months noted above. If you have any questions regarding this form or the items to be reported, contact your eligibility worker.

- For **Transitional Medi-Cal (TMC)**—You will receive status reports during this period. If you do not complete and return these reports, your eligibility for TMC will be discontinued.

PART A. DISCONTINUANCE REQUEST

I request that my **Transitional Medi-Cal** be stopped on the last day of _____
Month/Year

I know that I can reapply for **Medi-Cal** at any time. _____
Applicant signature Date

IF YOU WANT YOUR TMC ELIGIBILITY TO CONTINUE, PLEASE COMPLETE AND SIGN PART B OF THIS REPORT.

PART B. ELIGIBILITY STATUS INFORMATION

1. Did anyone receive any income, money, or benefits during the report period such as salary, wages, tips, commissions, bonuses, vacation pay? **If yes, attach proof (all pay stubs) for each report month.** Yes No

	Month 1	Month 2	Month 3
Name			
Employer/source			
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____
Name			
Employer/source			
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____
Name			
Employer/source			
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____
Name			
Employer/source			
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____

2. Did you or any family member receive money or benefits from other sources such as disability, unemployment, child support, or social security? **If yes, attach proof (all pay stubs) for each report month.** Yes No

	Month 1	Month 2	Month 3
Name			
Employer/source			
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____
Name			
Employer/source			
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____
Name			
Employer/source			
Income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total hours worked:	_____	_____	_____

MC 176 TMC (11/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. a. Did you or any family member receive free housing, utilities, food, or clothing in the report month? Yes No
 b. Did you or any family member work for housing, utilities, food, or clothing in the report month? Yes No
If yes to 4a and 4b, you must answer the three questions on the next line.

(1) What was received?	(2) Who received it?	(3) Who provided it?
------------------------	----------------------	----------------------

4. Did you or anyone pay for child care expenses which have not or will not be reimbursed? Yes No
 If yes, complete the following:

Name of Child(ren)	Age	Amount Paid for Child Care Expenses			Name of Child Care Provider
		Month 1	Month 2	Month 3	

5. Did you have changes in your family or household during the time specified? (Include change of address, change of child care provider, change of employment, change in property, anyone that moved into or out of your home, is pregnant, or anyone who was born or who died.) Yes No
 If yes, complete the following:

Name	Relationship	What Happened	Date

6. a. Do you or anyone have or expect to receive private health, vision, or dental insurance? (This includes insurance paid by an absent parent.) Yes No
 b. Do you have or expect to receive health insurance through your employer? Yes No
 c. Does your employer offer health insurance for a monthly premium? Yes No
 If yes, complete the following:

Name of Insurance	Person(s) Insured

CERTIFICATION

I understand that reported facts may result in benefits being changed or stopped.
 I understand that the statements I have made on this form are subject to investigation and verification.
 I understand that I must notify my worker within ten days of any change.
 I understand that failing to report facts or giving wrong or incomplete facts can result in legal prosecution with penalties of a fine, imprisonment, or both.
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT AND IS COMPLETE FOR THE ENTIRE REPORT PERIOD.

Signature or mark of applicant	Date	Phone number ()
Signature of witness to mark, interpreter, or other person	Date	Phone number ()

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

REPORTE TRIMESTRAL SOBRE LA SITUACIÓN MEDI-CAL DE TRANSICIÓN (TMC)

Este reporte es para los meses de			Devuelva este formulario a más tardar el día 21 de
Mes 1	Mes 2	Mes 3	

IMPORTANTE: COMPLETE, FIRME Y DEVUELVA ESTE REPORTE AL DEPARTAMENTO DE BIENESTAR SOCIAL EN EL SOBRE ADJUNTO. Adjunte comprobante de sus ingresos, los gastos reales pagados por el cuidado de niños y el total de horas de empleo de los tres meses indicados anteriormente. Si tiene alguna pregunta referente a este formulario o a los artículos que se deben reportar, comuníquese con su trabajador(a) de elegibilidad.

- Para Medi-Cal de Transición (TMC)—Usted recibirá reportes sobre la situación durante este período. Si no completa y devuelve estos reportes, se discontinuará su elegibilidad para recibir beneficios de TMC.

PARTE A. PETICIÓN DE DESCONTINUACIÓN

Pido que mi *Medi-Cal de Transición* pare el último día de _____

Mes/Año

Sé que puedo volver a solicitar *Medi-Cal* en cualquier momento. _____

Firma del/de la solicitante

Fecha

SI DESEA QUE CONTINÚE SU ELEGIBILIDAD DE TMC, POR FAVOR COMPLETE Y FIRME LA PARTE B DE ESTE REPORTE.

PARTE B. INFORMACIÓN SOBRE LA SITUACIÓN DE ELEGIBILIDAD

- ¿Recibió alguien algún ingreso, dinero o beneficios durante el período del reporte, como sueldo, salario, propinas, comisiones, bonificaciones, pago por vacaciones? Si así fue, adjunte comprobante (todos los talones de cheque) para cada mes del reporte. Sí No

	Mes 1	Mes 2	Mes 3
Nombre			
Empleador/fuente			
¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas:	_____	_____	_____
Nombre			
Empleador/fuente			
¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas:	_____	_____	_____
Nombre			
Empleador/fuente			
¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas:	_____	_____	_____
Nombre			
Empleador/fuente			
¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas:	_____	_____	_____

- ¿Usted o alguien de su familia recibió dinero o beneficios de otras fuentes, como seguro de incapacidad, de desempleo, manutención de niños o del seguro social? Si así fue, adjunte comprobante (todos los talones de cheque) para cada mes del reporte. Sí No

	Mes 1	Mes 2	Mes 3
Nombre			
Empleador/fuente			
¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Nombre			
Empleador/fuente			
¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Nombre			
Empleador/fuente			
¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No

MC 176 TMC (SP) (11/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. a. ¿Recibió usted o algún familiar vivienda, servicios públicos y comunitarios, alimentos o ropa gratis en el mes del reporte? Sí No
 b. ¿Usted o algún familiar trabajó por vivienda, servicios públicos y comunitarios, alimentos o ropa en el mes del reporte? Sí No

Si la respuesta a las preguntas 4a y 4b es sí, usted tiene que contestar las tres preguntas en el siguiente renglón.

(1) ¿Qué se recibió?	(2) ¿Quién lo recibió?	(3) ¿Quién lo proporcionó?
----------------------	------------------------	----------------------------

4. ¿Usted o alguien pagó gastos por el cuidado de niños que no se han reembolsado o que no se reembolsarán? Sí No
 Si así fue, complete lo siguiente:

Nombre del/de los niño(s)	Edad	Cantidad pagada por gastos del cuidado de niños			Nombre del proveedor del cuidado de niños
		Mes 1	Mes 2	Mes 3	

5. ¿Hubo cambios en su familia u hogar durante el período especificado? (Incluya cambio de dirección, cambio de proveedor de cuidado de niños, cambio de empleo, cambio de propiedad, alguien que se mudó a o de su hogar, alguien que esté embarazada o alguien que nació o murió.) Si así fue, complete lo siguiente: Sí No

Nombre	Parentesco	¿Qué ocurrió?	Fecha

6. a. ¿Usted o alguien tiene o espera recibir seguro médico, de la vista o dental privado? (Esto incluye seguro pagado por un padre ausente.) Sí No
 b. ¿Usted tiene o espera recibir seguro médico por medio de su empleador? Sí No
 c. ¿Ofrece su empleador seguro médico a cambio de una cuota mínima? Sí No
 Si así es, complete lo siguiente:

Nombre del Seguro	Persona(s) Asegurada(s)

CERTIFICACIÓN

Entiendo que los datos reportados podrían ocasionar que los beneficios se cambien o se suspendan.
 Entiendo que las declaraciones que he hecho en este formulario están sujetas a investigación y verificación.
 Entiendo que tengo que notificar a mi trabajador(a) cualquier cambio en un plazo de diez días.
 Entiendo que el no reportar los datos o darlos erróneos o incompletos puede resultar en enjuiciamiento legal con sanciones de una multa, encarcelamiento o ambos.
 DECLARO BAJO PENA DE PERJURIO CONFORME A LAS LEYES DE LOS ESTADOS UNIDOS Y DEL ESTADO DE CALIFORNIA QUE LA INFORMACIÓN CONTENIDA EN ESTE REPORTE ES VERDADERA Y CORRECTA Y ES COMPLETA PARA EL PERÍODO TOTAL DEL REPORTE.

Firma o marca del/de la solicitante	Fecha	Número de teléfono ()
Firma del/de la testigo para la marca, intérprete u otra persona	Fecha	Número de teléfono ()

MC 176 TMC (SP) (11/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

TRANSITIONAL MEDI-CAL (TMC) QUARTERLY STATUS REPORT

This status report is for the months of			Return this form no later than the 21st day of
Month 1	Month 2	Month 3	

IMPORTANT: COMPLETE, SIGN, AND RETURN THIS REPORT TO THE WELFARE DEPARTMENT IN THE ENCLOSED ENVELOPE. Attach proof of your income, actual child care expenses paid, and total hours of employment for the three months noted above. If you have any questions regarding this form or the items to be reported, contact your eligibility worker.

- **For Transitional Medi-Cal (TMC)**—You will receive status reports during this period. If you do not complete and return these reports, your eligibility for TMC will be discontinued.

PART A. DISCONTINUANCE REQUEST

I request that my *Transitional Medi-Cal* be stopped on the last day of _____

Month/Year

I know that I can reapply for *Medi-Cal* at any time. _____

Applicant signature

Date

IF YOU WANT YOUR TMC ELIGIBILITY TO CONTINUE, PLEASE COMPLETE AND SIGN PART B OF THIS REPORT.

PART B. ELIGIBILITY STATUS INFORMATION

1. Did anyone receive any income, money, or benefits during the report period such as salary, wages, tips, commissions, bonuses, vacation pay? **If yes, attach proof (all pay stubs) for each report month.** Yes No

		Month 1	Month 2	Month 3
Name	Income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer/source		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total hours worked:		_____	_____	_____
Name	Income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer/source		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total hours worked:		_____	_____	_____
Name	Income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer/source		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total hours worked:		_____	_____	_____
Name	Income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer/source		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total hours worked:		_____	_____	_____

2. Did you or any family member receive money or benefits from other sources such as disability, unemployment, child support, or social security? **If yes, attach proof (all pay stubs) for each report month.** Yes No

		Month 1	Month 2	Month 3
Name	Income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer/source		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Name	Income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer/source		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Name	Income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Employer/source		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

MC 176 TMC A (11/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. a. Did you or any family member receive free housing, utilities, food, or clothing in the report month? Yes No
 b. Did you or any family member work for housing, utilities, food, or clothing in the report month? Yes No
If yes to 4a and 4b, you must answer the three questions on the next line.

(1) What was received?	(2) Who received it?	(3) Who provided it?
------------------------	----------------------	----------------------

4. Did you or anyone pay for child care expenses which have not or will not be reimbursed? Yes No
 If yes, complete the following:

Name of Child(ren)	Age	Amount Paid for Child Care Expenses			Name of Child Care Provider
		Month 1	Month 2	Month 3	

5. Did you have changes in your family or household during the time specified? (Include change of address, change of child care provider, change of employment, change in property, anyone that moved into or out of your home, is pregnant, or anyone who was born or who died.) Yes No
 If yes, complete the following:

Name	Relationship	What Happened	Date

6. a. Do you or anyone have or expect to receive private health, vision, or dental insurance? (This includes insurance paid by an absent parent.) Yes No
 b. Do you have or expect to receive health insurance through your employer? Yes No
 c. Does your employer offer health insurance for a monthly premium? Yes No
 If yes, complete the following:

Name of Insurance	Person(s) Insured

CERTIFICATION

I understand that reported facts may result in benefits being changed or stopped.
 I understand that the statements I have made on this form are subject to investigation and verification.
 I understand that I must notify my worker within ten days of any change.
 I understand that failing to report facts or giving wrong or incomplete facts can result in legal prosecution with penalties of a fine, imprisonment, or both.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT AND IS COMPLETE FOR THE ENTIRE REPORT PERIOD.

Signature or mark of applicant	Date	Phone number ()
Signature of witness to mark, interpreter, or other person	Date	Phone number ()

MC 176 TMC A (11/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

REPORTE TRIMESTRAL SOBRE LA SITUACIÓN MEDI-CAL DE TRANSICIÓN (TMC)

Este reporte es para los meses de			Devuelva este formulario a más tardar el día 21 de
Mes 1	Mes 2	Mes 3	

IMPORTANTE: COMPLETE, FIRME Y DEVUELVA ESTE REPORTE AL DEPARTAMENTO DE BIENESTAR SOCIAL EN EL SOBRE ADJUNTO. Adjunte comprobante de sus ingresos, los gastos reales pagados por el cuidado de niños y el total de horas de empleo de los tres meses indicados anteriormente. Si tiene alguna pregunta referente a este formulario o a los artículos que se deben reportar, comuníquese con su trabajador(a) de elegibilidad.

- Para Medi-Cal de Transición (TMC)—Usted recibirá reportes sobre la situación durante este período. Si no completa y devuelve estos reportes, se discontinuará su elegibilidad para recibir beneficios de TMC.

PARTE A. PETICIÓN DE DESCONTINUACIÓN

Pido que mi *Medi-Cal de Transición* pare el último día de _____

Mes/Año

Sé que puedo volver a solicitar *Medi-Cal* en cualquier momento. _____

Firma del/de la solicitante

Fecha

SI DESEA QUE CONTINÚE SU ELEGIBILIDAD DE TMC, POR FAVOR COMPLETE Y FIRME LA PARTE B DE ESTE REPORTE.

PARTE B. INFORMACIÓN SOBRE LA SITUACIÓN DE ELEGIBILIDAD

1. ¿Recibió alguien algún ingreso, dinero o beneficios durante el periodo del reporte, como sueldo, salario, propinas, comisiones, bonificaciones, pago por vacaciones? **Si así fue, adjunte comprobante (todos los talones de cheque) para cada mes del reporte.** Sí No

Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas:		_____	_____	_____
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas:		_____	_____	_____
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas:		_____	_____	_____
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Total de horas trabajadas:		_____	_____	_____

2. ¿Usted o alguien de su familia recibió dinero o beneficios de otras fuentes, como seguro de incapacidad, de desempleo, manutención de niños o del seguro social? **Si así fue, adjunte comprobante (todos los talones de cheque) para cada mes del reporte.** Sí No

Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No
Nombre		Mes 1	Mes 2	Mes 3
Empleador/fuente	¿Ingresos recibidos?	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No

MC 176 TMC A (SP) (11/00)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. a. ¿Recibió usted o algún familiar vivienda, servicios públicos y comunitarios, alimentos o ropa gratis en el mes del reporte? Sí No
 b. ¿Usted o algún familiar trabajó por vivienda, servicios públicos y comunitarios, alimentos o ropa en el mes del reporte? Sí No

Si la respuesta a las preguntas 4a y 4b es sí, usted tiene que contestar las tres preguntas en el siguiente renglón.

(1) ¿Qué se recibió?	(2) ¿Quién lo recibió?	(3) ¿Quién lo proporcionó?
----------------------	------------------------	----------------------------

4. ¿Usted o alguien pagó gastos por el cuidado de niños que no se han reembolsado o que no se reembolsarán? Sí No
 Si así fue, complete lo siguiente:

Nombre del/de los niño(s)	Edad	Cantidad pagada por gastos del cuidado de niños			Nombre del proveedor del cuidado de niños
		Mes 1	Mes 2	Mes 3	

5. ¿Hubo cambios en su familia u hogar durante el período especificado? (Incluya cambio de dirección, cambio de proveedor de cuidado de niños, cambio de empleo, cambio de propiedad, alguien que se mudó a o de su hogar, alguien que esté embarazada o alguien que nació o murió.) Si así fue, complete lo siguiente: Sí No

Nombre	Parentesco	¿Qué ocurrió?	Fecha

6. a. ¿Usted o alguien tiene o espera recibir seguro médico, de la vista o dental privado? (Esto incluye seguro pagado por un padre ausente.) Sí No
 b. ¿Usted tiene o espera recibir seguro médico por medio de su empleador? Sí No
 c. ¿Ofrece su empleador seguro médico a cambio de una cuota mínima? Sí No
 Si así es, complete lo siguiente:

Nombre del Seguro	Persona(s) Asegurada(s)

CERTIFICACIÓN

Entiendo que los datos reportados podrían ocasionar que los beneficios se cambien o se suspendan.

Entiendo que las declaraciones que he hecho en este formulario están sujetas a investigación y verificación.

Entiendo que tengo que notificar a mi trabajador(a) cualquier cambio en un plazo de diez días.

Entiendo que el no reportar los datos o darlos erróneos o incompletos puede resultar en enjuiciamiento legal con sanciones de una multa, encarcelamiento o ambos.

DECLARO BAJO PENA DE PERJURIO CONFORME A LAS LEYES DE LOS ESTADOS UNIDOS Y DEL ESTADO DE CALIFORNIA QUE LA INFORMACIÓN CONTENIDA EN ESTE REPORTE ES VERDADERA Y CORRECTA Y ES COMPLETA PARA EL PERÍODO TOTAL DEL REPORTE.

Firma o marca del/de la solicitante	Fecha	Número de teléfono ()
Firma del/de la testigo para la marca, intérprete u otra persona	Fecha	Número de teléfono ()

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION TRANSITIONAL MEDI-CAL (TMC) APPROVAL FOR FULL OR RESTRICTED BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

TMC IS A PROGRAM THAT PROVIDES CONTINUING MEDI-CAL BENEFITS FOR UP TO ONE YEAR FOR PERSONS NO LONGER ELIGIBLE FOR THE 1931(b) MEDI-CAL PROGRAM AS A RESULT OF EARNINGS FROM EMPLOYMENT.

- You are eligible for initial TMC for the period _____ through _____.
- You are entitled to full benefits.
- You are entitled to emergency and pregnancy-related benefits.

You will continue to receive TMC during this period if you have an eligible child in the home and remain employed. Receiving these Medi-Cal benefits does not count against any CalWORKs program time limits.

You may be eligible for an additional six months of TMC at no cost if you:

- Return the status report which the county will send you by the 21st day of _____ and are within income limits.
- Attach to the status report proof of your family's monthly gross earnings and actual child care costs paid by you. Save all your earnings statements and child care receipts.
- You are eligible for an additional six months for the period _____ through _____.

To remain eligible for the additional six months of TMC, you will be required to complete and return two status reports sent to you by the county during this period. The first report will be due by the 21st day of the first month and the second report will be due by the 21st day of the fourth month of this additional six-month period. You must also:

- Continue to be employed.
- Have earnings below a certain limit.
- Have an eligible child in the home.

When your additional six months of TMC benefits have ended, you will be evaluated for other Medi-Cal programs.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50244.

MC 239 TMC-1 (9/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS COMPLETOS O LIMITADOS BAJO EL PROGRAMA DE MEDI-CAL DE TRANSICIÓN (TMC)

[]

[]

(COUNTY STAMP)

[]

[]

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

EL TMC ES UN PROGRAMA QUE PROPORCIONA BENEFICIOS CONTINUOS DEL PROGRAMA DE MEDI-CAL, DURANTE UN MÁXIMO DE UN AÑO, A PERSONAS QUE YA NO REÚNEN LOS REQUISITOS BAJO EL PROGRAMA DE MEDI-CAL 1931(b), DEBIDO A SUS INGRESOS DE EMPLEO.

- Usted reúne los requisitos para recibir beneficios iniciales bajo el TMC durante el período del _____ al _____.
- Usted tiene derecho a beneficios completos.
- Usted tiene derecho a beneficios en caso de emergencia y relacionados con el embarazo.

Usted continuará recibiendo beneficios bajo el TMC durante este período, si usted tiene un(a) niño(a) que reúna los requisitos viviendo en su hogar, y usted sigue trabajando. El recibir estos beneficios de Medi-Cal no se toma en cuenta para cualesquier límites de tiempo del programa de CalWORKs.

Es posible que reúna los requisitos para recibir seis meses adicionales de beneficios del TMC, sin costo alguno, si usted:

- Devuelve el reporte sobre su situación, que el condado le enviará, a más tardar el día 21 de _____ y cae dentro de los límites de ingresos.
- Adjunta, al reporte sobre su situación, una prueba de los ingresos mensuales en bruto de su familia, y los costos reales de cuidado de niños que usted pague. Guarde todos sus estados de cuenta de ingresos y sus recibos de cuidado de niños.
- Usted reúne los requisitos para recibir seis meses adicionales de beneficios durante el período del _____ al _____.

A fin de seguir reuniendo los requisitos para recibir los seis meses adicionales de beneficios del TMC, a usted se le requerirá completar y devolver dos reportes sobre su situación, que el condado le envíe durante este período. El primer reporte se vencerá el día 21 del primer mes, y el segundo reporte se vencerá el día 21 del cuarto mes de este período adicional de seis meses. Además, usted tiene que:

- Seguir empleado(a).
- Tener ingresos por debajo de cierto límite.
- Tener un(a) niño(a) que reúna los requisitos viviendo en su hogar.

Cuando sus seis meses adicionales de beneficios del TMC se hayan terminado, se evaluará su situación, para determinar si reúne los requisitos para otros programas de Medi-Cal.

Siempre presente su Tarjeta de Identificación de Beneficios (BIC) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU BIC.

La regulación que exige esta acción es la Sección 50244, del Título 22, del Código de Regulaciones de California.

MC 239 TMC-1 (SP) (9/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION Transitional Medi-Cal (TMC) Denial or Discontinuance of Benefits

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

- Your benefits under TMC will be discontinued effective the last day of _____.
- Eligibility for benefits under the initial TMC program ends _____
because:
- There is no longer a child in the home.
 - Other: _____
- Eligibility for benefits for the additional six months of TMC ends because:
- There is no longer a child in the home.
 - You failed to return a completed status report.
 - Your family's gross average earnings (less child care costs) exceed the limit.
 - The caretaker relative or principal wage earner is no longer employed.
 - Other: _____
- You are not eligible for:
- Initial TMC
 - Additional TMC
 - Any other Medi-Cal program

Here is the reason: _____

- You will receive a separate notice about your eligibility for the regular Medi-Cal program.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR BIC.**

The regulation which requires this action is California Code of Regulations, Title 22, Section 50244.

MC 239 TMC-2 (8/03)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL Medi-Cal de Transición (*Transitional Medi-Cal—TMC*) Negación o Suspensión de Beneficios

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

- Se descontinuarán sus beneficios bajo el Medi-Cal de Transición (*TMC*), a partir del último día de _____.
- La elegibilidad para recibir beneficios bajo el programa inicial del *TMC* termina el _____ porque:
- Ya no hay un(a) niño(a) en el hogar.
 - Otro: _____
- La elegibilidad para recibir beneficios por los seis meses adicionales del *TMC* termina porque:
- Ya no hay un(a) niño(a) en el hogar.
 - Usted no devolvió un reporte completado de situación.
 - El promedio de los ingresos, en bruto, de su familia (menos los costos para el cuidado de los niños) sobrepasa el límite.
 - El/la pariente encargado(a) del cuidado o el/la asalariado(a) principal ya no está empleado(a).
 - Otro: _____
- Usted no reúne los requisitos para:
- El *TMC* Inicial
 - El *TMC* Adicional
 - Cualquier otro programa de Medi-Cal

Esta es la razón: _____

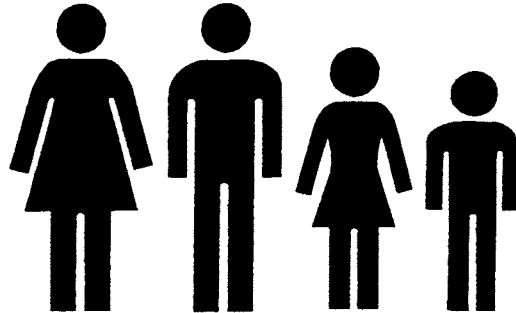
- Usted recibirá una notificación, por separado, acerca de su elegibilidad para el programa de Medi-Cal regular.

Siempre presente su Tarjeta de Identificación de Beneficios (*Benefits Identification Card—BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, siempre que usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE A LA BASURA SU BIC.**

La regulación que requiere esta acción se establece en la Sección 50244, del Título 22, del Código de Regulaciones de California.

MC 239 TMC-2 (SP) (8/03)

TRANSITIONAL MEDI-CAL (TMC)



***TMC May Provide You and Your Family with
FREE Continued Medical Coverage For Up To 12 Months.***

If you:

- **Get a job, or**
- **Get more money from your job, or**
- **Get child or spousal support,**

tell your worker right away or complete the back of this form and mail it to your worker. You may still be eligible for no-cost Medi-Cal. Your worker will determine whether your Medi-Cal health coverage can continue.

Health care is important for you and your family. Receiving Medi-Cal does not affect your CalWORKs time limits.

If you can't read this notice, ask your worker for a translation.

Spanish: Si no puede leer esta notificación, pídale a su trabajador que se la traduzca.

Cambodian: បើលំនចាណែកអ្នកមិនយល់សេចក្តីប្រកាសនេះទេ សូមសាកសួរណែកសេចក្តីបកប្រែពីអ្នកកាន់សំណុំរៀនរបស់ណែកអ្នក ។

Chinese: 假如你看不懂這份通知，可以要求你的工作人員幫助你翻譯。

Russian: Если Вы не можете прочитать и (или) понять это извещение, попросите Вашего работника перевести.

Vietnamese: Nếu quý vị không biết tiếng Anh để hiểu nội dung thông báo này, hãy xin nhân viên phụ trách tìm người dịch giúp cho quý vị.

MC 325 (1/04)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

REQUEST FOR TRANSITIONAL MEDI-CAL (TMC) OR FOUR MONTH CONTINUING MEDI-CAL

Did your Medi-Cal or CalWORKS cash aid stop and:

- You or your family has earnings from a job, self-employment, or a pay raise? Yes No
- You or your family started receiving or had an increase in child/spousal support payments? Yes No

If you answered "YES" to either of these questions, you and other family members may still be eligible for Medi-Cal. Complete the form and attach your and your spouse's or other parent's most recent pay stubs or other proof of earnings. If you are self-employed, list business costs on a separate sheet of paper and attach proof of income and costs.

RETURN THIS REQUEST FORM TO YOUR COUNTY WORKER OR YOUR WELFARE OFFICE. DO NOT RETURN THIS FORM TO THE CALIFORNIA DEPARTMENT OF HEALTH SERVICES.

Please type or print clearly.

<small>Name</small>	<small>TOTAL HOURS WORKED IN REPORT MONTH:</small>	<small>DATE PAID:</small> MM DD YY	<small>MM DD YY</small>	<small>MM DD YY</small>	<small>MM DD YY</small>	<small>MM DD YY</small>
<small>Employer/source</small>		<small>GROSS AMOUNT:</small> \$	\$	\$	\$	\$
<small>Name</small>	<small>TOTAL HOURS WORKED IN REPORT MONTH:</small>	<small>DATE PAID:</small> MM DD YY	<small>MM DD YY</small>	<small>MM DD YY</small>	<small>MM DD YY</small>	<small>MM DD YY</small>
<small>Employer/source</small>		<small>GROSS AMOUNT:</small> \$	\$	\$	\$	\$
<small>Name</small>	<small>TOTAL HOURS WORKED IN REPORT MONTH:</small>	<small>DATE PAID:</small> MM DD YY	<small>MM DD YY</small>	<small>MM DD YY</small>	<small>MM DD YY</small>	<small>MM DD YY</small>
<small>Employer/source</small>		<small>GROSS AMOUNT:</small> \$	\$	\$	\$	\$

Did your family have any other changes, such as someone moved in or out of the house or was married, divorced, or became pregnant? Yes No If yes, please explain: _____

I declare under penalty of perjury that all information provided is true and correct.

<small>Name</small>	<small>Date of birth</small>	<small>Social security number</small>
<small>Signature</small>	<small>County case number</small>	<small>Telephone number</small>
<small>Address (number, street)</small>	<small>City</small>	<small>ZIP code</small>
<small>Signature of witness, interpreter, or person assisting</small>	<small>Date</small>	<small>Telephone number</small>

MC 325 (1/04)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION
FOUR-MONTH CONTINUING MEDI-CAL
APPROVAL FOR FULL OR RESTRICTED BENEFITS**

[]

[]

(COUNTY STAMP)

[]

[]

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

THIS PROGRAM PROVIDES FOUR MONTHS OF CONTINUING MEDI-CAL BENEFITS FOR CERTAIN PERSONS NO LONGER ELIGIBLE FOR THEIR CURRENT MEDI-CAL PROGRAM AS A RESULT OF COLLECTION OR INCREASED COLLECTION OF CHILD OR SPOUSAL SUPPORT.

- You are eligible for the period _____ through _____.
- You are entitled to full benefits.
- Your benefits only cover emergency and pregnancy-related services.

You will receive Four-month Continuing Medi-Cal through the month indicated above as long as you remain a resident of California.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR BIC.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50243.

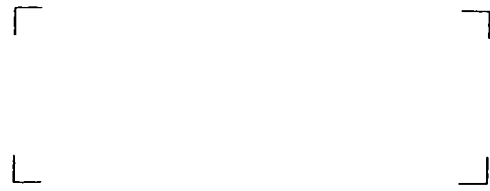
MC 323 (8/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**NOTIFICACIÓN DE ACCIÓN
DE MEDI-CAL
APROBACIÓN DE BENEFICIOS COMPLETOS O
LIMITADOS DEL PROGRAMA DE MEDI-CAL DE CUATRO
MESES CONTINUOS**



(COUNTY STAMP)



Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horario de la oficina: _____
Notificación para: _____

ESTE PROGRAMA PROPORCIONA CUATRO MESES DE BENEFICIOS CONTINUOS DE MEDI-CAL A CIERTAS PERSONAS QUE YA NO REÚNEN LOS REQUISITOS PARA SU PROGRAMA ACTUAL DE MEDI-CAL, POR HABER COBRADO O RECIBIDO UN AUMENTO EN EL COBRO DE MANUTENCIÓN DE HIJOS O CÓNYUGES.

- Usted reúne los requisitos para el período del _____ al _____.
- Usted tiene derecho a beneficios completos.
- Sus beneficios solamente cubrirán servicios de emergencia y los relacionados al embarazo.

Usted recibirá beneficios del Programa de Medi-Cal de Cuatro Meses Continuos, hasta el mes indicado anteriormente, mientras siga siendo residente de California.

Presente siempre su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU BIC.**

La regulación que exige esta acción es la Sección 50243, del Título 22, del Código de Regulaciones de California.

MC 323 (SP) (8/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION FOUR-MONTH CONTINUING PROGRAM DENIAL OR DISCONTINUANCE OF BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Four-Month Continuing Medi-Cal program is for families who were discontinued from CalWORKs or Section 1931(b) Medi-Cal due to an increase or receipt of child or spousal support payments.

- Your benefits under the Four-Month Continuing program will be discontinued effective the last day of _____.
- You are not eligible for the Four-Month Continuing program.

Here is/are the reasons(s) why:

- You do not have an eligible child living in the home.
- Your only eligible child is over the age limit.
- You did not receive CalWORKs or Section 1931(b) in three of the last six months.
- You moved out of California.
- Other: _____

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50243.

MC 357 (11/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS DEL PROGRAMA DE CUATRO MESES CONTINUOS

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de Cuatro Meses Continuos de Medi-Cal es para familias a las que se les discontinuaron los beneficios de *Ca/WORKs* o de la Sección 1931(a) de Medi-Cal, debido a un aumento o recibo de pagos de mantenimiento para hijos o para cónyuges.

- Sus beneficios bajo el programa de Cuatro Meses Continuos se discontinuarán a partir del último día de _____.
- Usted no reúne los requisitos para el programa de Cuatro Meses Continuos.

Ésta(s) es/son la(s) razón(es):

- Usted no tiene un(a) niño(a) que reúne los requisitos viviendo en el hogar.
- Su único(a) niño(a) que reúne los requisitos sobrepasa la edad límite.
- Usted no recibió beneficios de *Ca/WORKs* o de la Sección 1931(b) durante tres de los últimos seis meses.
- Usted se mudó fuera de California.
- Otra: _____

Usted recibirá otra notificación, si usted reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (B/C) DE PLÁSTICO. Usted puede usarla de nuevo, si vuelve a reunir los requisitos, o si reúne los requisitos para otro programa de Medi-Cal.

La regulación que exige esta acción es la Sección 50243, del Título 22, del Código de Regulaciones de California.

MC 357 (SP) (11/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5C--DEPRIVATION--LINKAGE TO THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) MEDICALLY NEEDY (MN) PROGRAM

The purpose of this section is to provide various tools to assist in the determination of deprivation and linkage to AFDC under the MN Program but not necessary for the Section 1931(b) program. It is not intended to repeat or replace regulatory material in Title 22, California Code of Regulations (CCR).

BACKGROUND

Linkage to AFDC is an important eligibility factor as the majority of nonblind or nondisabled persons between the ages of 21 and 64 are not federally eligible for Medi-Cal unless they are pregnant or linked to AFDC. Inappropriate linkage to AFDC has proven to be a major source of quality control errors. Therefore, it is critical that eligibility staff fully understand the deprivation factors which link family members to AFDC.

1. TITLE 22 REGULATIONS PERTINENT TO ESTABLISHING LINKAGE TO AFDC

Section 50030--Definition of a child.

Section 50061--Definition of family member.

Sections 50068, 50069, and 50069.5--Various definitions relating to parents.

Section 50071--Definition of persons living in the home.

Sections 50084 and 50085--Definition of relative and caretaker relative.

Section 50167 (a)(2)--Verification of incapacity.

Section 50203--Medically Needy Program.

Section 50205--Linkage to AFDC.

Sections 50209, 50211, 50213, and 50215--Various bases of deprivation.

Section 50216--Good cause for refusing employment.

Section 50373 (a)(3)--Family members to be considered when determining program linkage.

Section 50373 (a)(5)(A) 12. and 13.--Inclusion of caretaker relative in the Medi-Cal Family Budget Unit (MFBU) of sibling children.

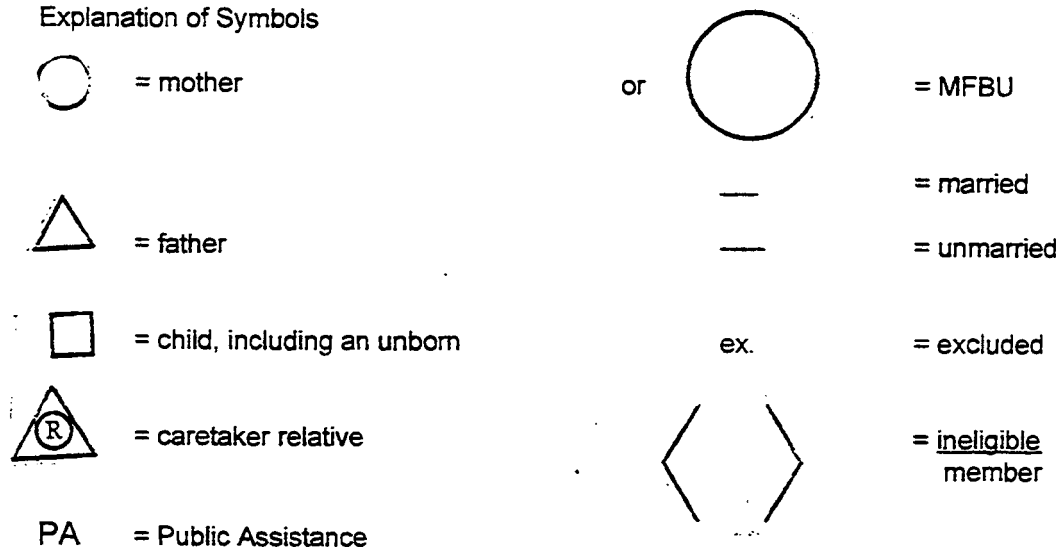
Section 50701 (d)--Eligible for one day in month, eligible for entire month.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

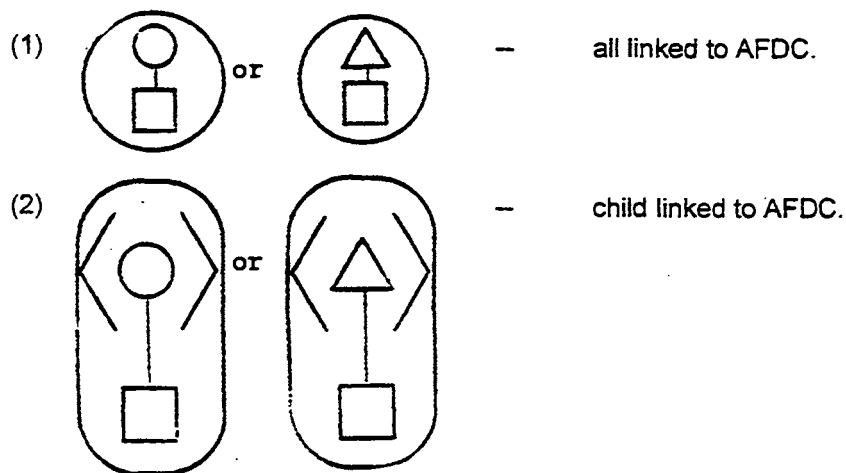
2. CHART—MFBU MEMBERS LINKED TO AFDC

The following chart displays which family members living in the home are linked to AFDC in accordance with current Medi-Cal regulations. Persons linked to AFDC are identified by Aid Code 34 or 37. It is important that family members be properly coded. If linkage exists for one day in the month, linkage exists for the entire month and the aid code assigned should reflect that linkage.

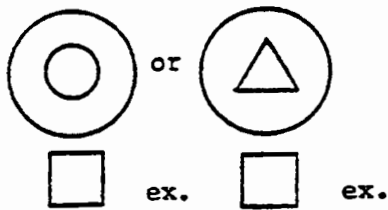
a. Explanation of Symbols

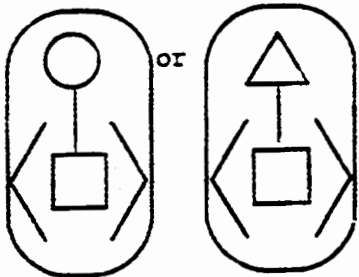


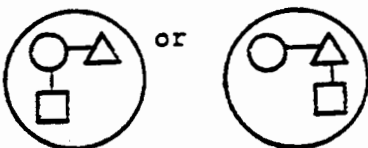
b. Absent Parent or Deceased Parent Deprivation, Title 22, Sections 50213 and 50209

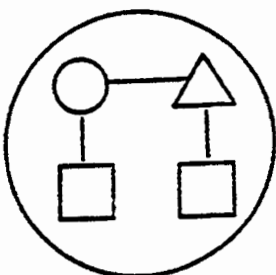


MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

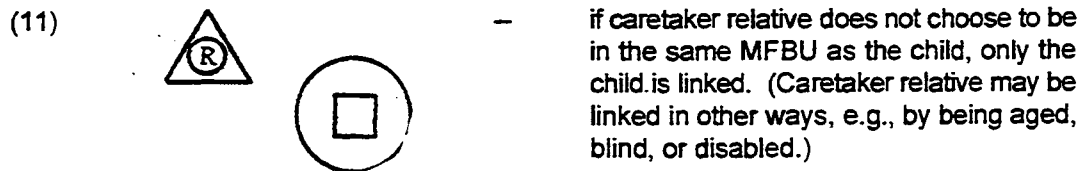
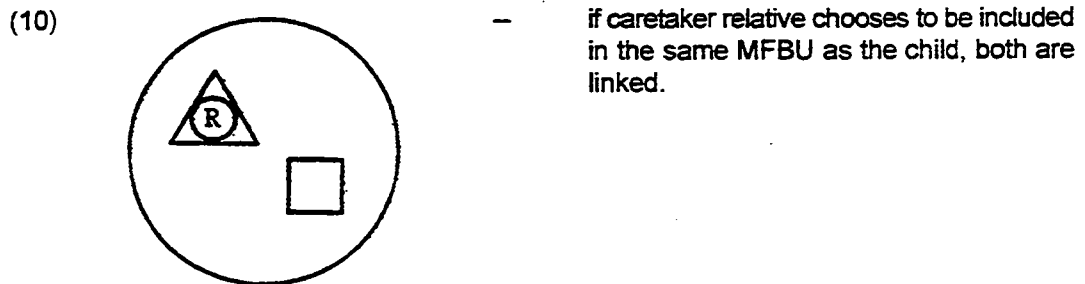
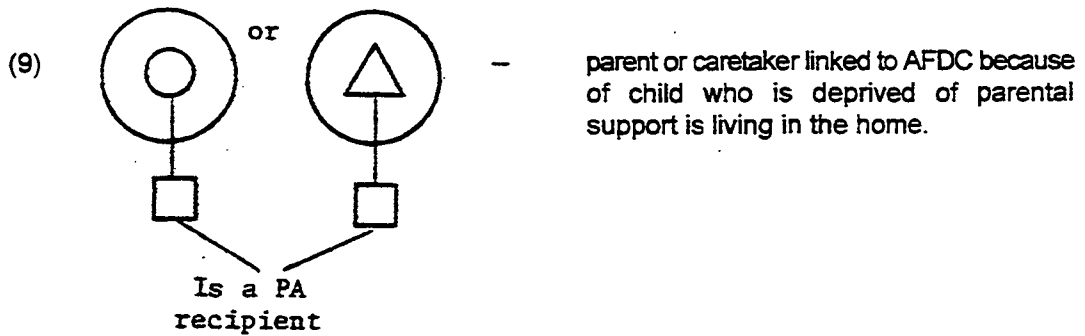
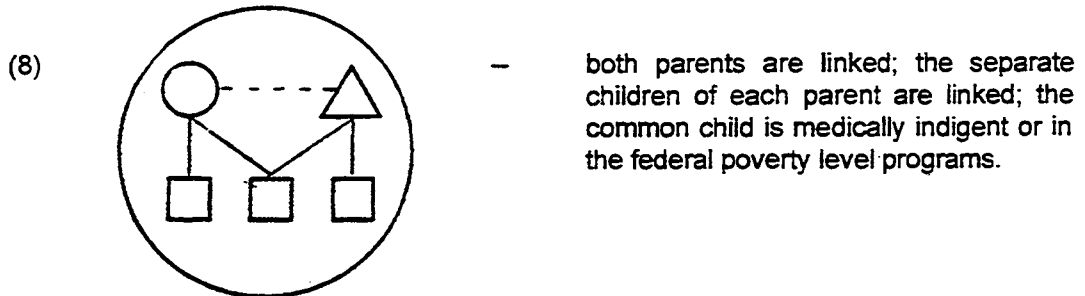
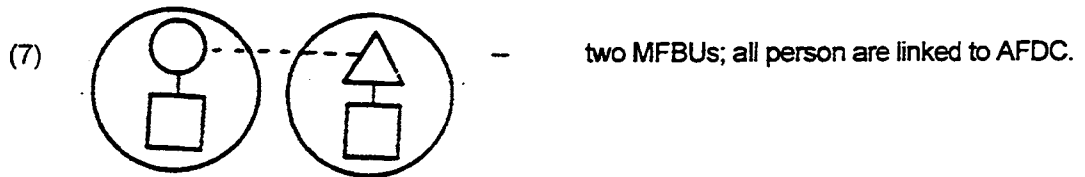
- (3)  - no linkage. Section 50373 (a) (3). Excluded children shall not be considered in determining the program for which persons included in the MFBU are eligible.

- (4)  - no linkage. Section 50373 (a) (3). Ineligible children are not considered in determining the program for which persons included in the MFBU are eligible.

- (5)  - parent and child are linked to AFDC; the parent's spouse is not linked.

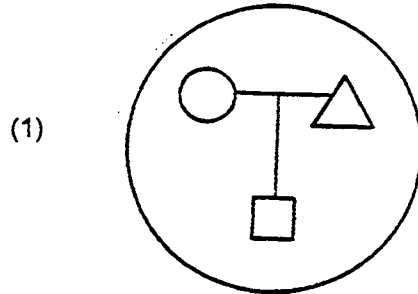
- (6)  - both parents are linked; both children are linked. Section 50213 (f). If both members of a married couple have children from a prior union, both parents are linked to AFDC.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

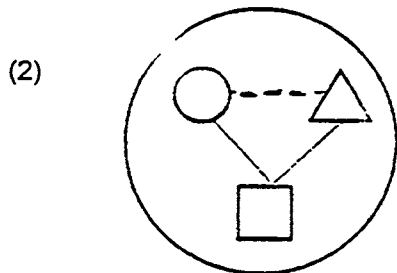


MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

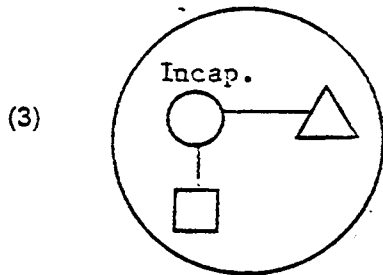
c. Incapacitated Parent Deprivation, Section 50211. (If incapacitated parent's condition is severe, explore linkage to SSI/SSP on basis of disability.)



- all linked to AFDC.

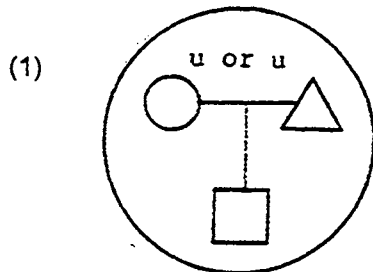


- all linked. Section 50211 (c) (3): second parent of child whose basis of deprivation is incapacitated parent is also linked.



- all linked to AFDC; spouse of incapacitated parent is linked to AFDC.

d. Unemployed Parent Deprivation, Section 50215

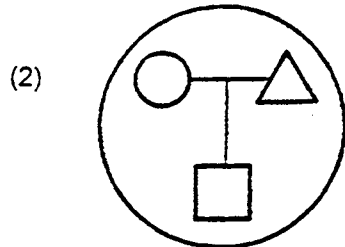


- all linked to AFDC.

(a) Parent is the principal wage earner.

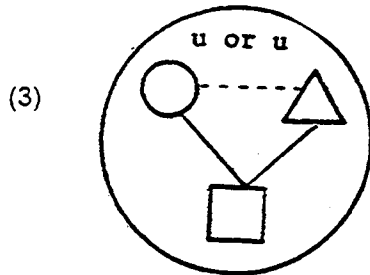
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

(b) Parent has worked less than 100 hours in the month.



— no one is linked.

at least one of the conditions in previous example not met.



— all linked to AFDC. Section 50215 (d)(3): second parent of children whose basis of deprivation is unemployed parent is linked to AFDC.

all conditions in example 1 are met.

e. Unmarried Minor Parent Living With Parents, Two MFBUs, Sections 50373 and 50379.

In such situations, the minor parent is considered a child in determining linkage for the MFBU which includes the minor parent and his/her parent(s), and a parent in the MFBU which includes his/her child(ren) with him/her as an ineligible member.

3. EXAMPLES OF DEPRIVATION

a. Death

(1) A husband and wife have two children. The husband dies. The wife is left with two children. Is there deprivation?

Answer: Yes. Death of a parent constitutes deprivation. The wife and two children are linked to AFDC.

(2) A father and mother are unmarried and have two children in common. The father dies. The mother is left with two children. Is there deprivation?

Answer: Yes. Death of a parent (whether or not he/she was married to the other parent) constitutes deprivation. The mother and the two children are linked.

(3) A husband and wife have one child. The husband goes on a boating trip and is presumed lost at sea. He has been missing over 30 days, and the search is called off. The wife comes in and applies for Medi-Cal for herself and her child. Is there deprivation?

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Answer: Yes. The preponderance of the evidence establishes the death of a parent; however, it would not be incorrect to instead base deprivation on continued absence. The mother and child are linked.

- (4) A husband and wife have adopted four children. The wife dies in an auto accident. Is there deprivation?

Answer: Yes. For adopted children, adoptive parents take the place of natural parents in determining deprivation. The husband and four children are linked.

- (5) The wife has a child by another marriage, but the husband does not adopt the child. The husband dies. Is there deprivation?

Answer: Yes, but not due to the death of the stepfather since deprivation is based only on a parent's ability to support and care for a child. Deprivation would be based on the child's father's death or absence. The wife and child are linked.

b. Absent Parent (also see "Persons Living in the Home" Chapter 2, Article 1, Section B.)

- (1) A husband and wife have two children. The husband leaves home to seek employment in New York. He does not establish a permanent residence in New York and has not relinquished care and control of his children. Is there deprivation?

Answer: No. Temporary absence due to employment does not establish deprivation.

- (2) A husband and wife have two children. The husband is in the armed forces. He is being assigned to Germany for a period of two years. His wife and family may go with him. His wife works for the State as a deputy director of a department and the children are 16 years old and both work. The mother and children do not go with him because of employment. Is there deprivation?

Answer: No. Absence due solely to active duty in the uniformed services of the United States does not constitute deprivation.

- (3) A husband and wife have one child. The husband separates from his wife. The wife applies for Medi-Cal for herself and child and states on the Statement of Facts that the father left the family. Is there deprivation?

Answer: Yes. The duration of the absence is indefinite and the father is physically absent (not providing guidance to the child).

c. Physical or Mental Incapacity

- (1) A father and mother are married and have three children. The husband was a construction worker. He is injured on the job. The husband is in the hospital in a coma for the last 28 days. Is there deprivation?

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Answer: Yes. The deficiency is expected to last at least 30 days. Even if the husband were to regain consciousness on the 29th day, he would still be incapacitated for longer than 30 days and would not have the capacity to support his child or care for the child. The mother, father, and child are linked due to incapacity, providing the verification required by Section 50167 (a)(2) is obtained.

- (2) A mother and father are married. They have two children. The mother is injured in an auto accident, has two broken legs and two broken arms. Expected recovery item per the CA 61 is six months. Is there deprivation?

Answer: Yes. The deficiency will last longer than 30 days and will substantially reduce the parent's ability to care for her children. The parents and both children are linked due to incapacity.

- (3) A husband and wife have five children. The husband is a construction worker who is injured on the job. He loses one of his limbs. He cannot return to his old position. The physician stated on the CA 61 that the husband's incapacity will last for two months and he will be unable to do any work during that time. Is there deprivation? If so, for how long?

Answer: Yes. There is deprivation due to incapacity for two months because of a physical problem which prevents him from returning to his former occupation or to any other occupation. The husband, wife, and five children are linked. If, at the end of the two-month period, the physician completes another CA 61 stating that the husband still cannot work for another period of time, deprivation will continue through that additional period.

- (4) A husband and wife have two children. The husband was a computer programmer. As a result of an auto accident, he suffered brain damage. The damage did not prevent him from performing the technical aspect of his job; however, it altered his personality and behavioral patterns to the point that he could no longer perform his job. Because of this disorder, other attempts to secure employment have been futile. Is there deprivation?

Answer: Yes. A mental problem which prevents one from securing and maintaining employment would justify deprivation based on incapacity. The husband, wife and two children are linked, providing the verification required by Section 50167 (a)(2) is obtained.

- (5) A husband and wife have one child. The husband is a police officer who loses his position due to disciplinary problems, e.g., he abuses his prisoners. He cannot obtain another position in his field because no one will hire him. He has no other skills. Is there deprivation?

Answer: Deprivation due to incapacity exists if employers refuse to hire him because of his behavioral problem and the verification required by Section 50167 (a)(2) is obtained. The husband, wife, and child are linked. If the husband could be employed in another job for which he is equipped by education, training, experience, or on-the-job training, deprivation due to incapacity does not exist.

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- (6) A husband and wife have one child. The husband was a banker and is blinded in a bank holdup. Is there deprivation?

Answer: Yes. A parent is blind. The husband, wife, and child are linked, providing the verification required by Section 50167 (a)(2) is obtained. The husband could also qualify as Aged, Blind, and Disabled-Medically Needy.

- (7) A husband and wife have one child. The husband works for a bank as a keypunch operator. He is paid on the basis of the number of items processed an hour. The husband loses a hand in an auto accident. He returns to work but his production decreases due to the injury, so he is paid less than the other workers. Is there deprivation?

Answer: Yes. The physical disorder prevents the parent from accomplishing the same tasks and his rate of pay is decreased. The husband, wife, and child are linked, providing the verification required by Section 50167 (a)(2) is obtained.

- (8) A parent has an acceptable verification of incapacity as required in Section 50167 (a)(2), but has been unable to work for several or many years due to the same or different injury or health condition. Since the work history is not recent, is the parent's ability to support or care for the child reduced or eliminated?

Answer: Yes. If a parent has been unable to work for several or many years due to a disability, i.e., injury, health condition, he/she may be determined to be incapacitated.

- (9) If a parent is a homemaker and has no work history and claims incapacity based on a reduced ability to care for his/her teenage children who are fairly self sufficient, how does the EW decide if the health condition actually reduces or eliminate the parent's ability to care for the children?

Answer: Since the regulations do not specifically define "substantially reduced", the EW should ask the parent how his/her condition reduces or eliminates his/her ability to care for the children. The answer should be written in the case.

If the parent is able to provide an example, he/she should be considered incapacitated if the verification meets the criteria in Section 50167 (a)(2). Although it is possible that the parent's condition does not reduce or eliminate his/her ability to work or care for his/her children or cause one of the following situations described in Section 50211 (b)(2), it is unlikely that the parent will not be able to give a reason.

If a parent is determined not to be incapacitated and requests a fair hearing, the county should be able to justify the reason for the denial.

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- (10) If a parent has a permanent disability or a condition which is expected to result in death and received Title II Social Security disability benefits or Title XVI (SSI/SSP) benefits as specified in Section 50223, would he/she be also incapacitated?

Answer: Yes. These benefits are acceptable verifications of incapacity and Section 50211 (b)(2)(D) also states that a blind or disabled parent who meets the conditions of Section 50223 is incapacitated. A determination from the Disability Evaluation Division (DED) is also acceptable since they use the same criteria as the Social Security Administration. However, a referral to DED for the sole purpose of establishing incapacity is not appropriate.

- (11) If a parent is incapacitated, should the EW also make a referral to DED or vice versa?

Answer: If an incapacitated parent has a condition which will last more than 12 months and/or is expected to result in death, the EW should make a referral to DED because an aged, blind or disabled person receives certain income deductions as described in Section 50549. Also aged, blind, and disabled persons are treated differently if in long term care for MFBU purposes (Section 50377).

A parent who is determined to be disabled should be evaluated for incapacity if he/she has a minor child and spouse in the home and the spouse requests Medi-Cal benefits since the spouse or second parent of the child can be linked to a child of an incapacitated parent.

- (12) A pregnant woman can be incapacitated if her physician states that she is unable or has a reduced capacity to work (CA 61); however, if the woman has no work history and the only child is unborn, can she use the argument that her condition reduces her ability to care for the child?

Answer: If a pregnant woman has verification from her physician that she has a condition which affects her pregnancy (unborn) such as diabetes, high blood pressure, or drug addiction, she should be considered incapacitated. If her condition did not affect her pregnancy, i.e., broken arm, she could be aided as a Medically Indigent pregnant woman or under the Income Disregard program; however, her husband or father of the unborn could not be linked.

d. Unemployed Parent

- (1) A husband and wife have ten children. In the last two years, the husband worked full time and his wife worked part time. The husband is laid off from his job. He applies and is approved for Unemployment Insurance Benefits (UIB). Is there deprivation?

Answer: Yes. The husband is the principal wage earner (PWE), is no longer employed, and has been determined eligible for UIB. The husband, wife, and ten children are linked.

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- (2) A husband and wife have two children. In the last two years the husband worked full time and had the most earnings. His wife worked part time. The wife loses her job because of plant closure. Is there deprivation?

Answer: No. The wife is not the PWE.

- (3) A husband and wife have one child. Neither parent works and neither has ever been employed. Is there deprivation?

Answer: Yes. When both parents qualify as the principal wage earner (PWE) and have earned an identical amount of income (or no income) in a 24-month period, the county in consultation with the parents shall **designate** which parent is the PWE. Once the PWE has been determined, this parent continues to be the PWE for each consecutive month, even if the other parent has earnings in the next two years as stated in Section 50215 (c), Title 22, California Code of Regulations.

- (4) A husband and wife have three children. The husband is employed full time. In June 1995, the wife became unemployed. The wife was employed full time for the 3 years before June 1995 and had income equal to or greater than her husband in 12 of the last 24 months in that period. Is there deprivation?

Answer: There would be deprivation if 1) the wife were the PWE, (i.e., if either the wife's income exceeded the husband's income during the June 1993 through May 1995 period or if her income equaled his during this period, if she were designated as the PWE) and 2) the remaining requirements of Section 50215 were met.

- (5) A husband and wife have eight children. The husband works full time; the wife is not employed. The husband's union goes out on strike. Is there deprivation?

Answer: Yes. A person can be on strike and be aided under U-Parent deprivation.

- (6) May the nonparent spouse of an unemployed parent (i.e., a stepparent to the parent's separate children) be linked to the Medically Needy program if they have no mutual children?

Answer: No. A spouse who has no deprived children living in the home may only be linked if his/her spouse has children who are deprived by the parent's incapacity. However, the spouse may be linked as an essential person in the 1931(b) program.

- (7) Must the PWE actively seek work?

Answer: No. This is no longer a requirement for this program.

- (8) The family was receiving Medi-Cal for three years due to the incapacity of the mother. The father worked during this time. The mother returned to work but the father became unemployed. Who is the PWE?

Answer: The father. Per Section 50125 (c), "the principal wage earner is the parent who has earned the greater amount of income in the 24-month period immediately preceding either of the following:

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- a) The month of application, reapplication or restoration.
- b) The date of a redetermination that a family's circumstances have changed in such a way as to meet the requirements for deprivation due to the unemployment of a parent.

Exception: An unemployed PWE who becomes incapacitated and then returns to work does not need to be redetermined as the PWE and may work over 100 hours if he is a recipient of Section 1931(b). No Earned Income 100 Hour U-Parent Test is required unless there is a break in aid. Thus, it may be more beneficial for the family to establish the PWE at the time of application if the PWE is also temporarily incapacitated.

- (9) The family received a California Work Opportunity and Responsibility to Kids (CalWORKs) cash grant based on unemployed parent. The father was determined to be the PWE. The family was discontinued from CalWORKs due to the mother's unearned income. For Medi-Cal only purposes, is the father still the PWE or is it now the mother?

Answer: The father continues to be the PWE if there was no reapplication or restoration. If the family failed to return any county requested information and the discontinuance notice was not rescinded for good cause, the PWE must be redetermined.

- (10) May a parent be determined as the PWE if his/her only employment was in a refugee camp outside the United States? His earnings were not part of the regular camp requirements.

Answer: Earnings whether in cash or in-kind from work performed either inside or outside the United States, including work performed in refugee camps are acceptable, as long as they meet the definition of earned income contained in Article 10.

- (11) A PWE is self-employed as a salesperson selling a product door-to-door. The individual spent the following hours in the month of April in connection with his occupation:

- 40 hours collecting orders for the product.
 - 15 hours ordering the products from the supplier. This includes completing the necessary work and going to the post office.
 - 5 hours developing and delivering flyers advertising the business.
 - 4 hours with floor duty at the distributor's office.
 - 32 hours delivering the products to the customers.
 - 10 hours distributing new catalogs.

Are all these hours counted?

Answer: In this situation, all of the above hours count as hours worked because all hours were spent promoting the business or attempting to or making contact with prospective or actual customers.

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- (12) Some self-employed persons may possibly control their hours. If they work under 100 hours and are the PWE, or work 100 hours or more and pass the U-Parent earned income test which is effective March 1, 2000, do we have to aid them?

Answer: Yes. There is nothing that precludes us from doing so.

- (13) Are paid vacation and sick leave hours counted in determining hours of employment?

Answer: Yes. Paid vacation and sick leave hours are counted in determining hours unless the PWE is incapacitated and is using sick leave or will not be returning to work after his vacation hours are depleted. In those cases when the PWE is working less than 100 hours per month, he/she may apply as an incapacitated or unemployed parent.

- (14) Would we aid a working individual under U-Parent deprivation if a person worked less than 100 hours in the prior two months, nor was expected to work 100 or more hours in the following month.

Answer: Yes.

- (15) Assume the U-parent has, without good cause, quit a job or employment training or refused a bona fide offer of employment or employment related training. Do these requirements still exist to determine U-Parent deprivation in the MN Program?

Answer: No. These requirements no longer pertain to unemployment parent deprivation for the medically needy.

- (16) What if an individual comes in on the first day of the month, how would this case be treated?

Answer: The eligibility worker (EW) can look at the past history of the individual. If the person has no work history in the last month and indicates he/she does not expect to work the rest of the month, grant Medi-Cal if otherwise eligible. If the person has a sporadic work history where it is apparent that this individual has worked over 100 hours in past months and may do so in the current month, the EW can request that this individual verify (written verification from his employer) that he will not exceed the 100-hour requirement.

- (17) Effective March 1, 2000, Assembly Bill 1107, Chapter 146, Statutes of 1999 (Section 14008.85 of the Welfare and Institutions Code) allows the Medically Needy applicant and recipient PWE as well as the Section 1931(b) applicant PWE to work 100 hours or more if the family's earned income is less than 100 percent of the federal poverty level. Section 1931(b) and CalWORKs recipient PWEs are already allowed to work 100 hours or more without this test as long as they remain otherwise eligible. Whose income is counted in this test, how is earned income defined, and what deductions are allowable?

Effective May 1, 2001, all earned income of the children will be exempt and only the earned income of the parents or the parent and the parent's spouse who are the living in the home and in the MFBU will be counted in determining the U-parent income test. The earned income test is required for applicants of the Section 1931(b) program and applicants and recipients of the Medically Needy (MN) program. If a parent is not in

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the MFBU because he/she is receiving Public Assistance (PA) or Other PA, or who is not required/allowed to be aided (such as the unmarried father whose only child is an unborn, his/her earned income is not counted nor is he/she included in the family size when determining the 100 percent limit. Children up to age 21 should be included when determining the family size even though their earned income is exempt unless they are excluded at the parent's request, or receiving PA or Other PA, or they are excluded for other reasons such as being eligible for Section 1931(b) in their own case as an adult with a deprived child

If the child is excluded for some reason, the parents must have at least one other eligible child included in the family income test as well as for all Medi-Cal programs that require the parents to be linked to a deprived child. Section 1931(b) requires that there be at least one deprived child who is eligible for Section 1931(b) or who has a zero share of cost in some other Medi-Cal program.

If the PWE is working over 100 hours and the family passes the U-Parent Earned Income test, but is not eligible for Section 1931(b) due to income and property rules or other reasons, (e.g., some family members may not be eligible due to Sneede v. Kizer, the youngest child is above the age requirements, the father of the pregnant woman in her last trimester has no other deprived children), they should be evaluated for MN or other programs.

If the PWE is working over 100 hours, he/she is not a recipient of Section 1931(b), the family does not pass the U-parent test, and there is no other basis for deprivation, the family is not eligible for Section 1931(b) or the Aid to Families with Dependent Children (AFDC)-MN program. The children should be evaluated for the MI program or the Percent programs.

Earned income is defined in Article 10 of the California Code of Regulations and includes income from employment as well as other forms of earnings such as State Disability Insurance. This is different from the Transitional Medi-Cal Program, which only totals the average three months of gross earnings from employment minus child care deductions and does not include other types of earned income.

Counties should use the same earned income deductions for the Unemployed Parent Determination Test that are allowed for either the Section 1931(b) or the MN program, but not both. For example, if the family has health insurance premiums or an aged, blind, or disabled person in the MFBU and he/she, the parents or spouse have earned income, the MN deductions (\$20 and the \$65 plus 1/2) may be more beneficial than the \$90 work related expenses which is the Section 1931(b) program earned income disregard. If the parent is self employed, the 40% deduction which is allowable under the Section 1931(b) program may be more beneficial than using MN deductions.

NOTE: An exception to using the same deductions rule is when a Section 1931(b) recipient family has a change in circumstances and must be redetermined for unemployment deprivation. Although the \$240 + 1/2 deduction is an allowed earned income deduction for these recipients, it is not allowable for the U-parent earned income test. Only applicant earned income deductions are allowable.

- (18) The PWE in an MN recipient family is working 100 hours or more and the county determined that he was still unemployed after the U-Parent Earned Income test.
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If his or his spouse's earned income goes up in the following month or if a family member leaves the home which would reduce the family size, is the U-Parent Earned Income test required to see if he is still unemployed?

Answer: Yes. MN recipient families are not exempt from the 100 hour rule test and a change in earnings or family size may cause the PWE to fail the U-Parent Test.

- (19) An unemployed father and his pregnant girlfriend also have a common child and Dad has a separate child. The county evaluates the family for the Section 1931(b) program. Only the pregnant woman is income eligible. The other family members are eligible for the MN program. In month two the county redetermines Section 1931(b) for the other family members and the family is income eligible; however, the father began working over 100 hours. Is the U-Parent Test required or is he now considered a recipient of Section 1931(b)?

Answer: Since he has ready been determined as the PWE and there is no change in circumstances or break in aid, he can be considered a Section 1931(b) recipient when the family is recombined and no U-Parent Test if required.

Example 1

U-Parent Income Test

Mom	\$ 0
Dad (PWE working over 100 hours)	- \$1,200 (net nonexempt earned income)
Mutual 10-year-old	N/A
Mutual 19-year-old	N/A
Total family net nonexempt earnings =	\$1,200
U-parent earned income limit (100%) for 4 =	\$1,471

Married Mom, Dad, the 19-year-old and 10-year-old apply for Medi-Cal. Dad is the PWE and is working over 100 hours. The parents have no other basis for linkage. The family passes the U-Parent test because their earned income is at or below the 100% limit and the PWE is considered unemployed. They are evaluated for the Section 1931(b) program using the existing property rules and the income limits of 100 percent of the FPL for applicants. The 19-year-old has \$300 in net nonexempt earnings and is ineligible for Section 1931(b) due to the age requirements; however, the other family members are eligible for Section 1931(b). Note: If this family had unearned income, they may not pass the income test for Section 1931(b). They would then be evaluated for the MN program. The 10-year-old would also be evaluated for the Percent program, if the family had a share of cost (SOC) in the MN program.

The 19-year-old is evaluated for the MN program because he/she is not considered a child for Section 1931(b). If he/she had unearned income, he/she may have a SOC. We are assuming he/she is property eligible.

One month later, the 19-year-old takes a job and his net nonexempt earned income increases to \$2000. The PWE continues to work over 100 hours.

Since the PWE in this family is eligible for Section 1931(b), the family would qualify as recipients and are exempt from the 100 hour rule and the U-parent income limit test. Since there is an increase in the family's income, Section 1931(b) eligibility must be redetermined. The family members (including the 19-year-old) are all put back into the same Section 1931(b) MFBU and must still meet the Section 1931(b) unearned and earned net nonexempt income and property limits of that program. Snee rules apply and the 19-year-old would be in his own Mini Budget Unit (MBU) if the family were over the income limit.

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If this family is no longer income eligible for Section 1931(b) and is not eligible for Transitional Medi-Cal (TMC) because the family did not receive CalWORKs or Section 1931(b) for three out of the last six months nor was the increase in earnings from the PWE or the caretaker relative, the family should be evaluated for the U-parent earned income test as applicants for the MN program. In this case, the parent's net nonexempt earned income is still under the 100 Percent limit. The parents and the mutual 19-year-old child would be eligible under the MN program with a SOC and the 10-year-old may be eligible for the Percent program.

Example 2

U-Parent Income Test

Mom	\$ 0 earned income
Dad (PWE working over 100 Hours)	\$1,000 (net nonexempt earned income)
Mutual 4-year-old child	\$ N/A
Total net nonexempt earned income	\$1,000
U Parent earned income limit (100%) for 3 =	\$1,220

This married couple and child apply for Medi-Cal on April 1, 2001, and pass the U-parent deprivation test. They are then evaluated for the Section 1931(b) program.

Mom also has \$300 unemployment insurance benefits (UIB) unearned income and the child has no income; therefore, the total family net nonexempt unearned and earned income is \$1,300. The family is income ineligible for the Section 1931(b) program and must be evaluated for the MN program. We will assume the family is property eligible for both programs. The MN limit for three is \$934; therefore, the parents have a SOC. The four-year-old is eligible for the 133 Percent program.

Two months later, Mom begins working and receives net nonexempt earnings of \$400 per month. Since the U-parent income test applies to recipients of the MN program and the family's net nonexempt earnings are now \$1,400 which is over the 100 Percent U-parent limit for three. Mom and Dad are no longer eligible as parents of a deprived child. The child is still eligible for the 133 Percent program.

Example 3

U-Parent Income Test

Mom	\$ 300 (net nonexempt earned income)
Dad (PWE)	\$1,500 (net nonexempt earned income)
Mom's separate child	\$ N/A
Mutual child	\$ 0
Total net earned income	\$1,800
U Parent earned income limit (100%) for 4 =	\$1,471 (2001 limits)

This unmarried couple, their mutual child (age 5), and Mom's separate child (age 19), apply for Medi-Cal. Dad is working over 100 hours and family is over the U-parent income limit. Dad and the mutual child are not eligible for the Section 1931(b) or the MN programs due to lack of deprivation. They are not eligible for TMC because they have not received CalWORKs or Section 1931(b) for three of the last six months. Since Mom's separate child is age 19, Mom has no deprived "child" in the home as defined under the Section 1931(b) program and is not eligible for Section 1931(b). Evaluate her and her separate child for the MN program. Mom's separate child has \$300 from child support. Evaluate the mutual child for the MI or Percent program. Dad is ineligible for any program because he has no other linkage and he is not a spouse and cannot qualify as an essential person.

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Mom has \$1,000 of net nonexempt unearned income. The total family unearned and earned income equals \$3,100. The maintenance need for the MN/MI program for four persons is \$1,100. Sneede rules apply.

MBU #1

Mom's total net nonexempt income	\$1,300
Less Parental Needs Deduction	<u>- 600</u>
Total Income	\$ 700
Allocation (Total ÷ 2)	\$350
Limit	\$ 600

MBU #2

Mom's Separate Child	\$300
Allocation from Mom	<u>350</u>
Total	\$650
Limit	\$375

MBU #3

<Dad's> total net nonexempt income	\$1,500
Less Parental Needs Deduction	<u>- 600</u>
Income to be Allocated ÷1	\$ 900
Limit	\$ 600

MBU #4

Mutual Child	\$ 0
Allocation from Mom	350
Allocation from Dad	<u>900</u>
Total income	\$1250
Limit	\$ 312

Mom is eligible for the MN program with no SOC as a parent of a deprived child (age 21 for this program). Mom's separate child is also eligible with a SOC of \$275. Dad is not eligible for any Medi-Cal program. The mutual child has a SOC of \$938 under the MI program. Evaluate the mutual child for the 133 Percent program. Only the income of the mutual child and his/her parents are counted.

Mom's total income	\$1,300
Dad's total income	\$1,500
Child's total income	\$ 0
Mom's separate child	<u>N/A</u>
Total	\$2,800
Limit for 4 (133%)	\$1,957

Mutual child is not eligible for the 133 Percent program. He/she would have a \$938 SOC in the MI program.

Two months later, Mom and her separate child stop working. Redetermine the U-parent earned income deprivation income test. Since the PWE is still working over 100 hours and the family is not a recipient of the Section 1931(b) program, the U-parent income test is required. The net nonexempt earned income of Dad is \$1,000 which is under the 100 percent limit for 4.

U-Parent Income Test

Dad's earned income	\$1,000
Mom's earned income	\$ 0
Mom's child " "	\$ N/A
Mutual child " "	<u>\$ N/A</u>
Total	\$1,000
U Parent earned income limit (100%) for 4 =	\$1,471

Reevaluate family for the Section 1931(b) program as applicants.

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Section 1931(b)

Mom's total income	\$1,000
Dad's total income	\$1,000
<Mom's separate child>	\$ 0
Mutual child	<u>\$ 0</u>
Total	\$2,000
Section 1931(b) limit (4)	\$1,471

Mom, Dad, and the mutual child are not eligible for Section 1931(b). Sneede rules would then again apply.

Section 1931(b) MBU#1

Mom's net nonexempt income	\$1,000
Less Parental Needs	- 716
Total	\$ 284
Allocation (Total ÷ 2)	\$ 142

Mom's Income	\$ 716
<Mom's separate child>	\$ 142 from Mom
Total	\$ 858
Limit for 2	\$ 938

Section 1931(b) MBU #2

Dad's net nonexempt income	\$1,000
Less Parental Needs	- 716
Total	\$ 284
Allocation (Total ÷ 1)	\$ 284

Dad's Income	\$ 716
Total	\$ 716
Limit for 1	\$ 716

MBU #3

Mutual Child	\$284 from Dad
	<u>\$142 from Mom</u>
Total	\$426
Limit	\$407

Dad and Mom are financially eligible for the Section 1931(b) program. The parents are eligible for Section 1931(b) because they have deprived children with zero SOC as determined in the next step. The 19-year-old separate child and the mutual child should be evaluated for the MN program.

MN MFBU

Mom's separate child	\$ 0
Mutual child	<u>0</u>
Limit	\$750

Since neither child has income, they are eligible with no SOC. In the second month, the entire family should be redetermined as recipients using the recipient deductions.

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Example 4

Married couple and their children apply for Medi-Cal. They have one mutual four-year-old child and each have one separate child under age 18. Dad is determined to be the PWE and he is working under 100 hours. No applicant U-parent earned income test is required. Mom has \$725 net nonexempt income and Dad has \$1,000 net nonexempt income. The children have no income. We will assume that the family is property eligible. Evaluate for Section 1931(b).

Mom	\$ 725 net nonexempt income
Dad	1,000 net nonexempt income
Mutual Child	0
Dad's Separate Child	0
Mom's Separate Child	0
Total	\$1,725
Section 1931(b) Limit	\$1,723

The family fails to qualify for Section 1931(b). Sneede rules apply since this is a stepparent household.

Mom's Net Income	\$725	Dad's Net Income	\$1,000
Mom's Parental Needs	- 716	Dad's Parental Needs	- 716
Total	\$ 9	Total	\$ 284
Allocation (Total ÷3)	\$ 3	Allocation (Total ÷3)	\$ 94.60

MBU #1		MBU #2		MBU #3	
Mom	\$716+ \$94.60	Mom's Child	\$ 3	Dad's Child	\$94.60
Mutual Child	\$ 3 + \$94.60	Total	<u>\$ 3</u>	Total	<u>\$94.60</u>
Dad	<u>\$716 + \$3</u>	Limit	\$484	Limit	\$484
Total	\$1627.20				
Limit (3)	\$1,220				

Mom, Dad, and the mutual child in MBU #1 are not eligible. They must be evaluated for the MN program. Both Mom's and Dad's separate children are eligible for Section 1931(b).

MN Program Determination

Mom	\$ 725 minus \$3 (allocation to Section 1931(b) eligible child)
Dad	\$1,000 minus \$94.60 (allocation to Section 1931(b) eligible child)
Mutual Child	<u>\$ 0</u>
Total	\$1,627.40
MN Limit	\$ 934

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Mom, Dad and mutual child have a share of cost of \$693.40. Evaluate mutual child for the 133 Percent program. Only the income of the mutual child and his/her parents are counted (although in this example the other children have no income).

Mom	\$ 725
Dad	1,000
Mutual Child	0
Dad's Separate Child	N/A
Mom's Separate Child	N/A
Total	<u>\$1,725</u>
133% Limit for 5 =	\$2,291

The mutual child is eligible for the 133 Percent program.

In the next month, reevaluate the family as recipients of the Section 1931(b) program because the parent's separate children were Section 1931(b) applicants in the first month. Assume Dad is still working under 100 hours and they all pass using the \$240 + 1/2 deduction.

Five months later, Dad takes a full time job and is now working over 100 hours. Since all are recipients of the Section 1931(b) program, the U-parent income test is not required to determine whether unemployment linkage still exists. Dad's earnings from employment increase to \$3,000 per month. Assume the family fails to pass the Section 1931(b) income limit. The family is eligible for TMC.

Example 5

Unmarried Mom, Dad, their mutual eight-month-old child, and Mom's separate child (age four) apply for Medi-Cal. Dad is incapacitated. Mom works part time and has \$1,400 net nonexempt income. Dad has \$500 net nonexempt income. The children have no income.

Section 1931(b) Determination

Mom's net nonexempt earned income	\$1,400
Dad's net nonexempt unearned income	\$ 500
Mutual child	\$ 0
Mom's child	<u>\$ 0</u>
Total income	\$1,900
Section 1931(b) limit for 4	\$1,471

Since the family is above the Section 1931(b) income limit and the couple is not married, Sneede rules apply. We will assume they are property eligible.

Mom's income	\$1,400	Mom's Separate Child	\$ 0	Dad's income	\$500
Parental needs	- 716	Allocation from Mom	<u>\$342</u>	Parental Needs	<u>-\$716</u>
Total	\$ 684	Total	\$342	Allocation	0
Allocation (Total ÷ 2) =	\$ 342				

Mutual Child's income	\$ 0
Allocation from Mom	\$342
Allocation from Dad	<u>0</u>
Total	\$342

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MBU #1		MBU #2		MBU #3	
Mom	\$684	Mutual Child	\$342	Dad	\$500
Mom's Child	<u>\$342</u>	Total	<u>\$342</u>	Total	<u>\$500</u>
Total	\$1026	Limit	\$407	Limit	\$716
Limit	\$968				

Mom and her separate child fail to pass Section 1931(b). They should be evaluated for the MN program. The mutual child and Dad pass Section 1931(b).

MN Program

Mom	\$1,400- \$342 (Allocation used for eligible Section 1931(b) Mutual Child)
Separate Child	<u>0</u>
Total	\$1058
Limit for 2	\$ 968
SOC	\$ 90

Mom has a SOC of \$90. Note: An unmarried parent may not deduct any income that was used to make the other parent eligible for Section 1931(b). Evaluate the separate child for the 133 Percent program. Only the income of Mom and the separate child is used.

133 Percent Program

Mom	\$1,400
Dad	N/A
Separate child	0
Mutual child	<u>N/A</u>
Total	\$1,300
Limit for 4	\$1,957

Mom's separate child is eligible for the 133 percent program.

The next month, the family is reevaluated for the Section 1931(b) program as recipients. Assume they all pass.

Five months later Mom takes a full time job with a net nonexempt earned income of \$2,000 and she is working over 100 hours. Dad is no longer incapacitated and has \$1000 net nonexempt earned income. He no longer receives the \$500 unearned income. Mom is determined to be the PWE. Because the family has a change in circumstances that require that unemployment deprivation be established, the U-Parent income test applies.

U-Parent Test

Mom	\$2,000 net nonexempt earned income
Dad	1,000 net nonexempt earned income
Mom's Child	N/A
Mutual Child	<u>N/A</u>
Total	\$3,000
Limit for 4	\$1,471

The family fails the U-Parent test.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mom still has deprivation because her separate child has an absent parent; however, Dad and the mutual child have no deprivation. Dad may not be an essential person because he is not married.

The family should be reevaluated for Section 1931(b) as recipients for income purposes. Dad and the mutual child are ineligible members of the MFBU. Assume Mom and her separate child are eligible for Section 1931(b) using the \$240 + 1/2 deduction. Dad has no linkage. He and the mutual child are eligible for TMC because they were terminated from Section 1931(b) due to increased hours of employment (loss of deprivation). If Mom and her child become ineligible for Section 1931(b) for increased earnings, they will be eligible for TMC.

Note: To be eligible for Section 1931(b), a parent must have at least one deprived child in a zero SOC program.

e. Multiple Linkage Factors

A husband and wife have one mutual child. The wife has two children by a previous marriage, and the husband has three children by a previous marriage. They all live together. Neither absent parent is deceased. The father is unemployed according to the provision of Title 22, CCR, Section 50215. All are requesting Medi-Cal. Is there deprivation for each child? Are the parents linked?

Answer: Yes. The wife's separate children and the husband's separate children are deprived by the absence of a parent. Both parents may be linked by absence. The mutual child is deprived by the unemployment of his father. Only the mutual child will lose linkage once the father returns to work but may be aided under the federal poverty programs, the Medically Indigent program, or the Transitional Medi-Cal program.

Note: If there were no deprived mutual children and one spouse had no separate children, that spouse's only linkage for the MN program must be through the spouse's incapacity (see previous example), or pregnancy or disability. The spouse may not be linked through the unemployment of the spouse for the AFDC MN program. A stepparent may be eligible as an essential person under the Section 1931(b) program although he/she has no children.

f. Forms

1. Principal Wage Earner (PWE) Working 100 Hours or More Unemployed Parent Determination Worksheet - MC 337
2. Vocational and Work History - MC 210 S-W.
3. Vocational and Work History- Spanish MC 210 S-W (SP)
4. Medical Report for Incapacitated Parent - CA 61

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

UNEMPLOYED PARENT DETERMINATION WORKSHEET

Case Name:	Case Number:
------------	--------------

SECTION 1931(b) APPLICANTS AND MEDICALLY NEEDY (MN) FAMILIES		County Use:
<i>Note: Section 1931(b) Recipients may work over 100 hours without a separate unemployment income test unless there is a "break in aid" or a change.</i>		
1	Earnings of Principal Wage Earner (PWE) \$ _____ -\$90 \$ <small>(Use the \$65 +1/2 and the unused \$20 rather than the \$90 if there is an ABD person in the MN determination)</small>	
2	Earnings of Second Parent/Spouse \$ _____ -\$90 \$ <small>(Use the \$65 +1/2 and the unused \$20 rather than the \$90 if there is an ABD person in the MN determination)</small>	
3	Countable Earned Income (lines 1+2) \$	
4	Dependent Care Deduction \$	
5	Court Ordered Child/Spousal Support Deduction \$	
6	Allocation to PA Member \$	
7	Allocation to Excluded Children \$	
8	Other Applicable Section 1931(b), AFDC-MN, or ABD-MN Deductions (if ABD-MN Person is in the MN Family) \$	
9	Other Applicable Deductions \$	
10	Total Deductions (lines 4-9) \$	
11	Total Net Nonexempt Earned Income (line 3 minus line 10 rounded down to the nearest dollar) \$	
12	100% FPL Limit for Family Size of _____ \$ <small>(Number in MFBU including children except persons who are PA or excluded)</small>	
13	Is Total Net Nonexempt Earned Income at or below 100% of the FPL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14	<p>If line 13 is <u>Yes</u>, then the PWE is considered an Unemployed Parent.</p> <p>Evaluate family for the Section 1931(b) program if the youngest child in the home is under 18 or 18 and enrolled in school and expected to graduate prior to age 19. If not and the youngest child is under 21, then determine eligibility for the Medically Needy program.</p> <p>If line 13 is <u>No</u>, then the PWE is employed and there is no Unemployed Parent deprivation.</p>	
Eligibility Worker Name:		Worker number
		Date:

MC 337 (4/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

VOCATIONAL AND WORK HISTORY (To Be Completed By Applicant/Beneficiary)

Parent Number 1 Name: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.

1.	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly	4.	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly
		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$			<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$
2.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	5.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$
3.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	6.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$

Parent Number 2 Name: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.

1.	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly	4.	Name of Employer or Training Program	Work or Training	When Employed	Gross Amount Monthly
		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$			<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$
2.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	5.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$
3.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$	6.		<input type="checkbox"/> Work <input type="checkbox"/> Training	From ___/___/___ To ___/___/___	\$

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL U-PARENT DETERMINATION WORKSHEET (To Be Completed By CWD Staff)

Case name: _____ Worker number: _____

Case number: _____ Date: _____

1. Determination of Principal Wage Earner (PWE)

- a. Application date OR date U-Parent deprivation began: _____
- b. To establish 24-month earnings period, check month on chart for each parent:

Month number 1: subtract two years from line (a): _____

Month number 24: Month/Year immediately preceding line (a): _____

Parent 1's Earnings	Current year _____		Year _____		Year _____	
	\$	Dec.	\$	Dec.	\$	Dec.
Name: _____	\$	Nov.	\$	Nov.	\$	Nov.
	\$	Oct.	\$	Oct.	\$	Oct.
	\$	Sep.	\$	Sep.	\$	Sep.
	\$	Aug.	\$	Aug.	\$	Aug.
	\$	Jul.	\$	Jul.	\$	Jul.
	\$	Jun.	\$	Jun.	\$	Jun.
	\$	May	\$	May	\$	May
	\$	Apr.	\$	Apr.	\$	Apr.
	\$	Mar.	\$	Mar.	\$	Mar.
	\$	Feb.	\$	Feb.	\$	Feb.
	\$	Jan.	\$	Jan.	\$	Jan.
	Total: \$ _____					

Parent 2's Earnings	Current year _____		Year _____		Year _____	
	\$	Dec.	\$	Dec.	\$	Dec.
Name: _____	\$	Nov.	\$	Nov.	\$	Nov.
	\$	Oct.	\$	Oct.	\$	Oct.
	\$	Sep.	\$	Sep.	\$	Sep.
	\$	Aug.	\$	Aug.	\$	Aug.
	\$	Jul.	\$	Jul.	\$	Jul.
	\$	Jun.	\$	Jun.	\$	Jun.
	\$	May	\$	May	\$	May
	\$	Apr.	\$	Apr.	\$	Apr.
	\$	Mar.	\$	Mar.	\$	Mar.
	\$	Feb.	\$	Feb.	\$	Feb.
	\$	Jan.	\$	Jan.	\$	Jan.
	Total: \$ _____					

The parent earning the greater amount is the PWE: _____
(Name of PWE)

2. Is the PWE working 100 hours or more a month? Yes No
If "yes," complete the Unemployed Parent Worksheet (MC 337).

Note: If the PWE is a recipient of Section 1931(b), he/she may exceed 100 hours with no earned income test.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

VOCATIONAL AND WORK HISTORY/HISTORIAL VOCACIONAL Y LABORAL (To Be Completed By Applicant/Beneficiary/Para que el solicitante/beneficiario lo complete)

Parent Number 1/Padre/Madre Número 1 Name/Nombre: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.
Anote su historial de empleo y capacitación durante los últimos dos años. Comience con su empleo o capacitación actual o más reciente.

Name of Employer or Training Program/Nombre del Empleador o Programa de Capacitación	Work or Training/ Trabajo o Capacitación	When Employed/ Cuando se le Empleó	Gross Amount Monthly/ Cantidad Mensual Bruta	Name of Employer or Training Program/Nombre del Empleador o Programa de Capacitación	Work or Training/ Trabajo o Capacitación	When Employed/ Cuando se le Empleó	Gross Amount Monthly/ Cantidad Mensual Bruta
1.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$	4.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$
2.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$	5.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$
3.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$	6.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$

Parent Number 2/Padre/Madre Número 2 Name/Nombre: _____

List your employment and training history for the last two years. Begin with your current or latest job or training.
Anote su historial de empleo y capacitación durante los últimos dos años. Comience con su empleo o capacitación actual o más reciente.

Name of Employer or Training Program/Nombre del Empleador o Programa de Capacitación	Work or Training/ Trabajo o Capacitación	When Employed/ Cuando se le Empleó	Gross Amount Monthly/ Cantidad Mensual Bruta	Name of Employer or Training Program/Nombre del Empleador o Programa de Capacitación	Work or Training/ Trabajo o Capacitación	When Employed/ Cuando se le Empleó	Gross Amount Monthly/ Cantidad Mensual Bruta
1.	<input type="checkbox"/> Work <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$	4.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$
2.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$	5.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$
3.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$	6.	<input type="checkbox"/> Trabajo <input type="checkbox"/> Capacitación	Del ___/___/___ Al ___/___/___	\$

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL U-PARENT DETERMINATION WORKSHEET (To Be Completed By CWD Staff)

Case name: _____ Worker number: _____

Case number: _____ Date: _____

1. Determination of Principal Wage Earner (PWE)

- a. Application date OR date U-Parent deprivation began: _____
- b. To establish 24-month earnings period, check month on chart for each parent:

Month number 1: subtract two years from line (a): _____

Month number 24: Month/Year immediately preceding line (a): _____

Parent 1's Earnings	Current year _____		Year _____		Year _____	
	\$	Dec.	\$	Dec.	\$	Dec.
		Nov.		Nov.		Nov.
		Oct.		Oct.		Oct.
		Sep.		Sep.		Sep.
		Aug.		Aug.		Aug.
		Jul.		Jul.		Jul.
		Jun.		Jun.		Jun.
		May		May		May
		Apr.		Apr.		Apr.
		Mar.		Mar.		Mar.
		Feb.		Feb.		Feb.
		Jan.		Jan.		Jan.
Total: \$ _____						

Parent 2's Earnings	Current year _____		Year _____		Year _____	
	\$	Dec.	\$	Dec.	\$	Dec.
		Nov.		Nov.		Nov.
		Oct.		Oct.		Oct.
		Sep.		Sep.		Sep.
		Aug.		Aug.		Aug.
		Jul.		Jul.		Jul.
		Jun.		Jun.		Jun.
		May		May		May
		Apr.		Apr.		Apr.
		Mar.		Mar.		Mar.
		Feb.		Feb.		Feb.
		Jan.		Jan.		Jan.
Total: \$ _____						

The parent earning the greater amount is the PWE: _____ (Name of PWE)

2. Is the PWE working 100 hours or more a month? Yes No
If "yes," complete the Unemployed Parent Worksheet (MC 337).

Note: If the PWE is a recipient of Section 1931(b), he/she may exceed 100 hours with no earned income test.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDICAL REPORT

COUNTY USE ONLY

Case name	Case number	Worker name	Worker number
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SECTION I: PATIENT/CLIENT INFORMATION AND MEDICAL RELEASE

Name of patient/client (last, first, middle) / Nombre del paciente/cliente (apellido, primer nombre, segundo nombre)

Birth date / Fecha de nacimiento	Social Security number / Número del Seguro Social	Sex / Sexo <input type="checkbox"/> Male/masculino <input type="checkbox"/> Female/femenino	Ages of children in home / Edades de los niños en el hogar
----------------------------------	---	---	--

I authorize / Autorizo _____ of / de _____
Name of licensed physician or certified psychologist / Nombre del doctor con licencia o psicólogo certificado Name of clinic or medical group / Nombre de la clínica o grupo médico

to release my medical information on this form to the county welfare department. This authorization is valid for one year from the date signed and I may ask for a copy of this authorization.

al departamento de bienestar público del condado para que proporcione la información médica que se solicita en este formulario. Esta autorización es válida por un año a partir de la fecha de la firma y tengo derecho a solicitar una copia de esta autorización.

Patient/client signature / Firma del paciente/cliente	Date/Fecha
---	------------

SECTION II: PHYSICIAN OR LICENSED/CERTIFIED PSYCHOLOGIST INSTRUCTIONS AND CERTIFICATION

The county welfare department needs your information to determine if the above-named person has a physical or mental incapacity that prevents or substantially reduces the patient's ability to engage in full-time work, training, and/or provide necessary care for his/her child(ren).

PLEASE GIVE THIS FORM TO THE PATIENT OR RETURN IT AND/OR OTHER VERIFICATION WITHIN FIVE WORKING DAYS TO:
 (County Stamp)

Please complete the rest of this form. Explain if you need additional lab work or other exam(s) before you can determine the duration of incapacity. If you need more space, use another sheet of paper and attach it to this form.

1. Does the patient have a physical or mental incapacity that prevents or substantially reduces his/her ability to work full time at his/her customary job?
 Yes If yes, expected duration: _____
 Temporary, expect to release patient for full-time work on _____ (month, day, year)
 Permanent
 No

2. Does the patient have a physical or mental incapacity that prevents or substantially reduces his/her ability to care for his/her children?
 Yes If yes, expected duration: _____
 Temporary, expect to release patient for full-time work on _____ (month, day, year)
 Permanent
 No

3. List DIAGNOSIS and PROGNOSIS for this patient:

4. Onset date: _____
(month, day, year)

- I understand that the statements I have made on this form are subject to verification and investigation for welfare fraud.
- I declare under penalty of perjury under the laws of the United States and the State of California that the information contained in this report is true, correct, and complete.

Signature of physician, licensed certified psychologist, or person authorized to complete form	Date
Printed name and title/specialty	Phone number ()
Street address (mailing address, if different)	City
	State ZIP code

MC 61 (\$00)

MEDI-CAL ELIGIBILITY MANUAL

5D — MEDI-CAL ELIGIBILITY FOR NONFEDERAL AID TO
FAMILIES WITH DEPENDENT CHILDREN (AFDC) CASH ASSISTANCE RECIPIENTS

Legislation in 1982 discontinued Medi-Cal eligibility for most Medically Indigent Adults and transferred responsibility for their medical care to the counties effective January 1, 1983. Included in this category were most adults in the state-only cash AFDC-Unemployed (AFDC-U) and Emergency Assistance-Unemployed Parent (EA-UP) cases. These cases are not federally eligible and are entirely state-funded. Subsequent lawsuits (e.g., Simon vs. Mc Mahon, Reyna vs. Mc Mahon, and Shaw vs. Mc Mahon) against the AFDC program increased the universe of nonfederal AFDC cash assistance cases. In a number of these lawsuits, the issue of eligibility for nonfederal cash had no impact on the recipient's eligibility for Medi-Cal.

In order to establish whether Medi-Cal eligibility exists in nonfederal AFDC cases, the county must:

1. Determine the reason the family is not eligible for federal AFDC.
2. Apply the pertinent Medi-Cal regulations to this specific factor.

Example 1

Federal AFDC regulations require that children with their own income or resources be included in the family assistance unit (AU) if they are living in the home. Pursuant to Simon vs. Mc Mahon, the State must now permit the exclusion of such children from the AU. Medi-Cal regulations currently allow a child over the age of two months to be excluded from the Medi-Cal Family Budget Unit (MFBU) if the child has separate income or property. In this example, if the family was receiving nonfederal AFDC cash pursuant to Simon vs. Mc Mahon, the entire family meets Medi-Cal rules and, thus, the adults would be eligible to receive a Medi-Cal card.

Example 2

Federal AFDC-UP program regulations require the unemployed principal earner to be "connected to the labor force". Medi-Cal regulations covering AFDC-U parent linkage also require the principal wage earner to have established a connection to the labor force. In this example, if the family was receiving state-only AFDC-UP cash assistance, the adults would not meet Medi-Cal program standards and, thus, would not be eligible for Medi-Cal.

MEDI-CAL ELIGIBILITY MANUAL

Please Note: The county must make a similar evaluation based on the specific issue(s) involved in each lawsuit against the AFDC program to determine the impact on Medi-Cal eligibility for adults in nonfederal AFDC cash assistance cases.

The following chart identifies which persons in nonfederal AFDC cash assistance cases qualify for Medi-Cal.

**Nonfederal AFDC Cash/EA-UP
 Recipient Eligibility for Medi-Cal**

Person's Characteristics	Medi-Cal Eligibility	
	Yes	No
Under 21	X	
Over 21 and pregnant	X	
In LTC	X	
Would meet MN (50203) or MI (50251) criteria if an application were made.	If Yes X	
	If No	X

The county must transmit a Medi-Cal Eligibility Data System (MEDS) record using the appropriate cash aid code for all nonfederal AFDC cash assistance recipients who are also Medi-Cal eligible. However, no MEDS record is to be transmitted for those members of the assistance unit who are not Medi-Cal eligible.

MEDI-CAL ELIGIBILITY MANUAL

5E -- RAMOS v. MYERS PROCEDURES

I. Background

Suit was brought against the Department of Health Services (DHS) in U. S. District Court over the effect the discontinuance of a Supplemental Security Income/State Supplementary Payment (SSI/SSP) cash grant has on a person's Medi-Cal eligibility. As a result of the suit, a court order was issued requiring DHS to:

- A. Issue a Notice of Action to all persons whose SSI/SSP-based Medi-Cal has been discontinued and inform them of the actions they must take to have Medi-Cal-only eligibility determined.
- B. Mail an application for Medi-Cal only, and a short-form version of the Medi-Cal Statement of Facts, to persons discontinued due to excess resources or excess income.
- C. Extend for one month past discontinuance no-cost Medi-Cal eligibility, including issuing Medi-Cal cards, for SSI/SSP individuals discontinued as the result of excess resources, while the county determines Medi-Cal-only eligibility based on current information from the client.
- D. For those persons discontinued due to "excess income", determine an initial share of cost (SOC) using income information supplied on the State Data Exchange (SDX), and issue an MC 177 to client for the month following discontinuance. Client also receives an application for Medi-Cal only and a short-form version of the Medi-Cal Statement of Facts.
- E. Identify persons discontinued due to entering a long-term care (LTC) facility and prepare a listing for counties to be used to identify and contact those persons and assist them with applying for Medi-Cal.
- F. Afford a state hearing to persons who appeal the loss of their SSI/SSP-based Medi-Cal, if such a hearing is requested timely in accordance with the Department of Social Services (DSS) regulations.
- G. Grant aid paid pending to persons who appeal loss of their SSI/SSP-based Medi-Cal in a timely fashion in accordance with DSS regulations.

II. SSI/SSP Discontinuance Process

The following describes the SSI/SSP Discontinuance categories and related state and county actions required.

MEDI-CAL ELIGIBILITY MANUAL

SSI/SSP DISCONTINUANCE PROCESS

CATEGORY	STATE ACTION	CLIENT ACTION		COUNTY ACTION
		Required	Taken Timely	
Death, loss of contact, loss of residence	<ul style="list-style-type: none"> Produce and send to client: • Notice of Action • Notification of Right to Appeal 	<ul style="list-style-type: none"> • If SSA discontinuance was erroneous, client will contact SSA or DHS. 	N/A	None
Excess income--regular share of cost	<ul style="list-style-type: none"> Compute initial share of cost, based on income data in SDX record. Produce and send to client: • Notice of Action • Notification of Right to Appeal • Application for Public Assistance (CA 1) • Medi-Cal Temporary Redetermination form (MC 211) • Record of Health Care Costs--Share of Cost (MC 177 SAM) 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> Process application; recompute state-determined share of cost. Note: Provide second month MC 177 SAM using original state-determined share of cost if county eligibility determination is not completed in time for following month(s). Completed and returned MC 177 SAM--standard processing. Complete and mail Notice of Action discontinuing excess income Medi-Cal eligibility effective the first of the month following the state-determined share-of-cost month.
Long-term care	<ul style="list-style-type: none"> Produce and send to client: • Notice of Action • Notification of Right to Appeal 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> • No 	<ul style="list-style-type: none"> Long-term care outreach as described in these procedures and eligibility determination.
Extended eligibility--excess resources OR disability for child under 21 and OR undetermined excess income	<ul style="list-style-type: none"> Produce and send to client: • Notice of Action • Notification of Right to Appeal • Application for Public Assistance (CA 1) • Medi-Cal Temporary Redetermination form (MC 211) • "Extended Eligibility" Medi-Cal card for the first month following SSI/SSP-based Medi-Cal discontinuance under no share-of-cost aid 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> Process application* Note: Provide a temporary Medi-Cal card, no share-of-cost aid code, if county eligibility determination is not completed in time for following month(s) Medi-Cal eligibility. Complete and mail Notice of Action discontinuing extended Medi-Cal eligibility.
Reason other than above	<ul style="list-style-type: none"> Produce and send to client: • Notice of Action • Notification of Right to Appeal • Application for Public Assistance (CA 1) • Statement of Facts for Medi-Cal (MC 210) 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> • Yes 	<ul style="list-style-type: none"> Standard intake processing.

* Eligibility determination is to be made based upon Medi-Cal Temporary Redetermination form (MC 211) unless the information is inadequate. County may request beneficiary complete a Statement of Facts for Medi-Cal (MC 210). Also, face-to-face interview will be after initial determination.

MEDI-CAL ELIGIBILITY MANUAL

III. County Welfare Department Responsibilities

The county welfare departments' eligibility determination responsibilities under the Ramos settlement are identical to those required under the regular Medi-Cal eligibility determination process, except for those listed in A and C. below.

The court settlement requires that Medi-Cal eligibility be continued for people in the Excess Income (SOC) and Extended Eligibility categories until a transfer from cash-based Medi-Cal to Medi-Cal only is accomplished or until the county determines that the individual is ineligible. Therefore, the county must expedite processing of applications submitted by these clients.

A. County Processing of Excess Income (SOC) Cases

1. Client returns MC 211 and CA 1 timely (timeliness is determined by each individual county welfare department and may be as late as the 20th of the month). See III.A.2.a.
 - a. If the client returns the MC 211 and CA 1 timely, the county shall determine Medi-Cal eligibility and SOC based upon information provided on the MC 211.
 - b. If it appears that more information is needed than appears on the MC 211, the county shall require the client to complete the Statement of Facts for Medi-Cal, MC 210. Otherwise, the beneficiary need not complete the MC 210 until annual redetermination.
 - c. If eligibility exists, the county must recompute the state-determined SOC for the month of state-determined Medi-Cal-only eligibility. If necessary, reduce the state-determined SOC retroactively in accordance with Title 22, California Administrative Code (CAC), Section 50653. If the SOC should have been greater, you may not increase the SOC until a proper ten-day notice has been sent.
 - d. Initiate Notices of Action for continuing eligibility/SOC and decrease in state-determined SOC if appropriate.

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2. Client does not return the MC 211 and CA 1 timely (timeliness is determined by the individual county welfare department).
 - a. Although timeliness is independently regulated by each county, in order to allow the beneficiary sufficient time to fill out the required documents, counties should wait until the 20th of the current month before sending a discontinuance notice to the individual, effective the end of the current month for failure to provide information.
 - b. If the client submits the CA 1 and MC 211 after the discontinuance notice has been sent but prior to the end of the current month, counties may rescind the discontinuance notice. If it appears that more information is needed than is contained on the MC 211, the county shall require the client to complete the Statement of Facts for Medi-Cal (MC 210). Otherwise, the client need not complete the MC 210 until annual redetermination.
 - c. If eligibility exists, the county must recompute the state-determined SOC for the month of state-determined Medi-Cal-only eligibility. If necessary, reduce the state-determined SOC retroactively in accordance with Title 22, CAC, Section 50653.
 - d. If information identified from review of the MC 211 results in the client's ineligibility, or change in the SOC, the appropriate ten-day Notice of Action must be sent.
3. Client returns an incomplete MC 211 and CA 1 timely.
 - a. Contact the client by telephone, if possible, and obtain the necessary information. Document this action in the margin on the MC 211.
 - b. Follow the regulations as provided in Title 22, CAC, Sections 50165 and 50166.
 - c. Continue to issue an MC 177S using the state-determined SOC until such time as the client provides the information or the county discontinues the individual for failure to provide necessary information.
4. Client returns application timely, but the county fails to determine eligibility timely.

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- a. Notify the client of the circumstances. Provide an MC 177S for the next month, using the state-issued beneficiary ID number and SOC shown on the Medi-Cal Eligibility Data System (MEDS) or the listing received from the State.
- b. Expedite county processing of the client's application. The county must continue the original state-determined SOC Medi-Cal coverage until the eligibility determination is made and proper notice is given.

Beginning date of eligibility for county-determined Medi-Cal-only eligibility shall be the first of the month following the state-determined SOC month.

Example:

Discontinuance of SSI/SSP-based Medi-Cal	December 31, 1986
Month of state-determined Medi-Cal SOC eligibility	January 1987
First month of county-determined eligibility	February 1987

Exception: If the county's recomputation of the state-computed SOC for the past month results in a lower SOC for that past month, then that month is the first month of county-determined eligibility.

5. MC 177S Processing

Counties shall process the state-issued MC 177S according to existing procedures regardless of when the MC 211 and CA 1 are submitted, provided the MC 177 is submitted within one year from the month of eligibility indicated on the MC 177.

B. County Processing of LTC Cases

1. Use the state-provided monthly Ramos listing and/or the county copy of the Medi-Cal Long-Term Care Facility Admission and Discharge Form (MC 171) to identify LTC discontinuance cases.
2. Contact such persons in the LTC facilities within 30 days and assist them with completion of a Medi-Cal-only application, in accordance with Title 22, CAC, Section 50147.

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NOTE: Counties must make appointments to ensure there is no break in eligibility, providing beneficiary is otherwise eligible.

C. County Processing of Extended Eligibility Cases

The county will follow the same procedures as described for Excess Income cases in III.A.1 through 4 above with the following exceptions:

1. Since the individual is discontinued based upon excess resources (or occasionally for children under 21, loss of disability linkage rather than excess resources), no MC 177S is included for these individuals pending county continuing eligibility determination.
2. Some of the people in this category were discontinued by the Social Security Administration (SSA) because of excess income. Since the SDX record did not contain valid or updated income information, no SOC could be determined. Therefore, the beneficiary Notice of Action states if the beneficiary returns an MC 211 and CA 1 by the fifth of the current month, the county must continue no-cost Medi-Cal coverage until the county eligibility determination and SOC computation is made and proper notice is given. The fifth of the month is a firm date and is not flexible as is the county timeliness date.
3. If county action on the client's application is not timely, the county must issue no SOC Medi-Cal card, using the state-issued beneficiary ID (federal format) number.

D. County Processing of All "Other" Discontinued Categories

Persons who receive an MC 210 and CA 1 as part of the notification process will be responsible for returning that form to the county if they want their eligibility determined under another program. Upon receipt, counties shall process these forms using regular intake procedures.

IV. Issuance of Medi-Cal ID Cards/Numbers

As described above, in some situations the county will be responsible for preparing and issuing Medi-Cal cards. Counties should establish eligibility on MEDS using normal procedures.

When a Medi-Cal card is issued prior to a county eligibility determination, the Medi-Cal ID number will consist of the county code (two digits), aid code (two digits), a constant "9" indicator (one digit), and the individual's Social Security number (SSN) (nine digits).
(59-14-9-123456789)

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The following aid codes shall be assigned to persons receiving continued Medi-Cal until a county determination and county case number is assigned.

<u>Category</u>	<u>Extended Eligibles —</u>	<u>Excess Income —</u>
	<u>No SOC</u>	<u>SOC</u>
Aged	14	17
Blind	24	27
Disabled	64	67

V. State Hearing Process

A. State Hearing Requests

Those people who wish to appeal their SSI/SSP-based Medi-Cal discontinuance must either send a request for a state hearing to the Administrative Adjudication Division (formerly Office of Chief Referee) or must contact Public Inquiry and Response Unit, DSS, at (800) 952-5253. The county welfare department will not be involved in such appeals and should refer those clients to DSS if they contact the county.

B. Aid Paid Pending

1. State Action

When DHS is notified by DSS of a timely appeal of a Ramos discontinuance, aid paid pending will be granted. Zero SOC Medi-Cal cards, as described in IV above, will be issued by DHS pending the state hearing or, if the Administrative Law Judge orders, until a state hearing decision is adopted.

DHS will notify the county immediately of all recipients granted aid paid pending status. The aid paid pending notification will be a county worker alert with the following message: "Beneficiary on Aid Paid Pending (Ramos/Myers State Hearing) ALERT".

2. County Action

If an application is submitted by a person currently receiving Aid Paid Pending a Ramos/Myers State Hearing, the county shall contact the beneficiary to determine if he/she wishes to withdraw from the hearing. If the beneficiary wishes to withdraw, the beneficiary must either send a withdrawal request to notify the Administrative Adjudication Division or contact Public Inquiry and Response Unit to verbally

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request a withdrawal from his/her state hearing. If the beneficiary does not wish to withdraw, the county shall take no action on the application until the aid paid pending has been terminated.

The county shall issue replacement Medi-Cal cards or additional proof of eligibility (POE) labels upon request for individuals in aid paid pending status. Name, Medi-Cal ID number, and SSN shall be taken from the MEDS record.

C. State Hearing Requests Based Upon County Actions

If the county has accepted an application and acted on it, then state hearing requests based upon the county discontinuance shall be processed using standard state hearing procedures.

Clients who appeal the county discontinuance timely will be eligible for aid paid pending. The county shall continue the eligibility status determined by the State until a decision has been rendered or the State Administrative Law Judge orders cessation of aid paid pending.

The county will issue "no-cost" Medi-Cal cards to Extended Eligibles or an MC 177S to those Excess Income Eligibles using the state-issued Medi-Cal ID numbers as described in IV above.

Any questions regarding the Ramos v. Myers procedures described above should be referred to:

Medi-Cal Eligibility Branch
Systems Unit
Att: Ramos v. Myers Clerk
714 P Street
Sacramento, CA 95814

(916) 445-1912

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5F--PROPERTY DISREGARD PROVISION (FORMERLY ASSET WAIVER)

A. BACKGROUND

1. 185 Percent Program

Effective July 1, 1989, Medi-Cal eligibility was extended to cover perinatal services with no share of cost (SOC) for certain pregnant women and full scope or emergency services only for infants up to one year of age. To be eligible for this program, pregnant women and infants must meet all other program eligibility criteria and have family incomes not in excess of 185 percent of the federal poverty level (FPL).

2. 200 Percent Program and Property Disregard

The 200 Percent Program was established by state legislation in 1990 as a state-only program to cover otherwise eligible pregnant women and infants up to age one whose family income was above 185 percent of the FPL but did not exceed 200 percent FPL. Infants received the same services as under the regular Medi-Cal program. Services for pregnant women, however, were limited to pregnancy-related services.

During the 1991 state legislative session, AB 99 was passed which, among other things, enacted a property disregard provision specifically for the 200 Percent Program. This meant that pregnant women and infants under one year of age whose family income would qualify them for services under the 200 Percent Program, but who were ineligible due to excess property, would now have their excess property disregarded in order to qualify for the 200 Percent Program.

Implementation of this property disregard provision for the 200 Percent Program began January 1, 1992. Those pregnant women and infants with net nonexempt family income at or below 185 percent FPL or above 200 percent FPL did not qualify for the 200 Percent Program and its property disregard provision.

3. Income Disregard Program

On February 1, 1994, SB 35 (Chapter 69, Statutes of 1993) was passed which required counties to implement a new income disregard in the 185 Percent Program. This change also impacted the 200 Percent Program.

The new income disregard reduced the income of pregnant women and infants in the 200 Percent Program to a level at or below 185 percent of the FPL. Thus, pregnant women and infants in the 200 Percent Program who did not need the 200 percent property disregard provision were now covered by the 185 Percent Program. The 185 Percent Program was renamed the Income Disregard Program and the 200 Percent Program remained available only to pregnant women and infants between 186-200 percent of the FPL with excess property.

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4. Property Disregard for Pregnant Women and Infants

On July 9, 1994, Governor Pete Wilson signed AB 2377 (Chapter 147, Statutes of 1994) which requires the Department of Health Services to implement the federal Medicaid option of asset waiver (now called Property Disregard) for all pregnant women and infants in the Income Disregard Program. In California, this option would also be extended to pregnant women and infants up to 200 percent due to the Income Disregard Program. This means that pregnant women and infants who had remained in the 200 Percent Program due to excess property are now eligible for the 185 Percent Program. Therefore, effective September 1, 1994 all eligible pregnant women and infants up to one year of age with income at or below 200 percent of the FPL are covered by the Income Disregard Program, whether or not they need the property disregard program.

Due to the implementation of this property waiver provision, there will no longer be a 200 Percent Program.

5. Property Disregard for Children

On October 3, 1997, SB 903 was chaptered into law (Chapter 624, Statutes of 1997) to allow property for children ages one to nineteen in the 133 and 100 Percent programs to be disregarded. This change was implemented to help streamline the application process and to align Medi-Cal eligibility more closely with the Healthy Families insurance program which disregards assets for low-income children. Implementation begins on March 1, 1998.

B. AFFECTED GROUPS

1. Pregnant Women

If the pregnant woman's net nonexempt family income is at or below 200 percent of the FPL and she is otherwise eligible, she is eligible for the Income Disregard program even if her property is over the Medi-Cal property limit because property is disregarded under this program. However, if her property exceeds the regular Medi-Cal program limit, she is not eligible for regular Medi-Cal.

2. Infants Under One Year of Age

Otherwise eligible infants under one year of age with family income at or below 200 percent of the FPL are eligible for the Income Disregard program even if family property exceeds the Medi-Cal limits. The infant will receive full-scope benefits until his/her first birthday unless he/she is only entitled to emergency services, e.g., undocumented alien.

3. Children Ages One to Six

Other eligible children even with family property over the Medi-Cal program limit are eligible for full-scope benefits under the 133 Percent program if their family income is at or below 133 percent of the FPL. NOTE: If the child is undocumented, he/she will receive only emergency services during that period.

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4. Children Ages Six to Nineteen

Otherwise eligible children even with family property over the Medi-Cal program limit are eligible for full-scope benefits under the 100 Percent program if their family income is at or below 100 percent of the FPL. **NOTE:** If the child is undocumented, he/she will receive only emergency and pregnancy-related services during that period.

C. AID CODES

Cases that contain children/persons in the 100 and 133 Percent programs which have or appear to have excess property are to be reported to the Medi-Cal Eligibility Data System on December 1, 1998. Counties were previously asked to begin flagging those cases on July 10, 1998.

The Department of Health Services will claim enhanced federal funding for the expansion of the property disregard program. These aid codes are:

8N 133 Percent program children with excess property - emergency benefits only
8P 133 Percent program children with excess property - full-scope benefits
8T 100 Percent program children with excess property - emergency/pregnancy only
8R 100 Percent program children with excess property - full-scope benefits

These aid codes will be used for children in the 100 and 133 Percent programs when the county has determined that the child or the family has excess property because:

- The county has determined that the child would have been denied or discontinued due to excess property, or
- Either of the questions in the mail-in application. "Do you have more than one car?", or "Do you have more than \$3,150 cash in bank accounts?" have been positively responded to.

These aid codes will have similar edits and messages as used for the 133 Percent aid codes (72 and 74) and the 100 Percent aid codes (7A and 7C).

Counties must identify and track all aliens who receive benefits under any of these new aid codes (see ACWDL 97-42).

We are not requiring counties to identify pregnant women or infants with excess property or who may have excess property since enhanced funding is not available for these persons.

D. CHANGES IN INCOME

1. Increases in Income for Pregnant Women and Infants

Since the Continued Eligibility (CE) program disregards all increases in income for certified eligible pregnant women through the end of the 60-day postpartum period, and for infants who are deemed eligible for up to one year of age, income increases will have no effect on eligibility for the property disregard provision of the Income Disregard Program. Therefore, income increases or other changes which affect treatment of family income are disregarded.

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for these individuals and they remain in the Income Disregard Program until eligibility ends due to the end of pregnancy (including postpartum period) or reaching one year of age.

2. **Increases in Income for Children**

Since the property disregard is only applicable for children in the 133 or 100 Percent programs, if the income increase makes the child ineligible for either of these programs, he/she will not be eligible for regular Medi-Cal unless the family is also property eligible.

3. **Decreases in Income**

Decreases in income will not affect the eligibility of pregnant women or infants, in the Income Disregard program or children in the Percent programs. They will continue in these programs until eligibility ends.

E. CHANGES IN PROPERTY

Families receiving Medi-Cal who become property ineligible must be discontinued unless they contain a pregnant woman, an infant up to age one, or a child ages one to nineteen AND whose income is at or below the appropriate level for the Income Disregard program or Percent program. Pregnant women only receive pregnancy-related benefits and should be notified of this change.

F. STATUS REPORTS

Current procedures exempt Medi-Cal Family Budget Units (MFBUs) consisting solely of pregnant women and/or an infant under one year of age from submitting a quarterly status report. Those pregnant women and infants determined eligible for Medi-Cal under the property disregard provision are treated in the same manner and need not submit a quarterly status report. However, they are still required to report changes within ten days.

Children in the Percent programs must continue to submit quarterly status reports for reasons other than property. Unlike infants, they are not guaranteed continuous 12 months of eligibility under the Continued Eligibility program. See Section 5H for more information on Continued Eligibility.

G. EXAMPLES

Example One: A pregnant woman applicant who requests full-scope benefits has net nonexempt family income at 195 percent FPL and a savings account valued at \$8,000 for her unborn's future education. The father of the unborn is deceased and there are no other children. The eligibility worker notifies the pregnant woman that she has excess property and must spenddown to the Medi-Cal limits if she wants to be eligible for full-scope benefits. She is also told she is eligible for pregnancy-related services through her postpartum period under the Income Disregard Program because property is disregarded in that program. She chooses to receive only pregnancy-related services in order to avoid spending down her savings account. Therefore, she is granted eligibility for the Income Disregard Program if otherwise eligible through the end of the 60-day postpartum period. At birth, the infant is eligible for full-scope benefits under the Income Disregard Program through his/her first year of life because property is disregarded.

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Example Two: A married pregnant mother and her eight-month-old son are receiving benefits as Income Disregard Program eligibles. The mother is also eligible for full-scope benefits with a SOC. Her husband is ineligible for benefits (for example, due to no linkage). Mom inherits real property worth \$50,000 and reports it under her continuing responsibility to report changes within ten days. She remains eligible for pregnancy-only benefits with the same aid code under the Income Disregard program because property is disregarded, but is discontinued (with timely notice) from her full-scope eligibility program because her property is counted. She continues to be eligible for her zero SOC pregnancy-only benefits until the end of her postpartum period, at which time she will be discontinued. Counties should send a Notice of Action (NOA) to notify her of the discontinuance, and should ensure that she is again informed that her eligibility may be reinstated if she spends down her excess property and if some other basis for her eligibility exists (e.g., deprivation). As in the previous example, the newborn infant is eligible for full-scope benefits through his/her first year of life and will then be evaluated for the 133 Percent Program where property is also disregarded.

With regard to the eight-month old son, he continues to receive full-scope benefits under the Income Disregard program until the end of the month in which he reaches his first birthday.

Example Three: A fifteen-year old child applies for Medi-Cal using the simplified application without any property information. He is eligible for the 100 Percent program because his family income is determined to be under 100 percent of the FPL. Several months later, the family notifies the county that their income has risen above the 100 percent limits. The county will send a discontinuance notice informing the family that he may apply for regular Medi-Cal by completing additional forms necessary to determine property and any other required information. If the family provides the additional information and the county determines that the child is property eligible, he will be eligible for regular Medi-Cal with a share of cost. The other family members may also apply, if eligible.

H. NOTICES OF ACTION

The former Asset Waiver NOAs for pregnant women and infants have been obsoleted. Counties should use the Income Disregard NOAs which now are to be used for pregnant women with excess property. Infants continue to be eligible regardless of changes in income and property. The NOAs for children in the 100 and 133 Percent programs have been revised as appropriate to address the issues of excess property, more property information, and information about the Healthy Families program.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

5G - THE 60-DAY POSTPARTUM PROGRAM

A. BACKGROUND

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, extended Medicaid eligibility to provide needed postpartum care for certain eligible pregnant women. Specifically, those women who have applied for, who are eligible for, and who have received Medi-Cal benefits on their last day of pregnancy shall continue to be eligible to receive pregnancy-related and postpartum services for a minimum of 60 additional days beginning on the last day of pregnancy. (NOTE: Any woman who applies for retroactive Medi-Cal coverage for the month pregnancy ends under Title 22, California Code of Regulations, Section 50710, or who has a share of cost (SOC) which is not met and who does not receive a Medi-Cal card for the month pregnancy ends, is not eligible for the 60-Day Postpartum Program.) Women who receive no-SOC Medi-Cal for full-scope benefits (or restricted benefits depending upon alien status or if in a poverty level program for pregnant women) during the 60-day period do not need to be covered under this program, since their regular card already covers pregnancy-related and postpartum services at no SOC. The restricted Medi-Cal eligibility period shall begin on the first day of the month following the month pregnancy ends, and shall end on the last day of the month in which the 60th day occurs. Services shall be restricted to pregnancy-related and postpartum services only.

B. PREGNANCY-RELATED AND POSTPARTUM SERVICES

The determination of what constitutes pregnancy-related and postpartum services is made by the Medi-Cal provider. However, the following is provided for your information.

Pregnancy-related and postpartum services include all antepartum (prenatal) care during labor and delivery; and postpartum care of the pregnant woman. For example, this includes all care normally provided during pregnancy (examinations, routine urinalysis, evaluations, counseling, and treatment) and initial postpartum care (hospital and scheduled office visits and, as appropriate, contraceptive counseling).

Services during the postpartum period for conditions not related to the diagnosis of pregnancy (e.g., respiratory infection, hepatitis, preexisting hypertension, appendicitis, etc.) are not available under the 60-Day Postpartum Program. As previously stated, the distinction of whether or not a service is pregnancy-related, however, will be made by the attending physician on a case-by-case basis.

C. AFFECTED GROUPS

The following groups of pregnant women will be affected by this program:

1. The Medically Indigent (MI) woman whose eligibility is based solely on pregnancy will be provided with 60 days of extended no-SOC benefits which are restricted to pregnancy-related and postpartum services only. The restricted benefits begin on the first day of the month following the month pregnancy ends, and end on the last day of the month in which the 60th day occurs. These extended pregnancy-related and postpartum services shall be provided to the MI woman, regardless of whether other conditions of eligibility continue to be met.
2. The Medically Needy (MN) woman whose eligibility normally continues after pregnancy ends, but who has a SOC, will be provided with 60 days extended no-SOC benefits which are restricted to pregnancy-related and postpartum services only. The restricted benefits begin on the first day of the month following the month pregnancy ends, and end on the last day of the month in which the 60th day occurs. These extended pregnancy-related and postpartum services shall be provided to the MN woman, regardless of whether other conditions of eligibility continue to be met. As described below, should this woman meet her SOC in a postpartum month, she will receive two cards, i.e., one for MN/SOC coverage and the other for the 60-Day Postpartum Program.

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3. The Public Assistance (PA)/Other-PA recipient or the MN woman who, due to a change in circumstances, loses her Medi-Cal eligibility, at any time during the 60-day period beginning on the last day of pregnancy will be provided restricted benefits under the no-SOC 60-Day Postpartum Program. Since this woman received regular Medi-Cal until the change in circumstances occurred, coverage under the 60-Day Postpartum Program begins on the first day of the first month in which Medi-Cal ineligibility occurs and ends on the last day of the month in which the 60th day occurs.

D. AID CODE AND TRANSACTION SCREEN

Aid Code 76 was established to designate those beneficiaries who are determined eligible for the restricted 60-Day Postpartum Program. In addition, transaction screen, EW15 will allow you to create a 60-Day Postpartum Program card.

A restricted services message "Valid For Pregnancy and Postpartum Services Only" will appear on the card. If the "County-ID-Per-MEDS" aid code is 76, the "MEDS-ID" must currently exist on MEDS. A new record cannot be established using aid code 76.

If the beneficiary has a SOC and the SOC is met, a regular Medi-Cal card is issued. This may occur in both months of the 60-day postpartum eligibility period.

For immediate need card issuance, if the aid code 76 card is other than current month, MEDS must show qualifying eligibility in the month prior to the month of the 76 card.

If the beneficiary is enrolled in a prepaid health plan (PHP), or a primary care case management (PCCM) plan, she will receive a fee for service Medi-Cal ID card with aid code 76 and the restricted postpartum message, and she will remain a PHP/PCCM hold status for the postpartum months. If Medi-Cal eligibility in a covered aid code is not reestablished within a three-month period, the beneficiary will be disenrolled following the second month of PHP/PCCM hold status.

If the beneficiary has a limited or restricted service status, the restriction code will appear in the restricted field on the labels as before, but the message area will contain the postpartum message. Therefore, it is up to the provider to check for any restriction codes prior to rendering services or prescribing drugs.

As with other special program aid codes, aid code 76 is not included in MEDS reconciliation. Aid Code 76 will appear on either the INQ1 or INQ2 special program screen under the category PREGNT.

E. COUNTY ACTION:

The following actions assume that in the month pregnancy ends, the county knows the otherwise eligible pregnant woman met her SOC if any. However, in many instances, the county will not know until a subsequent month that the SOC was met in the month pregnancy ends. In this situation, once the county finally determines the woman is to receive a Medi-Cal card for the month pregnancy ends, the county shall issue a Notice of Action informing her of the 60-Day Postpartum Program and take the appropriate action for her to receive 60-Day Postpartum benefits for the entire period as appropriate. (NOTE: A woman who receives Medi-Cal in the month pregnancy ends, as part of the three-month retroactive coverage is not eligible for the 60-Day Postpartum Program. Additionally, a woman who does not meet any SOC she may have and who does not receive a Medi-Cal card for the month pregnancy ends is not eligible for the 60-Day Postpartum Program.)

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

in administering the 60-Day Postpartum Program, counties shall take the following actions:

1. For the Medically Indigent (MI) woman:

a. Send a timely and adequate Notice of Action, either in the month in which pregnancy ends or in the month following, as appropriate, to the eligible MI pregnant woman, notifying her of the termination of MI status (based on pregnancy) and of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If the 60th day after the termination of pregnancy ends in midmonth, eligibility will continue through the last day of the month (Title 22, CCR, Section 50703). During the last month of the 60-Day Postpartum Program, the county must reevaluate the woman's eligibility for any other Medi-Cal program. If eligibility exists, an interprogram status change shall be initiated (Title 22, CCR, Section 50183). If eligibility does not exist, adequate and timely notice of Medi-Cal discontinuance must be issued (Title 22, CCR, Section 50179).

2. For the Medically Needy (MN) woman whose eligibility continues with a SOC after pregnancy ends:

a. Send a timely and adequate Notice of Action, either in the month in which pregnancy ends or in the month following, as appropriate, to the eligible MN pregnant woman, whose eligibility continues with a SOC, notifying her of her eligibility for extended restricted benefits under the 60-Day Postpartum Program.

b. If the MN woman meets her SOC under the MN program for one of the 60-day postpartum months, MEDS will also issue a Medi-Cal card under the appropriate SOC aid code. This means that the MN woman with a SOC would have two Medi-Cal cards (MN/SOC and Postpartum/No SOC) during that month.

3. For the Public Assistance (PA)/Other-PA or the MN woman whose change in circumstances means Medi-Cal eligibility ends during the 60-day period beginning on the last day of pregnancy:

a. Send a timely and adequate Notice of Action to the PA/Other-PA/MN woman who will not be receiving no-SOC Medi-Cal under another category, notifying her of the termination of program status and of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If the 60th day after the termination of pregnancy ends in midmonth, eligibility will continue through the last day of that month (Title 22, CCR, Section 50703). During the last month of the 60-Day Postpartum Program, the county must reevaluate the woman's eligibility for any other Medi-Cal program. If eligibility exists, an interprogram status change shall be initiated (Title 22, CCR, Section 50179).

4. For the Public Assistance (PA)/Other-PA or MN woman who does not have a SOC in the month pregnancy ends, but who has a change in circumstances resulting in eligibility continuing with a SOC during the 60-day postpartum period:

a. Send a timely and adequate Notice of Action to the PA/Other-PA/MN woman, notifying her of her eligibility for extended restricted benefits under the no-SOC 60-Day Postpartum Program.

b. If this woman meets her SOC, MEDS will also issue a Medi-Cal card under the appropriate SOC aid code. This means that she would have two Medi-Cal cards during that one month.

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F. EXAMPLES

1. No SOC – Aid Code 86 – Medically Indigent: Gina delivers her baby on October 5, 1988. She continues to be eligible for regular Medi-Cal coverage for the entire month, i.e., until October 31, 1988, and is issued a regular Medi-Cal card. Assuming the 10-day Notice of Action is sent timely, her MI eligibility is terminated and eligibility for the no-SOC postpartum program begins on November 1, 1988, by which date 28 days of the federal program have already elapsed (the 60 days begin on the last day of pregnancy). As the 60th day from the last day of pregnancy falls on December 3, 1988, her eligibility for pregnancy-related and postpartum services ends December 31, 1988. During this time she is issued a no-SOC aid code 76 Medi-Cal card. If she had delivered on October 2, 1988, the 60th day from the last day of pregnancy would have fallen on November 30, 1988, and her no-SOC postpartum eligibility would have ended on the same date.
2. SOC – Aid Code 87 – Medically Indigent: Mary delivers her baby on October 25, 1988 and meets her SOC in October. The Notice of Action is sent on October 28, but due to the 10-day notice requirement, her eligibility for regular Medi-Cal coverage with a SOC continues until November 30, 1988. She does not meet her SOC in November and is not issued the regular Medi-Cal card; however, she is still entitled to receive postpartum coverage and is issued a no-SOC aid code "76" Medi-Cal card for November. As the last day of pregnancy is October 25, and the 60th day following is December 23, her no-SOC postpartum eligibility ends on December 31, 1988.
3. Loss of Eligibility During the 60-Day Period: Shirley is four months pregnant. She, her husband, and their two children are on AFDC cash assistance with cash-based Medi-Cal. On March 30, 1988, she suffers a miscarriage. On April 15, her husband wins \$500,000 in the State lottery. The family is discontinued from AFDC cash assistance and denied eligibility for Medi-Cal only due to excess property, effective May 1, 1988. However, she is eligible for the 60-day Postpartum Program because she applied for, was eligible for, and received Medi-Cal services on the last day of pregnancy. This eligibility continues regardless of whether other conditions of eligibility are met during the 60-day period. As the 60th day from the last day of her pregnancy falls on May 28, 1988, she is issued a no-SOC aid code "76" Medi-Cal card for the month of May.
4. Leap Year Disadvantage: Linda delivers her baby on January 1, 1988. Her eligibility for full coverage continues through January 31, 1988. As the 60th day from the last day of pregnancy falls on February 29, 1988, her eligibility for the postpartum program begins February 1 and ends February 29, 1988. The leap year works to Linda's disadvantage. If she had delivered on January 1 in a non-leap year, when February has 28 days, the 60th day would have fallen on March 1, and she would have had an additional month of the postpartum program eligibility, i.e., until March 31.

G. MINOR CONSENT SERVICES – PREGNANCY-RELATED AND POSTPARTUM SERVICES

For your information, there is no change in the Minor Consent Services Program. If there is no SOC, pregnancy-related and postpartum complications that affect recipients of Minor Consent Services are covered under Minor Consent Service Indicator L-8 (services related to pregnancy or family planning), not under the 60-Day Postpartum Program. If there is a SOC, the minor who meets the SOC in the month pregnancy ends will receive the aid code 76 card. The minor must request the card each month during the 60-day period, as she will not receive it automatically.

H. QUESTIONS AND ANSWERS

Question Q-5: What is the appropriate regulation section of Title 22, California Code of Regulations (CCR), for the 60-Day Postpartum Program?

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Answer: Section 50260, Title 22, CCR is the regulation which defines the 60-Day Postpartum Program.

Question Two: Exactly when does coverage under the 60-Day Postpartum Program begin and end?

Answer: Coverage under the 60-Day Postpartum Program always begins on the last day of pregnancy and ends on the last day of the month in which the 60th day after pregnancy ends. However, the woman who is eligible for the postpartum program is not to receive an aid code 76 during the month in which her pregnancy ends, because that month is covered under her regular Medi-Cal card. Furthermore, any woman who is to receive a regular Medi-Cal card with no SOC on the first day of a month included in the 60-day period should not receive an aid code 76 card for that month. For example, consider the Medically Indigent (MI) woman whose eligibility for regular Medi-Cal ceases after the month pregnancy ends. If, however, she is to receive a no-SOC full-scope benefits card solely because of the timely Notice of Action requirement, you would not issue her an aid code 76 card. Eligibility for the aid code 76 card, regardless of the month in which it is actually issued, ends on the last day of the month in which the 60th day after pregnancy occurs.

Question Three: Is the MI child eligible for the 60-Day Postpartum Program, and if she has a SOC, does she receive an aid code 76 card?

Answer: Yes. Any female, regardless of age, who has applied for, who is eligible for, and who receives Medi-Cal benefits on the last day of pregnancy is eligible for the 60-Day Postpartum Program. If she would otherwise be discontinued from Medi-Cal or have a SOC, she receives an aid code 76 card. If not, her pregnancy-related and postpartum medical expenses are covered under her no-SOC card.

Question Four: Does the minor who is eligible for Minor Consent Services, who has a SOC and who meets the SOC in the month pregnancy ends, receive the aid code 76 card?

Answer: Yes. The minor who is eligible for Minor Consent Services, who has a SOC, and who meets the SOC in the month pregnancy ends, receives the aid code 76 card. However, the minor must request the card each month during the 60-day period, as she will not receive it automatically. For the minor who has no SOC, pregnancy-related and postpartum services are covered under Minor Consent Services Indicator L-8 (services related to pregnancy or family planning).

Question Five: Is the Supplemental Security Income (SSI) woman eligible for the postpartum program? If so, and if she loses her SSI eligibility during the 60-day period, who issues the aid code 76 card, the Social Security Administration (SSA) or the county welfare department?

Answer: Yes. The SSI woman is eligible for the postpartum program. When the woman who has been discontinued from the SSI program applies for Medi-Cal only (pursuant to the RAMOS process) and the county determines that she applied for, was eligible for, and received Medi-Cal benefits under the SSI program on the last day of pregnancy, MEDS will issue her the aid code 76 card.

Question Six: If the Notice of Action which informs the postpartum beneficiary that she is no longer eligible to receive the aid code 76 card is not sent timely, does the county continue to issue the postpartum card?

Answer: No. If the Notice of Action which informs the postpartum beneficiary that she is no longer eligible to receive the aid code 76 card is not sent timely, the county nonetheless discontinues issuance of the postpartum card. The postpartum program is restricted as to benefits and duration of benefits; therefore, the initial Notice of Action, which informs the beneficiary that she is eligible for the postpartum program, should specify that her "eligibility for this program begins on (DATE) and ends on (DATE)". (Reevaluation of eligibility under another program for the postpartum eligible woman at the end of the 60-day period is discussed in question 15).

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Question Seven: Is a Medi-Cal beneficiary eligible for the postpartum program if she reports a pregnancy only after the month in which it ends? For example, in April 1992, the woman reports on her March MC-176-SAQ, Medi-Cal Status Report (Quarterly), that she miscarried in March. In March, her aid code status was 37 (AFDC-MN-SOC).

Answer: Yes. The woman who is a Medi-Cal beneficiary, who reports a pregnancy only after the month in which it ends, and who meets her SOC, if any, in the month pregnancy ends, is eligible for the postpartum program. The date her pregnancy ends establishes the beginning date of her 60-day eligibility period.

Question Eight: Does the county accept the client's verbal statement regarding the date pregnancy ends, or should it request medical verification?

Answer: The county should request reasonable medical verification regarding the date the pregnancy ends. This is especially true when the pregnancy is reported after the month in which it ends, and ends without delivery of a newborn. In the case in which the client cannot produce reasonable medical verification (e.g., a miscarriage early in the pregnancy), and in conformance with the requirement for a "diligent search to obtain documentation to verify" a client's claim to Medi-Cal eligibility (Title 22, CCR, Section 50167(c)), the county shall obtain a signed and dated affidavit from the client under penalty of perjury that states the date pregnancy ends.

Question Nine: What happens to the Medically Indigent (MI) woman who applies for Medi-Cal before her pregnancy ends, but whose pregnancy ends before eligibility is established? Is she eligible for the 60-Day Postpartum Program? For example, some counties have eligibility workers who take the Medi-Cal application in the hospital from the MI woman who is in labor and ready to deliver.

Answer: The MI woman who applies for Medi-Cal before her pregnancy ends, but whose pregnancy ends before her eligibility is established, is eligible for the 60-Day Postpartum Program, as long as the SOC, if any, for that month is met. Once Medi-Cal eligibility for the last month of pregnancy has been established, the MI woman will have met the criteria for the postpartum program, i.e., that she applied for, was eligible for, and received Medi-Cal benefits on the last day of pregnancy. This also includes a woman who must complete the CA-6 process to establish Medi-Cal eligibility in the month pregnancy ends.

Question Ten: Does a woman continue to be eligible for the 60-Day Postpartum Program even if she is receiving restricted benefits as an undocumented alien?

Answer: Yes. Once a woman is determined eligible for the 60-Day Postpartum Program because she applied for, was eligible for, and received Medi-Cal benefits on the last day of pregnancy, changes in eligibility status, including those relating to citizenship and alienage, do not affect eligibility for this program.

Question Eleven: Which county has responsibility for issuance of the aid code 76 card to the woman who is eligible for the postpartum program and who moves from one county to another during the 60-day program period?

Answer: When the woman who is eligible for the postpartum program moves to a new county during the 60-day program period, she remains the responsibility of the old county until the last day of the month in which her eligibility for the aid code 76 card ends. The designation of county of responsibility is consistent with that which has been made for the four-month and Transitional Medi-Cal (TMC) categories (Title 22, CCR, Section 50137 (a)(2)). Counties can mutually agree to affect an intercounty transfer by establishing a different effective date of discontinuance.

Question Twelve: Especially with regard to the newborn whose Medically Indigent (MI) mother has her Medi-Cal eligibility based solely on pregnancy, may the newborn be covered for the month following the month of birth under the aid code 76 card?

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Answer: Yes. The mother's card (whether for restricted or full-scope services) can be used to bill for medical services rendered to the newborn during the month of delivery and the month following.

Question Thirteen: If the MI woman who has given birth is discontinued from regular Medi-Cal at the end of the month of delivery and receives an aid code 76 card in the following month, must a new application be made to aid her newborn? If so, when must the application be made?

Answer: No application is needed to aid the newborn during the 60-day postpartum period, even if he/she is issued his/her own card. In addition, as of October 1, 1991, even if there will not be other family members on Medi-Cal besides the newborn after the 60-day postpartum period, no application is required for the infant through his/her first year of life. Instead the infant will remain Medi-Cal eligible for a period of one year at zero, or the original SOC, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant. Counties need only copy the original MC 210 and add the infant's name to establish a case in this situation. There is no change in current policy as it pertains to other family members on Medi-Cal, such as other children. The newborn is added to the case without the necessity of a new application or MC-210.

Question Fourteen: If the woman who is eligible for the 60-Day Postpartum Program and who has given birth remains eligible for full-scope benefits with a SOC, must a new application be made to aid her newborn?

Answer: No. As stated in the previous answer, as of October 1, 1991, infants born to women eligible for and receiving Medi-Cal are deemed eligible without the need for an MC 210 or Social Security Number until age one as long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. No new application need be made to aid these newborns.

Question Fifteen: Must an MI woman be reevaluated for Medi-Cal before the end of the 60-day postpartum period?

Answer: Yes. An MI woman must be reevaluated for Medi-Cal before the end of the 60-day postpartum period, even if her prior eligibility had been based solely on pregnancy. This reevaluation enables the county to follow-up quickly on any change in the MI woman's eligibility status. In order for the county to obtain information needed to reevaluate the mother's eligibility, the MI woman should be sent an MC-176, Medi-Cal Status Report.

Question Sixteen: If, during the 60-day postpartum period, an MI woman, who was discontinued from regular Medi-Cal at the end of the month in which her pregnancy ends, once again becomes eligible for regular Medi-Cal, should a new CA-1, Application for Public Assistance, be completed?

Answer: No. If, during the 60-day postpartum period, an MI woman is again eligible for regular Medi-Cal, the county should initiate either an interprogram status change or an intraprogram status change, as appropriate. In either case, a new application form is not required.

Question Seventeen: Can a woman who was enrolled in a prepaid health plan or primary care case management plan in the month her pregnancy ended use her aid code 76 Medi-Cal card at the same plan for 60-Day Postpartum Program services?

Answer: At the current time, none of the prepaid health plans or primary care case management plans will accept the aid code 76 card.

Question Eighteen: How will the 60-Day Postpartum Program be administered in Santa Barbara and San Mateo counties?

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Answer: In Santa Barbara County, the beneficiary will receive postpartum care through the Santa Barbara Health Initiative, and in San Mateo County, the beneficiary will receive postpartum care through the Health Plan of San Mateo. The beneficiary will receive a Medi-Cal card indicating aid code 76 and the Health Initiative or Health Plan's name.

Question Nineteen: When is the aid code 76 eligibility established for the woman who has a SOC in the month pregnancy ends?

Answer: The aid code 76 eligibility is established as soon as the county determines that the woman applied for, was eligible for, and received Medi-Cal benefits in the month pregnancy ends. The woman who has a SOC for the month in which her pregnancy ends must first meet that SOC before she is considered eligible for the postpartum program. Therefore, initial aid code 76 eligibility should not be reported until the SOC for the month in which the pregnancy ends is certified by the county or the State and a certification date appears on MEDS.

Question Twenty: Should the aid code 76 card reflect the code for Other Health Coverage?

Answer: Yes. As does the regular Medi-Cal card, the aid code 76 card should reflect the code for Other Health Coverage.

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5H—CONTINUED MEDI-CAL ELIGIBILITY—FOR ALL PREGNANT WOMEN AND INFANTS UP TO ONE YEAR OF AGE

A. OVERVIEW

Effective January 1, 1991, Section 4603 of the federal Omnibus Budget Reconciliation Act (OBRA) of 1990 requires states to adopt Section 1902 (e)(6) of Title XIX of the Social Security Act, which provides Continued Eligibility (CE) for pregnant women and infants up to age one. Under this program, pregnant women who have applied and been determined eligible for Medi-Cal will remain eligible for pregnancy-related services at the same/lower share of cost (SOC), or zero SOC, throughout their pregnancy and until the end of the 60-day postpartum period regardless of any increases in their family income.

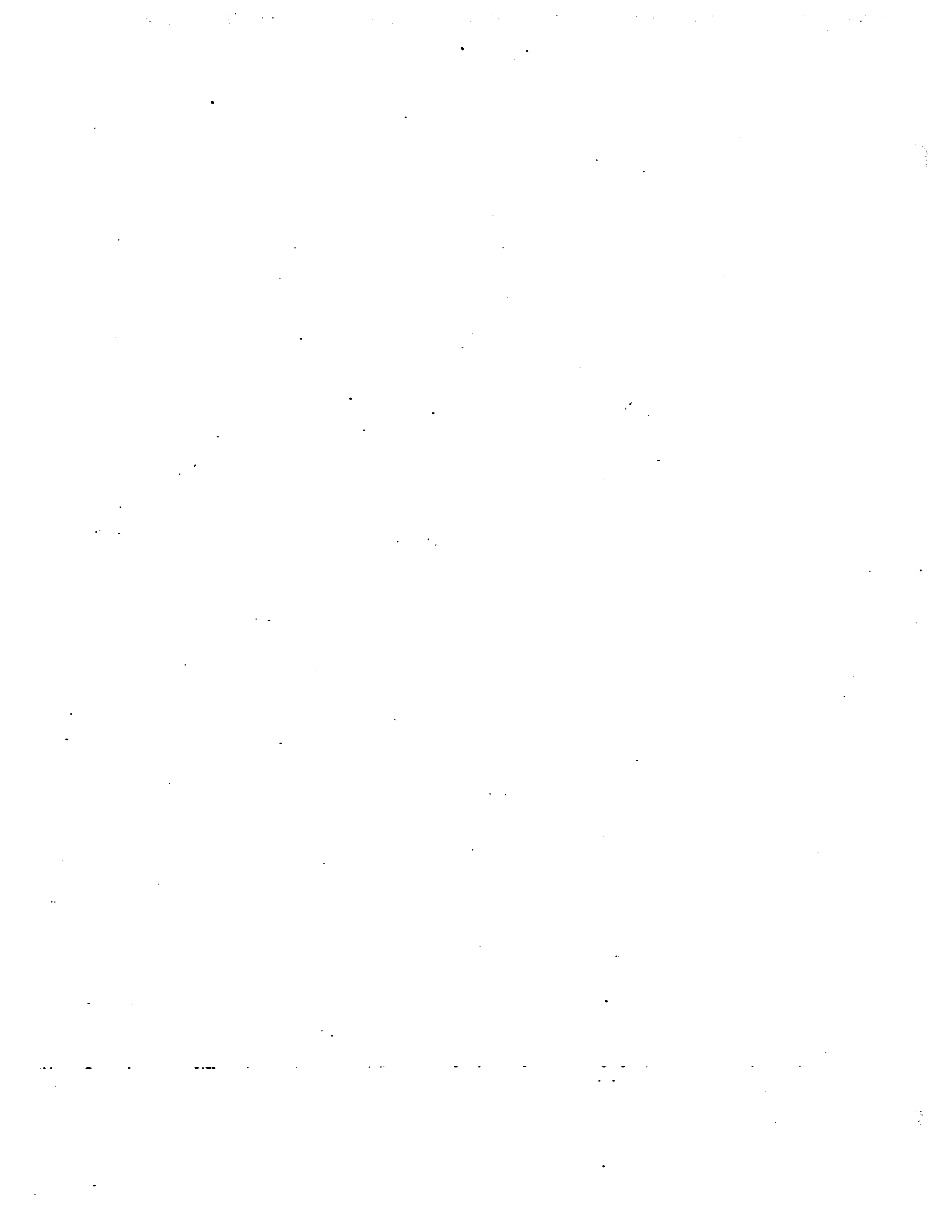
Federal law requires that, in order to qualify for CE, a pregnant woman must be "eligible for and receiving" Medicaid benefits at the time of the income increase. In California, this means that the pregnant beneficiary must have met her SOC (been certified) at least ONCE during her pregnancy, prior to, or in the same month as, the income increase, in order for her (and later, the infant) to qualify for CE. If she fails to meet her original SOC prior to, or in the same month as, the month of the income increase, she is not considered to have been certified as Medi-Cal eligible at the time of the increase, and she does not qualify for CE.

In addition, infants born to Medi-Cal eligible women are automatically "deemed eligible" for one year, provided they continue to live with their mother and the mother remains eligible for Medi-Cal, or would remain eligible if she were still pregnant. This means that, if the woman continues to meet other non-income eligibility criteria such as property (except in cases where original eligibility was based on the Asset Waiver Provision of the 200 Percent Program), residency, etc., counties should "pretend" that the pregnancy continues for purposes of establishing the infant's deemed eligibility. As long as these conditions are met, eligibility for the infant shall be established automatically, and a separate application form for the infant is not required until he/she attains age one even if the mother is no longer receiving Medi-Cal at the end of the 60-day postpartum period and there are no other children in the household receiving Medi-Cal.

B. AFFECTED GROUPS

All Medi-Cal eligible pregnant women and infants up to one year of age will be affected by this new program, including those individuals who are:

- 1) eligible under the 185 or 200 percent program with no SOC who, due to an increase in income, would otherwise be ineligible for those programs.
- 2) eligible as Medically Needy (MN) or Medically Indigent (MI) who, due to an increase in income, would have a SOC or a higher SOC.
- 3) on Public Assistance (PA) or Other-PA who, due to an increase in income, lose PA eligibility and zero-SOC cash-based Medi-Cal.



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C. DEEMED ELIGIBILITY OF INFANTS UP TO ONE YEAR OF AGE:

An infant born to a pregnant woman eligible for and receiving Medi-Cal in the month of delivery is automatically deemed eligible for Medi-Cal. A separate Medi-Cal application is not required for the infant even if the mother loses eligibility or is no longer eligible after the 60-day postpartum period. Instead, the infant will remain Medi-Cal eligible for a period of one year at zero, or the original, SOC, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant.

County Contact

The EW must instruct the pregnant woman to contact the county once the infant is born in order for the county to verify the infant's name, birthdate, that the infant is residing with the mother, and to issue the infant his/her own card. Keep in mind that, the mother's card (whether for restricted or full-scope services) can be used to bill for medical services furnished to the newborn only during the month of delivery and the month following. Therefore, to ensure the infant's deemed eligibility under CE, if the mother does not report the infant's birth before the end of the expected birth month, the EW must contact the mother by the end of the following month. This will establish the infant's ongoing eligibility under his/her own card by the end of the second month. To facilitate this contact, a tickler system utilizing the pregnant woman's expected due date should be developed by the counties, if not already in place. The EW must document at least two attempted contacts with the woman before discontinuing the case.

D. ESTABLISHING MFBUS UNDER CONTINUED ELIGIBILITY

To put Continued Eligibility into perspective, the EW should consider it as an assurance to provide Medi-Cal, without raising the SOC, to a pregnant woman or infant under one year old. In other words, the county will process a case which includes a pregnant woman or infant under one year old in the following sequence: (1) regular Medi-Cal procedures, (2) Sneede, if applicable, (3) the 185/200 percent programs, (4) Continued Eligibility, and (5) Hunt, if applicable. The Continued Eligibility decision chart (Section N) will help the EW determine eligibility when there is an increase in family income. It should be noted that Continued Eligibility affects only increases in family income for the pregnant woman's pregnancy-related services and for the infant under one year old. Increases in family income will continue to affect other family members and the pregnant woman's non-pregnancy related services. Decreases in family income will continue to be evaluated for everyone in the MFBU.

1. Under Continued Eligibility, a pregnant woman who is:

(a) eligible under a Medi-Cal-Only program (e.g., the MN/MI program) at zero SOC and increased family income does not exceed MNIL, will be unaffected by Continued Eligibility.

(b) eligible under the 185/200 percent programs will remain under the same percent program throughout her pregnancy until the end of the 60-day postpartum period despite any increases in family income. (NOTE: With the exception of pregnant women receiving Medi-Cal benefits under the 200 Percent Asset Waiver Provision, if income drops from the 200% to the 185% program, the county will aid her under the 185% program. As directed in the 200 Percent Asset Waiver Provision procedures, if a woman who is being aided under this program has a decrease in income from the 200% to the 185% program, the county will continue to aid her under the 200% program.)

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(c) eligible under a Medi-Cal-Only program with a SOC (income over 200% of federal poverty level) and an increase in family income increases the SOC, the county may need to establish two MFBU's (see subsection 3 below).

(d) discontinued from a cash grant and cash-based Medi-Cal (PA) due to an increase in family income, will be evaluated first under the various Medi-Cal-Only programs to see whether she can receive full or pregnancy-related benefits without a SOC. If a SOC exists and she is otherwise eligible, then she will be aided under the 185 percent program at zero SOC for her pregnancy-related services.

(e) eligible for Other PA Medi-Cal and an increase in family income causes ineligibility to this Medi-Cal program, will be evaluated first under the various Medi-Cal-Only programs to see whether she can receive full or pregnancy-related benefits without a SOC. If a SOC exists and she is otherwise eligible, then she will be aided under the 185 percent program at zero SOC for her pregnancy-related services.

Example #1: A pregnant woman is eligible for the additional Transitional Medi-Cal program (months 7-12 of TMC). As a result of increased earned family income in excess of 185% of the federal poverty level, she becomes ineligible for additional TMC. She will first be evaluated under the various Medi-Cal-Only programs, and if a SOC results, the EW will aid her in the 185 percent program at zero SOC for her pregnancy-related services.

Example #2: A pregnant woman is discontinued from AFDC. She is eligible for zero SOC benefits under Edwards (aid code 38). At the conclusion of Edwards eligibility, she will be evaluated under the various Medi-Cal-Only programs. If a SOC results, she will be aided under the 185 percent program at zero SOC for her pregnancy-related services.

2. Under Continued Eligibility, an infant up to one year old who is:

(a) eligible under a Medi-Cal-Only program at zero SOC and increased family income does not exceed MNIL, will be unaffected by Continued Eligibility.

(b) eligible under the 185/200 percent program will continue to remain in the same percent program aid code despite any increases in family income until the end of the month of attainment of age one, or until the infant no longer lives with the mother, or until the mother is no longer otherwise eligible (even if she were pregnant). If the infant is no longer eligible under Continued Eligibility, the county will reevaluate the infant's eligibility under the 185/200 percent programs (if under age one) or under the various other Medi-Cal-Only programs (if over age one) and consider changes in family income (increases or decreases).

(c) eligible under a Medi-Cal-Only program with a SOC (income over 200% of federal poverty level) and an increase in family income increases the SOC, the county may need to establish two MFBU's (see subsection 3 below).

(d) discontinued from a cash grant and cash-based Medi-Cal (PA) due to an increase in family income, will be evaluated first under the various Medi-Cal-Only programs to see if the infant can receive Medi-Cal without a SOC. If a SOC exists and the infant is otherwise eligible, aid him/her under the 185 percent program at zero SOC.

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(e) eligible for Other PA Medi-Cal and an increase in family income causes ineligibility to this Medi-Cal program, will be evaluated first under the various Medi-Cal-Only programs to see if the infant can receive Medi-Cal without a SOC. If a SOC exists and the infant is otherwise eligible, then he/she will be aided under the 185 percent program at zero SOC. (Apply the same examples in subsection 1 above for the infant, except that the infant will receive the same level of services under the 185 percent program as he/she would receive under the Medi-Cal-Only program.)

3. When to Establish Two MFBU's

When family income in the prior month is over 200% of the federal poverty level and income increases in the next month, the county may need to establish two MFBU's except when there is an MFBU or mini budget unit (MBU) in which the only eligibles are the pregnant woman and/or infant under one year.

If there are other eligibles in the MFBU or (MBU) who are not entitled to Continued Eligibility, the county will establish the two MFBU's as follows:

- The first MFBU will include: (1) the pregnant woman as an ineligible person, (2) her unborn, (3) the infant(s) under one year old as an ineligible person(s), and (4) the other MFBU members as eligibles (if applicable). The entire MFBU's full income will be considered in determining the MFBU's SOC; the entire MFBU's full medical expenses may be used to meet this MFBU's SOC. Any changes in family income will be used to determine changes in this MFBU's SOC.
- The second MFBU will include: (1) the pregnant woman as an eligible person, (2) her unborn, (3) the infant(s) under one year old as an eligible person(s), and (4) the other MFBU members as ineligible persons. Again, the entire MFBU's full income will be considered in determining the MFBU's SOC; the entire MFBU's full medical expenses may be used to meet this MFBU's SOC. If there is an increase in family income, the county will ignore it. If there is a decrease in family income, the county will reduce the SOC accordingly.

E. CHANGES IN INCOME

The intent of Continued Eligibility is to protect eligible pregnant women and infants from any changes in income which could result in a loss of Medicaid eligibility during pregnancy or the first year of life. It should be noted that, not only can actual increases in income create, or increase, the SOC, but other family changes could also result in more income available to the household, thereby impacting the SOC. Therefore, Continued Eligibility also applies not only to increases in income, but also to other family changes, such as a change in MFBU composition or maintenance need level, which would cause a SOC to be imposed, or an increase in an existing SOC.

F. PROPERTY CHANGES

Since assets are not waived for all pregnant women under 200 percent of the federal poverty level, increases in property may affect the pregnant woman's eligibility unless the increase occurs during the 60-day postpartum period for women under aid code 76 or the 185/200 percent aid code. If the pregnant woman is ineligible due to excess property, her infant is also ineligible due to excess property.

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G. EXAMPLES

Example #1: The MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and an infant under one year old. They receive Medi-Cal under aid code 37. The MFBU had a \$700 share of cost in 11/91 (the pregnant woman and the infant did not qualify for the 185/200 percent program due to excess income). In 12/91, the pregnant woman receives state disability insurance (SDI) and timely reports the income increase to the county. Since CE applies, this increase in income will not affect the woman's SOC for her pregnancy-related services.

In December 1991, the county will establish two MFBU's using the same aid codes in both MFBU's as follows:

MFBU #1 (Continued Eligibility)	MFBU #2 (regular AFDC-MN)
Pregnant woman	Pregnant woman as an ineligible
unborn	unborn
infant under one	infant under one as an ineligible
husband as an ineligible person	husband
\$700 share of cost	Increased SOC to \$1000

Since all the MFBU members were listed in both MFBU's, their medical expenses may be used to meet both shares of cost. The county will ignore the increase in income for MFBU #1 and compute the SOC based on the prior month's lower income. In MFBU #2, the county will recompute the SOC using the increased family income.

Example #2: In 10/91, an unemployed, unmarried pregnant woman, her boyfriend, their mutual 7-year old child, and their mutual 7-month old infant receive full-scope Medi-Cal benefits at zero SOC (aid code 34). She receives \$600 UIB each month.

She reports to the county in 10/91 that she expects to receive a \$3000 inheritance in 11/91. This is in addition to her \$600 UIB. (No one else has income; assume the MFBU is property-eligible.) The county will determine the 11/91 SOC under the Medi-Cal-Only program first:

\$3000 inheritance
+ 600 UIB
\$3600 total nonexempt income
-1259 MNIL for 5 (pregnant woman, boyfriend, unborn, 2 mutual children)
\$2341 SOC

Since there is a SOC and the MFBU includes an unmarried couple with mutual children, SneeDe procedures apply.

SneeDe Procedures

\$ 3600	Pregnant woman's total net nonexempt income
divided by 3	(herself, the mutual infant, the mutual 7-year old)
- \$1200	SneeDe allocation to herself and her two children

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Mini Budget Unit #1

Mother \$1200 income
& Unborn 0 income
 -750 MNIL
 \$ 450 SOC

Mini Budget Unit #2

Unmarried Father 0 nonexempt income
 -600 MNIL
 0 SOC

Mini Budget Unit #3

Infant \$1200 allocation from mom
7-yr old +1200 allocation from mom
 \$2400 total net nonexempt income
 - 550 MNIL (2 kids, 2 parents)
 \$1850 SOC

Since the 7-yr. old's MFBU has a SOC, the county will evaluate eligibility under the 100 percent program:

Net Nonexempt Family Income: \$3600
Compare to 100% FPL for family of 5: -1305
 \$2295 excess income

Since both the infant's and the pregnant woman's mini budget units have a SOC, the county will evaluate them under the 185/200% programs:

Net Nonexempt Family Income: \$3600
*Compare to 185% FPL for family of 5: -2414
 \$1186 excess income

Net Nonexempt Family Income: \$3600
*Compare to 200% FPL for family of 5: -2610
 \$ 990 excess income

Since neither the infant nor the pregnant woman are eligible for the percent programs and they both had zero SOC in the prior month, they will continue to receive zero SOC under Continued Eligibility despite the increase in family income (for the pregnant woman, this applies only to her pregnancy-related services).

Since there are no other eligibles in the pregnant woman's mini budget unit, the county will aid her under the 185 percent program at zero SOC for her pregnancy-related services. The increased income will still be considered in determining her SOC for non-pregnancy related services.

However, since the infant's mini budget unit includes an eligible person who is not covered under Continued Eligibility, the EW will show the infant as an ineligible person in the MFBU and in MFBU #3, and establish a second MFBU as follows:

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MFBU #2

Unmarried Pregnant woman
Unmarried Father
Mutual 7-yr. old child
Infant - the only eligible person in this MFBU

In this MFBU, the county will show the same income as in 10/91 (i.e., the pregnant woman's \$600 UIB) and the infant will receive his/her Medi-Cal at zero SOC. The infant's medical expenses may be used to meet the SOC in MBU #3 (in the first MFBU) if the provider does not bill the expense to Medi-Cal under the zero SOC card in MFBU #2.

Example #3: In 11/91 a non-Sneede MFBU includes a pregnant woman, her unemployed husband, their mutual unborn, and their 7-month old infant. The pregnant woman and infant receive benefits under the 185% program. Their MFBUs are as follows:

MFBU #1 (regular AFDC-MN)

pregnant woman (full scope)
unborn
husband
<infant under 1 as an ineligible>

MFBU #2 (185%)

pregnant woman (restricted)
unborn
infant under 1 (as an eligible)

In 12/91 the husband's income goes up to 250% of the federal poverty level.

Under Continued Eligibility, the county will not consider the amount of the increase in MFBU #2; the increased income will be considered in MFBU #1. The MFBU compositions and aid codes will remain the same. There is no change in the use of medical expenses to meet the SOC in MFBU #1 (i.e., the pregnant woman or infant under one may use their medical expenses to help meet the SOC in MFBU #1, or have the provider bill the expenses to Medi-Cal).

H. TREATMENT OF INCOME AND PROPERTY

1. Unmarried Father

Changes in income or property of the unmarried father will not affect the pregnant woman regardless of whether the unmarried father wants Medi-Cal benefits for himself or his mutual or separate born children. After the infant is born, the infant's eligibility is tied to the mother's eligibility. The unmarried father's income will not affect the infant until the infant attains age one so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal, or would have remained eligible if she were still pregnant. If the newborn's father and/or the other mutual children also want aid and there is a SOC or excess property, Sneede procedures will apply. Even though there will be parental allocation from the father to the infant during the period of Continued Eligibility it will be disregarded; only the mother's income, before any increases, will be used in determining the infant's SOC level.

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2. Husband

Increases in the husband's income will not affect the pregnant woman's SOC until the end of the 60-day postpartum period; nor will increases in the husband's income affect the newborn's SOC through the month of attainment of age one, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. However, increases in the husband's property will affect the pregnant woman and the infant under one (except during the 60-day postpartum period under aid code 76 or the 185/200 Percent Program, in which excess property does not affect eligibility).

3. Pregnant Woman or Mother of Infant Under One Year of Age

Regardless of whether the pregnant woman is married, increases in her income will not affect her own SOC for pregnancy-related services through the 60-day postpartum period; nor will it affect her infant's SOC through the month of attainment of age one, so long as the infant continues to live with the mother and the mother remains eligible for Medi-Cal or would have remained eligible if she were still pregnant. Increases in the woman's property, however, will affect both her own and her infant's Medi-Cal eligibility unless she is a 200 Percent Program eligible, in which case she would be protected under the Asset Waiver Provision; or unless the increase in property occurs during the mother's 60-day postpartum period under aid code 76 or the 185 Percent Program, in which case it would not affect either of them until the end of the 60-day postpartum period.

The following examples discuss how Continued Eligibility procedures affect the treatment of income and property for pregnant women and infants up to one year of age:

Example One: An infant (Johnny) is born to unmarried parents (Joe and Jenny). Joe receives lottery winnings in the month of Johnny's birth (10/91). Joe's winnings are considered income in the month received and property if the winnings are retained into the following month. Joe's winnings (whether treated as income or property) will not affect Jenny's eligibility. Therefore, baby Johnny remains eligible and Joe's winnings will not affect Johnny's eligibility or SOC until he attains age one as long as he continues to live with Jenny, and Jenny remains eligible for Medi-Cal, or would remain eligible if she were still pregnant.

Example Two: A single mother (Julie) receives lottery winnings in the month of the infant's (Paul) birth. In accordance with the procedures established for CE, Julie's winnings are disregarded as increased income for her pregnancy-related services only and would not affect either her or Paul's SOC or income eligibility to the 185/200 percent programs. If this income converts to property in the two months during her 60-day postpartum period under aid code 76 or the 200 percent programs, Julie and Paul remain eligible. However, at the end of the 60-day postpartum period both Julie and Paul may become ineligible if their property exceeds the allowable limits. Note: Paul would remain eligible under the Asset Waiver Provision if he were a 200 Percent Program eligible.

Example Three: An infant (Michelle) is born to married parents (Ken and Tracy). Ken receives lottery winnings in the month of Michelle's birth (12/91). In accordance with the Continued Eligibility procedures, Ken's winnings would not affect either Michelle's or Tracy's SOC or income eligibility to the 185/200 percent programs. Even though the winnings, if retained, convert to property in the month following the birth month, the winnings do not affect Tracy's eligibility during the 60-day postpartum period if she is eligible for postpartum services under aid code 76 or under the 185/200 percent program. Therefore, Michelle also

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remains eligible during this period since Tracy is still eligible. Once the 60-day postpartum period has ended, the winnings, if retained, could cause Tracy to be property ineligible unless she is protected under the 200 Percent Asset Waiver provision. If this occurs, Michelle also is ineligible unless she is eligible under the 200 Percent Program.

NOTE: If a pregnant woman is not eligible for postpartum services under aid code 76 or the 185/200 percent programs, her property is countable.

Example Four: A Medi-Cal eligible pregnant woman has income at 150 percent of the federal poverty level (FPL), therefore, she is eligible for the 185 percent program with no SOC for pregnancy-related services and has a SOC for full-scope services. During her pregnancy, she receives an increase in income to 250 percent of the FPL. Prior to the Continued Eligibility program, she would have been discontinued from the 185 percent program and required to pay a SOC for her pregnancy-related services. However, under the new Continued Eligibility program, her income increase is disregarded and she continues on the 185 percent program with a zero SOC for her pregnancy-related services until the end of her 60-day postpartum period and her SOC for full-scope services is increased accordingly. At the end of the 60-day postpartum period, her eligibility for full-scope services would be redetermined, and if eligible, she would continue with the SOC. It should be noted that her newborn would continue to be eligible for Medi-Cal for up to one year without a SOC, because under the federal law if the mother were still pregnant, the income increase would have been disregarded. Therefore, the infant is allowed the same income disregard as long as the infant continues to live with the mother, and she remains eligible, or would remain eligible if she were still pregnant.

Example Five: Under Continued Eligibility, if a pregnant woman whose family income is over 200 percent of the FPL (SOC of \$700 per month) has an increase in her income to 300 percent of the FPL, the increase would be disregarded; however, she would still be required to meet her original \$700 SOC. The county will establish a separate budget unit consisting of the pregnant woman and her unborn with the original \$700 SOC and the same aid codes. The \$700 SOC will apply for both the woman's pregnancy-related and full-scope services. The county will adjust the SOC for the original MFBU as the income increases. Then, after the 60-day postpartum period, if the woman is still eligible for full-scope services, she will return to her original MFBU with the increased SOC. However, the infant would continue to be eligible for Medi-Cal for up to one year with the original \$700 SOC and would remain in the separate budget unit, as long as he/she continues to live with the mother and she remains eligible or would remain eligible if she were still pregnant.

Example Six: A woman, whose family income is at 200 percent of the FPL is linked to Medi-Cal solely due to pregnancy and receives zero SOC for her pregnancy-related services under this program. After her 60-day postpartum period, she is discontinued, but her infant stays on the 200 percent program as an MI child with zero SOC. At six months of age, the infant's family income increases to above 200 percent of the FPL. However, the infant's SOC remains at zero because the mother would remain eligible if she were still pregnant. Therefore, the income increase is disregarded. When the infant attains one year of age, his/her eligibility would be determined under another FPL program or the AFDC-MN/MI program.

Example Seven: A woman notifies the county in March that, since January, she was pregnant and also had an infant under one year of age. They had an increase in their family income in February which resulted in an increase in their SOC. The county will adjust their SOC to the original level prior to the income increase, or to a zero SOC. The county should follow Section 50653.3 of the Medi-Cal Eligibility Manual to decrease a beneficiary's SOC.

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Example Eight: An infant born to a woman eligible for and receiving Medi-Cal receives an inheritance shortly after birth. In accordance with the procedures established for CE, the infant's increase in income would be disregarded in the month the income was received. However, if this inheritance converts to property in the month after receipt, the infant may be ineligible due to excess property unless he/she is eligible under the 200 Percent Program.

Example Nine: When a pregnant AFDC cash recipient is discontinued because she had an increase in family income (not due to increased earnings or increased hours of employment), she will get a no-SOC full-scope card (aid code 38 - Edwards) until the county determines that she is eligible for a zero SOC card for pregnancy-related services under the 185 percent program and a SOC full-scope card.

Example Ten: In the case of a pregnant AFDC recipient who is discontinued due to an increase in earnings (this may happen most often to migrant workers), she will be eligible for zero-SOC Transitional Medical (TMC) benefits for at least six and possibly twelve months from the date of discontinuance. If she is discontinued from TMC after the initial six-month TMC program because, for example, she failed to complete the four-month TMC report, the county is required to redetermine her Medi-Cal only eligibility. Since it is possible that the woman may still be pregnant or in her postpartum period, the county must ensure that she continues to receive a zero-SOC card through her pregnancy and postpartum period. In this situation, the county should employ the same CE procedures as they would in the previous Edwards example. If she goes through the entire twelve months of TMC, that will probably carry her through her postpartum period and this will ensure that she continues to receive zero SOC pregnancy-related services.

Example Eleven: In the case of a pregnant woman or an infant up to one year of age who is eligible for four-month continuing eligibility (aid code 54) due to an increase in child/spousal support, the county should apply the same procedures as they would in the Edwards or TMC examples stated previously.

I. CASE COUNTS

The CE Program activity will be reported to the Department as caseload activity in accordance with the existing instructions in the Medi-Cal Eligibility Manual for completion of the MC 237 Caseload Movement and Activity Report (Medical Assistance Only).

As currently allowed under the 185 and 200 percent programs, in addition to the usual manner in which counties report regular MN/MI caseload activity to the Department, counties may also claim additional caseload activity for pregnant women under the 185 and 200 percent programs.

For those pregnant women who are MN/MI with no SOC, who after an increase in income the county would treat as though they were eligible under the 185 percent program, counties should claim additional activity for the zero SOC unit established for the pregnant woman for her pregnancy-related services. The county will not claim additional caseload activity for the full-scope MFBU with the increased SOC since the original MFBU was already reported on the MC 237. The county should report the original full-scope budget unit as a continuing case only.

In the situation where a MN/MI pregnant woman has a SOC, and her income increases, therefore, the county sets up a separate budget unit for the pregnant woman and the unborn with the original SOC, the county may claim additional caseload activity for this separate budget unit. However, as with MN/MI woman with no SOC, the county will not report the original MFBU with the increased SOC as an intake since the

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original MFBU was already reported on the MC 237. The county should report the original full-scope budget unit as a continuing case only.

J. SOCIAL SECURITY NUMBER

(1) An infant born to a woman who is eligible for and receiving Medi-Cal in the month of delivery, regardless of which program she is eligible for, will be eligible for Medi-Cal, without an application, even if the mother has not obtained a Social Security Number (SSN) for the infant. If the mother is an existing Medi-Cal beneficiary and contacts the eligibility worker (EW) to report the birth of the newborn (who is a U.S. citizen), the EW should inform the mother that a SSN will be required for the infant by the age of one year. In the meantime, a pseudo SSN will be assigned to this newborn. If the mother provides the infant's SSN prior to one year of age, the infant's real SSN should be recorded and used.

(2) When the infant with a pseudo SSN is eleven months of age, a worker alert will be generated on the MEDS system. At this time, the county must contact the mother regarding the infant's SSN. The county will inform the mother to obtain a SSN because the infant's SSN is required by the age of one year. The county should use its standard procedure for obtaining this information and document the case to reflect the efforts made to obtain the infant's SSN. If the mother fails without good cause to produce the SSN for the infant after the age of one year, the standard discontinuance procedures must be followed. Remember, this infant (who was born to a woman eligible for and receiving Medi-Cal at the time of birth) cannot be discontinued from Medi-Cal for not presenting a SSN until the age of one year.

(3) Infants born to a woman not receiving Medi-Cal are required to meet the full requirements of eligibility including the SSN requirements. However, as with other Medi-Cal applicants, establishment of eligibility shall not be delayed pending obtaining an SSN (22 CCR 50168(a)).

K. NOTICES OF ACTION AND AID CODES

Notice of Action

Counties should use existing NOAs to instruct beneficiaries on their SOC. In the situation where a pregnant woman is the sole MFBU member and she has an increase in income, no NOA is required. In the case of a pregnant woman receiving zero SOC for her pregnancy-related services under the 185/200 percent programs, and is in a separate case with other family members for full-scope services, one NOA for the family should be sent stating that the woman's eligibility for the 185/200 percent program shall continue due to Continued Eligibility, yet her SOC for full-scope services, as well as the SOC for other family members, has increased. Also, in the case where a pregnant woman in a family has a SOC (i.e., income is over 200% of the federal poverty level), and there is an increase in income, the EW will establish two MFBUs, one with the pregnant woman and unborn as eligibles and other family members as ineligible at the original SOC, and the other with the remaining family members as eligible with the pregnant woman and unborn as ineligible, at the increased SOC. The county should send one NOA to the family stating that, due to Continued Eligibility, the pregnant woman's SOC, aid code, and scope of services will remain unchanged through the 60-day postpartum period, however, the SOC for other family members has been increased.

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Aid Codes

No new aid codes have been developed for this program. Depending upon the situation, a pregnant woman will be eligible for services under the 185 or 200 percent programs or, if she has a SOC, she will continue with the same aid code she had before the increase in income. There is no specific aid code assigned to infants who are eligible for Continued Eligibility. The infant's aid code at the time of the increase in income shall remain in effect throughout the Continued Eligibility period.

L. QUARTERLY STATUS REPORTS

Concurrent with the implementation of CE and deemed eligibility for newborns, the department reevaluated its policy regarding the Quarterly Status Report (QSR) requirement as it relates to eligible pregnant women and infants under one year of age. Subsequently, the Department changed its policy with regard to the QSR requirement for these individuals. Medi-Cal Family Budget Units (MFBU) consisting solely of eligible pregnant women and/or infants under age one are not required to adhere to the quarterly status reporting requirement irrespective of whether CE applies. These beneficiaries, however, are still required to timely report changes (including the birth of a child) to the counties within ten days. Remember, if a county has (or develops) the system capability, it may suppress distribution of the QSR to these beneficiaries. If counties cannot suppress QSR distribution, they should not discontinue these beneficiaries if they do not return the QSR, nor should any reported increases in income be counted if CE is applicable. However, if the pregnant woman or infant up to one year of age is in an MFBU which includes other eligible family members, the family is still required to submit a QSR since the other MFBU members are not exempt from this requirement.

M. QUESTIONS AND ANSWERS

FORMS/WORKSHEETS

QUESTION 1: Are there any forms/worksheets for counties to use in administering CE?

ANSWER: Yes. There is a Decision Chart that the Department issued for counties to use as a guide when establishing cases under CE. This was the only new form developed by the Department. Counties may want to modify this Decision Chart and use it as a worksheet by adding the client's name, case number, and adding check boxes to indicate the case outcome. This Decision Chart is included in these procedures in Section N.

RETROACTIVE ELIGIBILITY

QUESTION 2: Many counties have asked questions regarding the SOC for a pregnant woman who requests Medi-Cal for a retroactive period. e.g., a pregnant woman applies for Medi-Cal coverage in February and is found to have a \$800 SOC. She also requests retroactive Medi-Cal coverage for November, December and January and is found eligible for those months with a \$750 SOC. Does CE coverage apply during the retroactive months?

ANSWER: No. For all retroactive cases, the county should establish the SOC for each individual month in which coverage is requested. Once an increase in income occurs subsequent to the month of application (in this case it is February), this increase should be disregarded.

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QUESTION 3: If a woman applies for retroactive Medi-Cal coverage in the month following the birth month, is her infant deemed eligible even though CE policy states that only those infants born to women eligible for and receiving Medi-Cal in the birth month are eligible for CE?

ANSWER: No. In this case, it must be kept in mind that the pregnant woman was not eligible for and receiving Medi-Cal in the month of delivery, therefore, she is not eligible for CE. Accordingly, the infant would not be deemed eligible for CE.

QUESTION 4: A pregnant woman applied for Medi-Cal in August and asks for retroactive coverage for June and July. The county determines her SOC as zero for August and \$750 for June and July. Would her SOC be zero in June and July since it was zero in the month of application?

ANSWER: No. For all retroactive cases, the county should establish the SOC for each individual month in which coverage is requested. In addition, in this situation there was not an increase, but a decrease in income so CE does not apply.

QUESTION 5: Using the same example as in question #4, the woman has a \$750 SOC in August, and zero SOC for June and July. Would her SOC continue at zero?

ANSWER: No. The county will apply CE and disregard any income increases in the application month and subsequent months. Therefore, the woman would have a zero SOC in June and July and \$750 in August and subsequent months (or lower if her incomes subsequently decreases).

AID CODES

QUESTION 6: Will there be new aid codes developed for the CE Program?

ANSWER: There are no new aid codes for this program. Depending upon the situation, a pregnant woman will be eligible for services under the 185 or 200 Percent Programs, or, if she has a SOC, she will continue with the same aid code she had before the increase in income.

NOTICES OF ACTION (NOAs)

QUESTION 7: Will a separate NOA be needed to explain the program's policies to beneficiaries?

ANSWER: Counties should use existing NOAs to instruct beneficiaries on their SOC. In the situation where a pregnant woman is the sole eligible MFBU member and she has an increase in income, no NOA is required. In the case of a pregnant woman receiving zero SOC for her pregnancy-related services under the 185/200 percent program, and is in a separate case with other family members for full-scope services, one NOA for the family should be sent stating that the woman's eligibility for the 185/200 percent program shall continue due to Continued Eligibility, yet her SOC for full-scope services, as well as the SOC for other family members, has increased. Also, in the case where a pregnant woman in a family has a SOC, and there is an increase in income, the EW will establish two MFBU's, one with the pregnant woman at the original SOC, and the other with the remaining family members at the increased SOC. The county should send one NOA to the family stating that, due to Continued Eligibility, the pregnant woman's SOC, aid code, and scope of services will remain unchanged through the 60-day postpartum period, however, the SOC for other family members has been increased.

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BREAK IN AID

QUESTION 8: How does CE apply to a family who leaves the area, requests discontinuance or moves without notifying the county?

ANSWER: CE for a pregnant woman ends at the end of her 60-day postpartum period or once she is no longer eligible for Medi-Cal (i.e., excess property, residency, or a break in aid). For whatever reason, once the pregnant woman is no longer eligible for Medi-Cal, CE no longer exists. If a pregnant woman's Medi-Cal eligibility is reestablished, CE will apply from that point on and any subsequent increases in income would be disregarded.

An infant's eligibility for CE is linked to the mother's eligibility. Only infants born to women who are eligible for and receiving Medi-Cal are automatically deemed eligible for one year, provided they continue to live with their mother and the mother remains eligible or would have remained eligible if she were still pregnant.

Since there was a break in aid and the mother would have been ineligible even if she were still pregnant, the infant's entitlement to CE is discontinued. If the mother reapplies, both she and the child may reestablish Medi-Cal eligibility.

QUESTION 9: If the family leaves the area (county or state) and returns, are the pregnant woman's or infant's CE benefits continued or does there have to be a new case established?

ANSWER: The CE Program does not affect current policy in this area. If the family moves to a different county without notifying the county to transfer their eligibility, or moves out of the state and establishes a new residence there, and then returns, their protection against income increases under CE ceases and any new eligibility would be established based on the income level at that time.

QUESTION 10: If there is a break in aid for an infant receiving the benefits of CE, the infant must reapply. Is a Social Security Number required for this infant?

ANSWER: Yes. Since there has been a break and this infant is no longer deemed eligible, a Social Security Number would be required.

SOC/INCOME DISREGARD

QUESTION 11: In the situation where a client who left one county without notifying the county welfare department and applies for Medi-Cal in an adjoining county, what SOC does the new county use?

ANSWER: Since the client did not notify the first county that she was moving, the case would be discontinued. Since there has been a break in aid, the adjoining county would be required to make an eligibility determination based on the current information supplied by the client. In the case of a pregnant woman who has had an increase in income, since she is no longer eligible for the CE Program, her SOC, (if any) will reflect this increase.

QUESTION 12: If the pregnant woman's income goes down and her SOC is reduced, but she later returns to work after the end of the 60-day postpartum period and the SOC increases, does the child's SOC stay at the lowest SOC reached? Or is it never increased.

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ANSWER: The SOC is never increased until the infant turns age one.

QUESTION 13: If a pregnant woman on Medi-Cal has a SOC which goes down, then back up, but not above the original SOC, does it go up to the original SOC or stay at the lowest SOC?

ANSWER: Under CE, any increases in income are disregarded for pregnant women and infants up to one year born to eligible pregnant women. Therefore, the SOC would always stay at the lowest level.

QUESTION 14: In the situation where a pregnant woman with a \$100 SOC uses old medical bills (as allowed under Hunt v. Kizer) to meet her SOC, and thereby reduces her SOC to zero for that month, would the woman's SOC be continued at the original \$100 or at the reduced level of zero?

ANSWER: In this situation the SOC is only temporarily reduced to zero for the one month. Therefore, the pregnant woman's SOC will continue at \$100.

QUESTION 15: Should the mother's SOC for the first reported month of pregnancy, the month of delivery, or the first month of postpartum eligibility be assigned to the deemed eligible infant?

ANSWER: The mother's SOC for her first reported month of eligibility (or the lower amount if the woman's family income subsequently decreases) will be assigned to the infant under Continued Eligibility.

QUESTION 16: A family member moves out of the household, the MFBU decreases and the maintenance need level decreases, but family income does not increase. Does the pregnant woman or infant's SOC increase?

ANSWER: No. Under CE, changes in MFBU composition as well as increases in income are disregarded. Therefore, the pregnant woman or infant's SOC would not increase.

QUESTION 17: Please confirm that in the situation where the county sets up a separate MFBU for the pregnant woman with the original SOC for full-scope services and a second MFBU with other family members with the increased SOC, that the medical expenses of all family members can be used to meet both SOC's? How should the county reflect this on the MC 177-S form?

ANSWER: As shown in Example #1, page 6 of these procedures, since all of the family members are listed in both MFBUS, we allow the medical expenses of all the family members to be used in meeting both SOC's for this family. Regarding the MC 177-S form, there will be a separate form for each MFBU. Counties should list the pregnant woman and unborn in her own MFBU with the original SOC for pregnancy-related and full-scope services (the other family members will be ineligible members of this MFBU) while the other family members will be in a second MFBU with the increased SOC for their full-scope services (the pregnant woman and unborn will be ineligible members of this MFBU).

QUESTION 18: How will beneficiaries be aware that the medical expenses of all family members can be used to meet both Shares of Cost?

ANSWER: Instructions to the patient on the back of the MC 177S form inform the beneficiary that the medical/dental expenses of all family members listed on this form can be used to meet the SOC. When the county sends the NOAs to the family they will be notified what is the appropriate SOC for the pregnant

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remained eligible if she were still pregnant.

QUESTION 22: A pregnant woman eligible under the MN program with a zero SOC has an increase in income which would have resulted in a SOC. Is this woman evaluated under the 185 percent or 200 percent program?

ANSWER: In order to maintain the zero SOC for the pregnant woman in this situation, counties will always establish the woman under the 185 percent program. As shown in the decision chart included as Section N of these procedures, any time the pregnant woman's income increases over the Maintenance Need Income Level, her eligibility for pregnancy-related services should be established under the 185 percent program.

QUESTION 23: If a pregnant woman is in the 185 percent program and her income decreases to below the Maintenance Need Income Level, so that she would have a zero SOC, will the county leave her in the 185 percent program?

ANSWER: Yes. As shown in the Decision Chart (Section N), there will be no action required of the county for the woman's pregnancy-related services. The county will leave her in the 185 Percent Program for her pregnancy-related services and adjust her SOC, if any, accordingly for her regular Medi-Cal benefits.

INFANT QUESTIONS

QUESTION 24: Is a MC 13 required for the infant deemed eligible?

ANSWER: No application or MC 13 is required in establishing the infant's deemed eligibility.

QUESTION 25: What system should counties use to alert the EW to contact the woman to verify that the infant is born?

ANSWER: The EW must instruct the pregnant woman to contact the county once the infant is born in order for the county to verify the infant's name, birthdate, that the infant is residing with the mother, and to issue the infant his/her own card. Therefore, to ensure the infant's continued eligibility, if the mother does not report the infant's birth before the end of the expected birth month, the EW must contact the mother by the end of the following month. If a ticker system is not already in place, counties should develop a ticker system, utilizing the pregnant woman's expected due date, that best suits their county system.

QUESTION 26: Does either a pregnant woman's restricted, limited or full-scope card cover services for the infant until the infant is issued his/her own card?

ANSWER: Yes. As stated in the Medi-Cal Eligibility Manual, Section 50733 (c), the mother's card, whether for restricted or full-scope services, can be used to bill for medical services furnished to the newborn during the month of delivery and the month following. However, an infant's services for the first two months of life are not covered under the mother's limited services card issued to a Minor Consent beneficiary. Irrespective of the doctor's ability to bill for these services, the county is still required to issue the infant his/her card as soon as possible.

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RESPONSE: No. Only in households where a pregnant woman and/or infant are the only Medi-Cal eligibles is the requirement to submit a QSR waived. If the pregnant woman or infant up to one year of age is in an MFBU which includes other eligible family members, the family is still required to submit a QSR since the other MFBU members are not exempt from this requirement. Therefore, all persons including the infant would be discontinued in this situation.

QUESTION 33: QSRs need not be generated for MFBU's with only an eligible pregnant woman and/or infant under one year of age. However, income decreases can be applied to the SOC and the MFBU is ineligible if there is excess property. If an income decrease or excess property is not reported, will counties be charged with an error?

ANSWER: No. Although MFBU's consisting solely of an eligible pregnant woman and/or an infant under age one are not required to submit QSRs, they are nevertheless still required to report changes to the county within ten days. Therefore, if any beneficiary fails to report changes such as a decrease in income or excess property, this is not a county-caused error, but rather a beneficiary-caused error.

CASE COUNTS

QUESTION 34: Does a county receive an additional case count for eligibles under the CE Program?

ANSWER: To ensure adequate funding for the additional workload of the EW who is required to establish additional MFBU's as a result of CE, counties will receive additional case counts. As currently allowed under the 185 and 200 Percent Program, in addition to the usual manner in which counties report regular MN/MI caseload activity to the Department, counties may also claim additional caseload activity for pregnant women established under the 185 and 200 Percent Program. For those pregnant women who are MN/MI with no SOC, and who after an increase in income the county would treat as though they were eligible under the 185 Percent Program, counties should claim additional caseload activity for the zero SOC unit established for the pregnant woman for her pregnancy-related services. In the situation where a MN/MI pregnant woman with a SOC has an income increase, the county therefore sets up a separate budget unit for the pregnant woman and her unborn for full-scope services with the original SOC and the same aid codes. The county may claim additional caseload activity for this separate budget unit. In these situations, counties should not claim the original MFBU with the increased SOC as an intake since the original MFBU was already reported on the MC 237. The county should report the original full-scope MFBU as a continuing case only.

SNEEDE ISSUES

QUESTION 35: If Sneede applies and the unmarried father's income is to be allocated among those for whom he is responsible, is the infant counted even though the infant will receive an income allocation under CE?

ANSWER: Yes. Even though the father's income is not counted in determining the infant's SOC level, the unmarried father's income receives a deduction for the infant.

QUESTION 36: In example 2, page 6 of these procedures, would it not be more appropriate to establish another MBU rather than an MFBU?

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ANSWER: No. In terms of setting the case up on the system, MEDS does not care whether an MBU or MFBU is established. As far as the computers are concerned, MBUs are not different than MFBU's. Establishing an MFBU allows the medical expenses and income to be double-counted. If set up in an MBU, the income would be prorated again. This is inappropriate since only the responsible relatives' and infants' expenses are used and you are counting everyone's income again.

MINOR CONSENT PROGRAM

QUESTION 37: Does CE apply to Women eligible for the Minor Consent Program?

ANSWER: Yes. If a minor is receiving services for pregnancy under the Minor Consent Program, CE may apply whether she has a SOC or zero SOC. Remember, CE applies to any Medi-Cal eligible pregnant woman who has an increase in income.

QUESTION 38: Does CE apply to Infants born to Minor Consent Eligibles.

ANSWER: No. We have changed our policy on this issue. Infants born to Minor Consent moms are not eligible for the benefits of CE. The mother is required to obtain an application and an SSN for this infant. In addition, these infants are not exempt from income increases under CE.

60-DAY POSTPARTUM PROGRAM

QUESTION 39: Please clarify how the zero SOC for postpartum services is affected by CE.

ANSWER: Pregnant women who are entitled to Medi-Cal with a SOC for their full-scope services are entitled to zero SOC postpartum services under aid code 76. Women who are receiving zero SOC for pregnancy-related services under the 185/200 Percent Program receive zero SOC during the postpartum period under this program. CE does not affect current policy in this area. The deemed eligible infant's SOC will be based on the mother's SOC during the month of delivery or lower if the family income decreases during the one-year period.

AFDC/EDWARDS/TRANSITIONAL MEDI-CAL (TMC) CASES

QUESTION 40: Does a person eligible for EDWARDS or TMC have to apply before the county would continue the case under the 185 percent program?

ANSWER: A pregnant woman who is discontinued from AFDC due to an increase in earned income or hours of employment is automatically eligible for TMC for at least six months and possibly twelve. No application is needed. Similarly, a pregnant woman, who is eligible for Edwards continuing zero SOC Medi-Cal after discontinuance from AFDC cash or TMC automatically receives an aid code 38 zero SOC card and continues to be eligible for such benefits until the county determines her eligibility for ongoing Medi-Cal only benefits. In some cases, the county may complete the Medi-Cal only determination based on information in file and a new application is not needed. In most cases, however, the Edwards recipient must complete and return an MC 210E in order for her (or her family's) ongoing Medi-Cal only eligibility to be determined. In either case, the county must apply the principles of CE to any pregnant woman or infant who experiences an income increase (or other change which would increase her SOC) after her Medi-Cal Only is established.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

That is, she must continue to receive a zero SOC card under the appropriate aid category until the end of her postpartum period.

QUESTION 41: If a woman is discontinued from AFDC three months after delivery, would a separate Medi-Cal application be needed for CE?

ANSWER: CE means that for pregnant women who are eligible for and receiving Medi-Cal, any income increases will be disregarded through the postpartum period. Therefore, CE does not apply in this situation and a separate application is not needed. Remember, however, that anyone discontinued from AFDC due to an increase in income will automatically receive zero SOC continued Medi-Cal under TMC or Edwards, whichever is applicable, and, therefore, a new application is not needed.

QUESTION 42: With AFDC eligibles, does CE only apply if the mother is discontinued from AFDC in the month of delivery?

ANSWER: CE applies to any Medi-Cal eligible pregnant woman regardless of the basis of her Medi-Cal eligibility, throughout her postpartum period who experiences an increase in income.

QUESTION 43: A pregnant woman is discontinued from AFDC. During the month she is discontinued, the county may not have determined whether she is eligible for Edwards or TMC. How does CE apply? How should this woman be treated?

ANSWER: The county doesn't need to address the question of CE until the pregnant woman is put on either Edwards or TMC, both of which are zero SOC.

If she is determined eligible as MN only, she will stay at zero SOC. If she would have a SOC, she will be evaluated under the 185 percent program.

QUESTION 44: Is an infant born to a pregnant women during the TMC period eligible for zero SOC Medi-Cal?

ANSWER: Yes. The infant's SOC is linked to the mother's SOC at birth. Therefore, in this situation it would stay at zero.

INTERCOUNTY TRANSFERS

QUESTION 45: How should counties handle intercounty transfers of cases where beneficiaries are receiving the benefits of CE? What forms should the county use? What SOC would county assign?

ANSWER: These cases should be treated the same way current intercounty transfers are. Counties should review the information contained in the case file and the SOC would depend on this and any new information.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

51 - QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) PROGRAM

BACKGROUND

The Qualified Disabled Working Individuals ((QDWI) Program mandates states to pay Part A Medicare premiums for certain qualified disabled individuals who lost Title II and Medicare benefits due to earned income above the required substantial gainful limit (SGA).

REFERENCE

The ODWI Program was established by the Omnibus Budget Reconciliation Act of 1989, Section 6408(d).

IMPLEMENTATION

The QWDI Program was implemented February 1, 1991, retroactive to July 1, 1990.

OVERVIEW OF PROGRAM

The QDWI Program requires the State to pay Part A Medicare premiums for disabled individuals under age 65 who lost Title II and Medicare benefits due to earned income above the required SGA limit. They have income at or below 200 percent of the federal poverty level and property at or below twice that of Medi-Cal. The QDWI Program does not pay the Medicare coinsurance, deductibles, or the Part B medical premium.

ELIGIBILITY

A QDWI is considered a Medi-Cal beneficiary and must meet all other nonfinancial requirements for full Medi-Cal benefit eligibility such as cooperation, state residency, citizenship, etc.

A QDWI is an individual who:

1. Is eligible to enroll in Medicare Part A hospital insurance (HI) only under a special program (1818A) and who:
 - (A) Has not attained age 65;
 - (B) Has been entitled to disability insurance benefits under Title II;
 - (C) Continues to have a disabling physical or mental condition;
 - (D) Lost Title II benefits due to earnings exceeding the SGA limits (currently \$500 per month); and,
 - (E) Is not otherwise entitled to Medicare.

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2. Has income at or below 200 percent of the federal poverty level (FPL)
3. Has property at or below twice (\$4,000 for one, \$6,000 for two) the Medi-Cal resource limit.

PLEASE NOTE: The SSI program considers a disabled individual to be an adult if he/she is 18 years or older unless he/she is a full-time student. This is different from Medi-Cal. Title 22, California of Regulations (CCR), Section 50030 specifies that an 18-21 year old is a child only if he/she is:

- o living away from home and claimed as a tax dependent; or
- o living in the home, unless he/she is blind or disabled and not enrolled in school.

Since it is doubtful that there will be any eligible QDWI children (disabled, working above the SGA level, and no longer entitled to the 39 continuing months of Medicare), no instructions will be provided for this group. Counties should contact DHS if a QDWI child should apply.

NEW QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) PARAGRAPHS:

ELIGIBILITY - QDWIs INELIGIBLE FOR MEDI-CAL

Federal law states that a QDWI may not be other wise eligible for Medi-Cal. That is, there is no federal financial participation (FFP) in payments for Medicare Part A premiums for an otherwise eligible QDWI who is also eligible for Medi-Cal under another category or program and who has no share of cost (SOC) or who has met his/her Medi-Cal SOC.

Counties must review Medi-Cal Eligibility Data System (MEDS) Eligibility-Status and the SOC ("SOC-AMT") amount on the MEDS "INQN" screen of every potential QDWI to ensure that he/she is also not eligible for zero SOC Medi-Cal, or SOC Medi-Cal. If the potential QDWI beneficiary is eligible for Medi-Cal, he/she cannot maintain QDWI status.

CARD ISSUANCE

No Medi-Cal card will be issued to a QDWI, since a QDWI cannot be eligible for Medi-Cal.

ELGIBILITY FOR UNDOCUMENTED ALIENS AND CERTAIN AMNESTY ALIENS

Based on the eligibility requirements, individuals who meet Medi-Cal financial criteria but are not eligible for full scope benefits are not eligible for QDWI benefits. Such individuals are:

1. Amnesty aliens (i.e., Temporary Permanent Residents) who are not aged, blind, or disabled (ABD) or under aged 18 and who are still within the five-year waiting period before they can adjust status to that of U.S. lawful permanent resident. These aliens are eligible to receive only restricted (emergency and pregnancy-related) Medi-Cal benefits (NOTE: Once an amnesty alien completes the five-year waiting period and adjusts status to that of U.S. lawful permanent resident, that alien is eligible for QDWI benefits if "otherwise eligible" ; or,
2. Undocumented aliens, who are eligible to receive only restricted (emergency and pregnancy-related) Medi-Cal benefits.

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RETROACTIVE MEDI-CAL BENEFITS

Retroactive Medi-Cal eligibility (i.e., for the three months before the month of application) is permitted if the individual is entitled to Part A benefits in those retroactive months and is otherwise eligible.

PART A ENROLLMENT AND BENEFITS

The initial enrollment period for the special 1818A Medicare program is seven (7) months from the date an individual receives notice from SSA that his/her Part A benefits under the regular Medicare program will end due to excess earnings.

The individual fails to enroll during the initial enrollment period (IEP), he/she must wait until the general enrollment period (GEP) of January through March. Those who enroll in the GEP do not receive benefits until July.

NOTE: Individuals who are not eligible for or do not wish to be a QDWI may apply and pay their own special Part A premiums during the stated time periods.

INITIAL QDWI PROCESSING

SSA contracts potential QWDI beneficiaries via an award notice. Later, this may be followed by Medicare notice which indicates the month(s) the state agency paid the beneficiary's Medicare Part A hospital insurance premiums. They also notify the beneficiary when their hospital insurance premiums will no longer be paid by the State. (Similar forms can be found at the end of these procedures.) The individual must pay the Part A premiums for all months during which he/she is not eligible as a QDWI. If otherwise eligible, a QDWI may be eligible for three months retroactive benefits, but not before July 1, 1990.

EXAMPLE 1

Mr. Smith has an SSA award letter stating that he is eligible for the special Medicare Part A program (1818A) beginning July 1, 1990. He applies for QDWI and Medi-Cal benefits with the county on January 4, 1991 and is determined eligible for both programs. Since a QDWI is also entitled to apply for three months retroactive benefits, the county determines whether Mr. Smith is eligible back to October 1, 1990. If otherwise eligible, his retroactive benefits will cover October, November and December 1990 and SSA will refund any payment he made after the State pays these premiums. However, Mr. Smith will not be reimbursed for any payments he made for July, August, and September 1990.

EXAMPLE 2

On January 3, 1991, Mrs. Williams applies at SSA for the special 1818A Medicare program during the GEP (January through March) because she failed to apply during her IEP. She then applies with the county on March 16, 1991 for QDWI benefits. Her Medicare award letter states that her benefits will not begin until July 1991. Therefore, if otherwise eligible, the county will report eligibility date of July 1, 1991 to the Premium Payment Unit via the "E-Mail For QDWI" form (See "EMC2/TAO Screen" below). The Premium Payment Unit will verify her eligibility to the county of responsibility.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EMC2/TAO SCREEN

Beginning July 1, 1991, a county EMC2/TAO system, "E-Mail For QDWI" form (attached) is to be used to add or delete individuals from the QDWI Program instead of using a MEDS aid code. Counties may report QDWI eligibility, via the EMC2/TAO screen, at any time. However, only QDWI's reported eligible by the 17th of the month will be accreted that month. Those reported after the 17th will be accreted the following month, with retroactive eligibility for the reported month. QDWI's will use their Medicare card for services. The EMC2/TAO procedures are as follows:

1. Sign on to MEDS;
2. At the EMC2/TAO User Menu, select option "B" or bulletin board;
3. Select option, "Forms," ; and,
4. At the screen, "E Mail for QDWI," complete all applicable fields.

QDWI PROPERTY DETERMINATION

The QDWI property limit may not exceed twice the Medi-Cal resource limit (twice \$2,000 for one, twice \$3,000 for two) for an individual/couple. A separate property determination need not be made for potential QDWI eligibles who are also eligible for regular Medi-Cal.

- a. Consider the property of the QDWI applicant (and spouse, if any). Do not consider the property of any other family members in the home.
- b. Determine the net nonexempt property in accordance with Article 9, Title 22, CCR.
- c. Compare the net nonexempt property to twice the Medi-Cal property limit for one person (or twice the property limit for two persons if the spouse is at home, regardless of whether the spouse is a QDWI applicant/beneficiary).
- d. If the result in Step (c) exceeds twice the Medi-Cal property limit shown in that step, then the applicant is ineligible for QDWI due to excess property. Once the property has been spent down, he/she may reapply.

EXAMPLE 1

Joe and Jackie are married and living together with three minor children. Joe is disabled but is working above the SGA level and is no longer eligible for Title II or Medicare benefits. He is applying for QDWI benefits for himself. Neither he nor Jackie receive Medi-Cal from any other program and they do not wish to. Joe and Jackie have nonexempt property which consists of a checking and savings account. The lowest balance in the month of application is \$5,000. Their three children have separate trust accounts created by their grandparents. The total value of the trust accounts is \$20,000. Joe's and Jackie's names do not appear on any of the trust documents. The EW all only consider Joe's and Jackie's own property and will ignore the children's trust accounts.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

1. \$5,000 - Joe's and Jackie's own net nonexempt property
2. Compare to \$6,000 (twice the Medi-Cal property limit for two)

Joe meets the QDWI property requirements since \$5,000 is less than \$6,000

EXAMPLE 2

Kyle is 21 years old, disabled and residing with his aged mother. He has a job and earns more than the SGA limit. He is not on SSI and is not in school. Kyle has \$2,550 in net nonexempt resources. His mother has \$1,800 in net non exempt resources. Kyle and his mother want to apply for regular Medi-Cal and Kyle wants QDWI coverage.

1. Since Kyle is applying for regular Medi-Cal, the EW will determine property for regular Medi-Cal under regular Medi-Cal rules. Under Section 50030, Kyle is an adult. Kyle is in a separate MFBU from his mother. Since Kyle has more than the Medi-Cal property limit for one (\$2,000), he is ineligible for regular Medi-Cal benefits. His mother has less than the \$2,000 limit; therefore, she is eligible for Medi-Cal.
2. The EW now evaluates whether Kyle is eligible as a QDWI. Kyle is considered an adult under SSI rules and there is no deeming of any other family member's resources except for those of a spouse.

Since Kyle is not married, only his own resources are considered. His total resources are \$2,550 which is less than twice the Medi-Cal limit or \$4,000. There, Kyle meets the QDWI property requirement.

QDWI INCOME DETERMINATION

The QDWI must have income at or below twice the federal poverty level plus the \$20 any income disregard for an aged, blind, or disabled individual. The federal poverty level changes in the spring of each year.

- (a) SSI income methodology allows for deductions not allowed under Medi-Cal and only considers the income of the QDWI applicant and the spouse of the applicant, i.e., deductions for Impairment Related Work Expenses (IRWE) are allowed; however, health insurance premiums, coinsurance, deductible, or other medical care cannot be used to reduce income.

IRWE, as defined in Title 22, CCR, Section 50045.1 are those expenses of working disabled QDWI necessary to become or remain employed. This deduction is only allowed for the QDWI applicant/beneficiary. The IRWE must be paid by the applicant/beneficiary to be allowed.

SSI income methodology allows the ineligible spouse of a QDWI applicant to reduce his/her gross nonexempt income by:

- o Allocating income to ineligible minor child(ren) residing with the applicant, less any income the child(ren) may have. This shall be known as the "Standard QDWI Allocation." The Standard QDWI Allocation amount for 1992 is \$211.00. This amount will increase annually and will be provided to counties when applicable.

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- o If the remaining income of the ineligible spouse after the allocation to the ineligible minor children is equal to or less than the Standard QDWI Allocation amount, the income shall be considered exempt. If there are no ineligible children to allocate to and the ineligible spouse's income is equal to or less than the Standard QDWI Allocation amount, it is also exempt.

(a) SSI Income Determination Form

SSI methodology is to be used with the MC 176 QDWI form to determine the net nonexempt income of a QDWI applicant. The form will accommodate all income and deductions for a QDWI adult, ineligible spouse, or a couple. It provides for the Standard QDWI Allocation determination to an ineligible child(ren) who resides with the QDWI applicant and provides for the QDWI income eligibility determination.

(b) Income Eligibility Determination Process

Determine the net nonexempt unearned income of the QDWI applicant using SSI income methodology in the following order:

- (1) Determine the gross nonexempt income of the QDWI applicant, his/her spouse and ineligible child(ren) who reside with the QDWI applicant. Actual income is to be used to determine gross nonexempt income. Also, the apportionment of income and deductions are not applicable using SSI income methodology.
- (2) Determine any allocation to the ineligible minor child(ren) residing with the QDWI applicant from the ineligible spouse using Section II of the MC 176 QDWI form. The Standard QDWI Allocation is only allowed from an ineligible spouse. Do not allocate from a QDWI applicant. Subtract any income the child(ren) may have from the Standard QDWI Allocation. (Do not include any PA or other PA). The remainder is the actual allocation amount. If the ineligible minor child(ren) is a student, allow the Student Income Deduction. This amount will increase annually and will be provided to counties when applicable.
- (3) After allocating to the ineligible minor children, determine if the remaining income of the ineligible spouse is less than the Standard QDWI Allocation. If so, it is exempt. This also applies to an ineligible spouse with no child(ren). Section III of the MC 176 QDWI can be used to make this determination.

Note: Section III is used for evaluation purposes only. If the remaining income of the ineligible spouse exceeds the Standard QDWI Allocation amount, include the gross income and any applicable allocation to minor ineligible children in Section I.

- (4) Determine the net nonexempt earned income. Allow all applicable deductions as indicated on the MC 176 QDWI. These deductions include: the \$65 and ½ deduction; the IRWE deduction; allocation to ineligible child(ren); and any unused \$20 Any Income Deduction.
- (5) Compare the net nonexempt income to the appropriate percent of the federal poverty level (FPL). Since SSI income methodology only considers the income of the applicant and spouse, determine the appropriate FPL as follows; use the FPL for one, if only the QDWI applicant's income is used or the FPL for two, if the QDWI applicant's income is combined with the spouse's income. If the net nonexempt income is equal to or less than the appropriate FPL, the QDWI applicant is income eligible.

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EXAMPLE 1

John Ramirez is a disabled individual who is employed in a local restaurant where he earns \$620 per month (gross). He is applying as a QDWI. John is making monthly payments of \$75 for his prosthetic appliance which is necessary for him to continue to work. His wife Maria has no income. They have two children, Julia and John Jr.; both are students. Julia earns \$325 per month at a local fast food restaurant.

QDWI Income Eligibility Determination

- (1) Determine the appropriate MFBU. (One)
- (2) Determine the Net Nonexempt Income using the MC 176 QDWI.

\$620	John's Gross Earned Income
<u>0</u>	Maria has no income
\$620	
- 75	John's IRWE Deduction
<u>\$545</u>	
- 65	Earned Income Deduction
<u>-20</u>	Unused \$20 Any Income Deduction
\$460	
<u>x 1/2</u>	Earned Income Deduction
\$230	

- (3) Compare the Net Nonexempt Income to the Current FPL for the appropriate MFBU.

\$230 < PL for one which is \$1,155 = QDWI eligible)

EXAMPLE 2

Mary Baker is a disabled individual who is employed at a local department store. She earns \$550 per month (gross). She is applying as a QDWI. Mary's husband John receives \$600 SSA benefits and works at their church making \$300 per month (gross). They have two infant children, John Jr. and Sally.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QDWI INCOME ELIGIBILITY DETERMINATION

(1) Determine the appropriate MFBU. (Two)

(2) Determination the Net Nonexempt Income using the MC 176 QDWI

\$600 John's Income
-386 Standard QDWI Allocation (\$193 to each child)

\$214
- 20 Any income Deduction

\$194 Net Unearned Income

\$550 Mary's Gross Earned Income
+300 John's Gross Earned Income

\$850
-65 Earned Income Deduction

\$785
x 1/2 Earned Income Deduction

\$392.50
194.00 Net Unearned Income
\$586.50 Net Nonexempt Income

(3) Compare the Net Nonexempt Income to the FPL for the appropriate MFBU.

\$586.50 > FPL for two which is \$1,552 = (QDWI eligible)

FORMS AND NOTICES

The following are QDWI forms and notices which can be found in the forma Section of the Medi-Cal Manual:

MC Information Notice 010 Qualified Medicare Beneficiary Program Information Notice

MC 239 QDWI-1 Medi-Cal Notice of Action (Denials or Discontinuance)

MC 239 QDWI-2 Medi-Cal Notice of Action (Approval)

MC 176 QDWI-2 QDWI Property Worksheet

MEDICARE NOTICE

From: Health Care Financing Administration

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency paid your HOSPITAL INSURANCE premiums (Medicare Part A) for the following period:

First Month Your State Paid Your Premium		Last Month Your State Paid Your Premium	
Month	Year	Month	Year

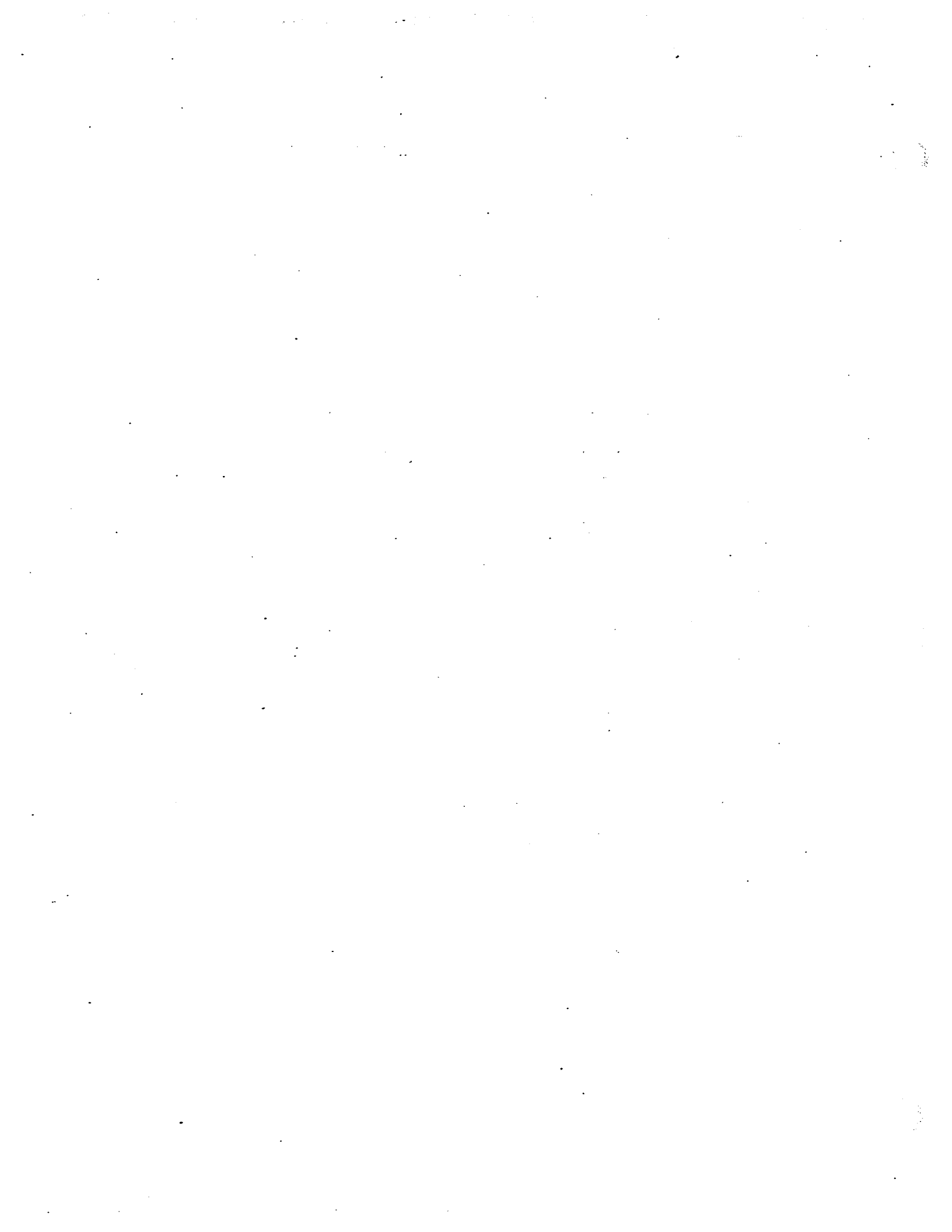
If you paid premiums for any of these months, you will receive a refund. You must pay the premium for your continuing Hospital Insurance protection. You will be billed directly for your Hospital Insurance premium. Do not make any payment until you receive a bill.

YOU HAVE THE RIGHT TO CANCEL YOUR HOSPITAL INSURANCE (MEDICARE PART A).

1. If you cancel within 30 days from the date of this notice, your Hospital Insurance protection will stop at the same time the State stopped paying your premiums.
2. If you cancel more than 30 days from the date of this notice, your Hospital Insurance protection will stop at the end of the month after the month in which you ask to have it canceled. You must pay the premiums for that coverage.

If you want to cancel your Medicare Hospital Insurance protection, notify your Social Security office immediately.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.



MEDICARE NOTICE

From: Health Care Financing Administration

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency will pay your HOSPITAL INSURANCE premium (Medicare Part A) beginning

Month	Year
-------	------

and the State will continue to pay your Medicare Part A premium until further notice.

If you paid the Part A premium for any months for which the State is now paying, a refund will be sent to you.

You will receive a Medicare card showing Part A entitlement if you do not already have one.

You will not receive a Medicare card if one was issued to you previously and the State's action does not change the date of your Hospital Insurance (Medicare Part A) coverage.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.

You may use this notice to show that you are entitled to Medicare Part A.



MEDICARE NOTICE

From: Health Care Financing Administration:

If you inquire, please include your Medicare Claim Number

Date:

Your State Public Assistance Agency has stopped paying your HOSPITAL INSURANCE premiums (Medicare Part A). The first month for which you must pay the premium is shown below.

Month	Year
-------	------

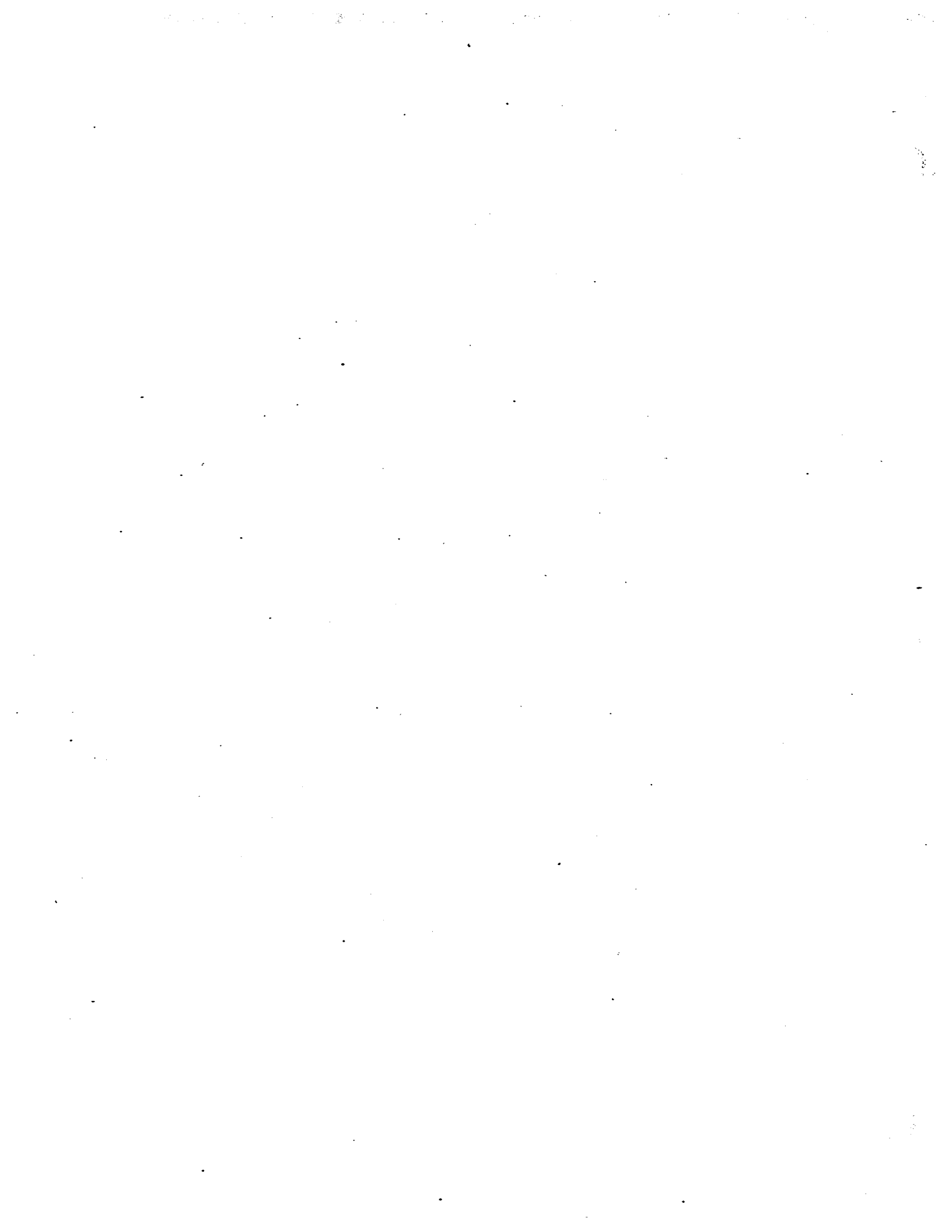
You will be billed directly for your Hospital Insurance premium. Do not make any payment until you receive a bill.

YOU HAVE THE RIGHT TO CANCEL YOUR HOSPITAL INSURANCE (MEDICARE PART A).

1. If you cancel within 30 days from the date of this notice, your Hospital Insurance protection will stop at the same time the State stopped paying your premiums.
2. If you cancel more than 30 days from the date of this notice, your Hospital Insurance protection will stop at the end of the month after the month in which you ask to have it canceled. You must pay the premiums for that coverage.

If you want to cancel your Hospital Insurance protection, notify your Social Security office immediately.

If you have any questions about this notice or about your Medicare Hospital Insurance protection, telephone or visit your Social Security office. Be sure to take this notice with you.



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5J -- SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) AND QUALIFYING INDIVIDUAL (QI) PROGRAMS

I. SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM

A. BACKGROUND

The Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) added the SLMB program to Medi-Cal beginning January 1, 1993. The benefit under the SLMB program is limited to payment of the Medicare Part B premium.

Federal funding for the SLMB is at the regular federal reimbursement rate (in 2000 at 48.45 percent state, 51.55 percent federal).

Federal funding continues to be available for a SLMB for a month even if he or she is concurrently eligible under a different Medi-Cal program (see Section F below, "Dual Eligibility").

B. PROGRAM DESCRIPTION

SLMB Program: Is limited to the payment of the Medicare Part B premium. It does not pay the Medicare Part A premium or the Part B deductibles or coinsurance. The SLMB's Medicare Part B premium will be purchased under the State Buy-In process.

To be eligible a SLMB must:

- Be entitled to Medicare Part A and B;
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple);
- have income below 120 per cent of the FPL (110 percent for 1994 and 1995); and
- be a citizen or alien who would be eligible for full-scope Medi-Cal benefits if he or she were eligible for a regular Medi-Cal program except for excess income or property.

A SLMB who meets the Medi-Cal eligibility requirements for a different Medi-Cal program may receive benefits under both programs (SLMB and Medi-Cal) in the same month.

C. SCOPE OF MEDICARE PART B BENEFITS

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, home health care, diagnostic tests, durable medical equipment, ambulance services, and many other health services and supplies.

D. ENROLLMENT

Enrollment may take place at any time after January 1, 1993.

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E. ELIGIBILITY

Eligibility for the SLMB program shall begin the first month eligibility is approved on or after January 1, 1993. SLMB program applicants must first be evaluated for the QMB program. The income and property eligibility for the QMB/SLMB programs are to be determined using the two-step methodologies outlined in Section 5L-J of the Procedures Manual. Step one is the evaluation of income and property eligibility using Medi-Cal methodology; step two uses the Supplemental Security Income methodology. Applicants ineligible for QMB/SLMB using step one are to be evaluated using step two.

Applicants ineligible for the QMB/SLMB programs are to be evaluated for the Qualifying Individual-1 and Qualifying Individual-2 programs. See II, of this section. Applicants also have the option of being evaluated for other Medi-Cal programs. The MC-14A, QMB/SLMB/QI mail-in application form includes the question of whether the applicant wishes to apply for other Medi-Cal programs. Applicants interested in applying for other Medi-Cal programs are to be mailed the appropriate forms.

F. DUAL ELIGIBILITY

There is an advantage to California when a medically needy-only (MNO) beneficiary is determined concurrently eligible under the SLMB program. Medi-Cal buys-in for all MNO beneficiaries because it is cost effective; however, Medi-Cal does not receive Federal Financial Participation (FFP) for MNO individuals. When an MNO individual is eligible for the SLMB program and the aid code 8C is reported to the Medi-Cal Eligibility Data System, the State gains FFP for his or her SLMB enrollment.

G. RETROACTIVE BENEFITS

SLMBs may have up to three months of retroactive benefits, preceding the month of application, but not before January 1993.

H. MEDI-CAL CARDS

SLMBs will not be issued Medi-Cal cards for SLMB eligibility. However, those SLMBs with eligibility in another Medi-Cal program may be issued a Medi-Cal card as a benefit of that program.

I. AID CODE

The Department has established the 8C alphanumeric aid code to identify the SLMBs.

J. SLMB APPLICATION

The MC-14A is the mail-in application form for the QMB/SLMB/QI programs and can be used in place of the MC210 or SAWS forms. A face-to-face interview is waived for applicants using the MC-14A. Counties are to follow their own income verification procedures. It is recommended, however, that counties have potential beneficiaries photocopy and mail required documents and use telephone interviews to replace face-to-face interviews. The application date is the date the MC-14A is received by the county.

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K. COUNTY RESPONSIBILITY

1. Counties will issue a Notice of Action (NOA) when an applicant is approved for the SLMB program. The NOA for approval of benefits is on form MC 239 SLMB-1. If there is no eligibility for the SLMB program, the county shall determine eligibility under the QI-1 or QI-2 programs, under 5-J, Section II. If there is eligibility under the QI program, there is no need for the county to send the SLMB/QI denial notice MC 239-2.
2. Counties will issue all Spanish language MC 239 SLMB-1 forms to all individuals who request a copy.
3. Counties will process annual redeterminations for SLMBs.

L. CHARTS

1. A matrix entitled, "Medicare Premium Payment Programs Eligibility Requirements Matrix" compares eligibility similarities among several Medicare premium payment programs. Items such as age, residency requirement and federal poverty level income are compared. It can be found in the Procedures Section, page 5J-11.
2. The "Medi-Cal Buy-In Programs Chart" lists the scope of Medi-Cal benefits under the various Buy-In programs and contains other useful information. See procedures Section 5-J-12.

M. FORMS

The SLMB program forms are as follows:

1. MC 176-1 QMB/SLMB/QI (Form/Inst.) Income Eligibility Worksheet for All Applicants, Form and Instructions.
2. MC 176-2A QMB/SLMB/QI (Form/Inst.) Income Eligibility Worksheet Couple or Applicant With an Ineligible Spouse, With or Without Child(ren), Forms and Instructions.
3. MC 176-2B QMB/SLMB/QI (Forms/Instr.) Income Eligibility Worksheet for Child Applying With or Without Ineligible Parent(s) Form and Instructions.
4. MC 176 P-A QMB/SLMB/QI QMB/SLMB/QI Property Worksheet, Adult
5. MC 176 P-C QMB/SLMB/QI QMB/SLMB/QI Property Worksheet, Child

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- | | | |
|-----|----------------|---|
| 6. | MC 239 SLMB-1 | Medi-Cal Notice of Action Approval For Benefits As A SLMB |
| 7. | MC-14 A | QMB/SLMB/QI Application |
| 8. | MC 14 A (SP) | QMB/SLMB/QI Application, Spanish |
| 9. | NA Back 8 | Your Hearing Rights |
| 10. | NA Back 8 (SP) | Your Hearing Rights, Spanish |

N. MEDS INFORMATION

SLMB eligibility is to be reported to MEDS in the Special Program Segment, INQ1 under Aid Code 8C. The pending eligibility code of 691 (or 692 for retroactive eligibility reporting) will appear, until a confirmed Buy-In takes place. The eligibility code will then change to 001 (002 for retroactive Buy-Ins). The Medicare status will be 2 to indicate the state payment of Medicare premium).

II. QUALIFYING INDIVIDUAL-1(QI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS

A. BACKGROUND

The federal Balanced Budget Act of 1997 (BBA, 1997), Public Law 105-33 added the Qualifying Individual-1 (QI-1) and Qualifying Individual-2 (QI-2) programs. Both are time limited programs beginning January 1, 1998 and ending December 31, 2002 that pay all or part of the Medicare Part B premium. The QI-1 program benefit is the payment of the Medicare Part B premium; the QI-2 benefit is the reimbursement of a portion of the Medicare Part B premium previously paid by the beneficiary. The QI-1 must be entitled to Medicare Part B, have no more than twice Medi-Cal's property limit (\$4,000 for one person or \$6,000 for a couple), and have income of at least 120 percent of the Federal Poverty Level (FPL) but below 135 percent. The QI-2 must have paid their Medicare Part B premium, have not more than twice the Medi-Cal's property limit, and have income at or above 135 percent of the FPL but below 175 percent.

The QI program is reimbursed at 100 percent federal reimbursement up to a fixed yearly federal allocation. Therefore, the number of individuals who can be served under these two programs is to be limited so that states do not exceed their allocations. (See Section K below, "Limiting the Number of QI Beneficiaries.")

The enhanced federal funding in a month is **not** available for QI costs if the QI is eligible under any other Medi-Cal program in that same month. (Federal reimbursement is **not** available for the months that a share of cost (SOC) individual meets his or her SOC and is considered Medi-Cal eligible. This is seamless to the QI since Buy-In of the Part B premium continues, but it is under the MN program. (See Section F below, "Dual Eligibility.")

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. PROGRAM DESCRIPTION

1. QI-1 Program: Is limited to the payment of the Medicare Part B premium. It does not pay the Medicare Part A premium, or the Part B deductibles or copayments.

To be eligible a QI-1 must:

- Be entitled to Medicare Part B;
- have income at or above 120 percent of the FPL and up to but not including 135 percent;
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple); and
- be a citizen or alien who would be eligible for a regular Medi-Cal program except for excess income or property.

QI-1, Other Medi-Cal Coverage:

1. An individual may not be determined eligible for the QI-1 program if he or she is eligible for any other zero SOC Medi-Cal program, such as SSI cash-based Medi-Cal, or ABD-MN with no SOC.
 2. A QI-1 with a SOC is **not** considered eligible for the SOC program until the SOC is met. Therefore, the QI-1 may be reported to MEDS in both the QI-1 and the SOC aid code in the same month. However, federal enhanced QI-1 funding is not available in any month in which the SOC is met. Counties are not required to track QI-1s that meet or do not meet their SOC. The Department of Health Services (DHS) will adjust its internal Buy-In process to claim the appropriate enhanced federal funding for QI-1s. The Medicare Buy-in process will not be affected.
2. QI-2 Program: Is limited to the reimbursement of a portion of the Medicare Part B premium that is paid by the QI-2. This portion is the increase in the Medicare Part B premium due to the transfer of Home Health Services from Medicare Part A to Part B. Beginning January 1998, one-seventh of this transferred amount is to be reimbursed to the QI-2 eligible. This fractional amount increases by one-seventh for each year the QI program is effective. Beginning October 1998, two-sevenths will be reimbursed for federal fiscal year (FY) 1999 and each year thereafter until FY 2003.

To be eligible a QI-2 must:

- have paid his or her Medicare Part B premium,
- have income at or above 135 percent of the FPL and up to but not including 175 percent,
- have no more than twice the Medi-Cal's property limit (\$4,000 for one person, \$6,000 for a couple), and
- be a citizen or alien who would be eligible for a regular Medi-Cal program

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

QI-2, Other Medi-Cal Coverage:

QI-2 individuals may not be determined eligible for any other Medi-Cal program. Since Medi-Cal pays the Medicare Part B premium for all full-scope Medi-Cal beneficiaries with Medicare entitlement, and the QI-2 program only reimburses individuals that have paid their own Part B premiums, individuals are not eligible for both programs at the same time.

C. SCOPE OF MEDICARE PART B BENEFITS

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, home health care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies

D. ENROLLMENT

The new QI-1s and QI-2s may enroll in the program any time on or after January 1, 1998 and until December 31, 2002, subject to the availability of federal funding as addressed in Section K.

E. ELIGIBILITY

Eligibility for the QI programs shall begin the first month that eligibility is established after the designated dates listed in "Enrollment," above. QI program applicants must first be evaluated for the QMB or SLMB programs. The income and property eligibility for the QMB/SLMB/QI-1 and 2 programs are to be determined using the two step methodologies outlined in Section 5L-J of the Procedures Manual. Step one is the evaluation of income and property eligibility using Medi-Cal methodology; step two is using the Supplemental Security Income methodology. Applicants ineligible for QMB/SLMB/QI-1 or 2 using step one, are to be evaluated using step two.

Applicants also have the option of being evaluated for other Medi-Cal programs. The MC-14 A, QMB/SLMB/QI mail-in application form includes the question of whether the applicant wishes to apply for other Medi-Cal programs. Applicants interested in applying for other Medi-Cal programs are to be mailed the appropriate forms.

F. DUAL ELIGIBILITY

Although federal law precludes a QI-1 from being eligible for any other Medicaid program, medically needy (MN) individuals with a SOC may be eligible for QI-1 in those months that the SOC is not met. Medi-Cal "buys-in" for MN individuals because it is cost effective; Medi-Cal does not receive federal reimbursement for these individuals. Since the QI program receives the federal reimbursement rate of 100 percent, it is a financial advantage to DHS to enroll MN individuals in the QI-1 program. DHS will be responsible for tracking the month by month QI-1 eligibility in order to claim the appropriate federal reimbursement. The county responsibility is to review MN applications and redeterminations and, if eligible, put individuals into Aid Code 8D.

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QI-2 federal funding is not available for dual eligibles.

G. RETROACTIVE BENEFITS

Unlike QMBs, QIs may have up to three months of retroactive benefits preceding the month of application, but not before January 1, 1998.

H. MEDI-CAL CARDS

QIs will not be issued Medi-Cal cards for QI-1 and QI-2 eligibility. However, those QI-1s with eligibility in another Medi-Cal program may be issued a Medi-Cal card as a benefit of that program.

I. AID CODES

DHS has established the following alphanumeric aid codes to identify QI-1s and QI-2s.

Aid Code 8D is for QI-1s; and
Aid Code 8K is for the QI-2s.

J. BUY-IN/REIMBURSEMENT OF THE ALL OR PART OF THE MEDICARE PART B PREMIUM

As defined by the aid codes, the QI-1s full Medicare Part B premiums will be purchased under the State Buy-In process. The QI-2s are required to pay their own Medicare Part B premiums while in Aid Code 8K in order to be eligible for the reimbursement of a portion of that premium. Payments will be issued retroactively by the State at the end of each calendar year. QI-1s and QI-2s are identified on MEDS in the Special Program Segment (INQ1), under Aid Codes "8D" or "8K."

K. LIMITING THE NUMBER OF QI-1S AND QI-2S

Although the BBA, 1997, specifies 100 percent federal reimbursement for the QI-1 and QI-2 programs, this reimbursement is drawn from the state's fixed allocation. Once the allocation is exceeded, states are responsible for all remaining costs for the two programs. Therefore, states are permitted under federal law to limit the number of beneficiaries, subject to the following requirements:

1. There will be a limited number of beneficiaries who qualify for QI-1 and QI-2 benefits in these new programs (8D and 8K) on a "first come, first serve basis."
2. Those who qualify for the QI-1 and QI-2 program shall receive benefits through the calendar year.
3. Those who qualified for assistance in the last month of the previous year have preference the following year; however, federal law states that the QI is "not entitled to continued assistance for year. It appears unlikely that the California allocation will be exceeded. DHS will inform the any succeeding year." If DHS estimates the number of QI's on aid in December would cause the following year's allocation to be

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

exceeded, DHS will limit the number of QI-s for the following year. It appears unlikely that the California allocation will be exceeded. DHS will inform the counties should there be a possibility that QI eligibility is to be limited.

4. Those whose eligibility must end December 31 will receive a NOA form and a packet of forms from DHS indicating that the discontinuance is due to the exhaustion of federal funds. The NOA requests that the individual complete the forms and return them for a redetermination of eligibility. If the discontinued individual completes the packet, returns it to the county, and is found potentially eligible, he or she will be pended to a QI "waiting list" for QI federal funding to become available as other individuals go off the QI system.

Note: The NOA and packet of forms referred to in number 4, have not been implemented. The State will notify the counties when they are operational.

L. QI APPLICATION

The MC-14A is the mail-in application for the QMB/SLMB/QI programs and can be used in place of the MC210 or SAWS forms. A face-to-face interview is waived for applicants using the MC-14A. Counties are to follow their own income verification procedures. It is recommended, however, that counties have potential beneficiaries "photocopy and mail required documents" and use telephone interviews to replace face-to-face interviews.

QI applicants are not to be asked for verification of property. Counties may seek verification from other sources. If information conflicts with verifications from other sources, the county can ask the QI for verification to clarify the inconsistency.

The application date is the date the MC-14A is received at the county.

M. COUNTY RESPONSIBILITY

1. Counties will issue a NOA indicating whether an applicant is approved or denied for the QI-1 or QI-2 program. The NOA for the approval of benefits is on form MC 239-1 QI, and the NOA for denials is on form MC 239-2 SLMB/QI. Both forms are available in both English and Spanish.
2. Counties will issue Spanish language forms to all individuals who request copies.
3. Counties will process annual redeterminations, based on the Medi-Cal approval date, or pend redeterminations until the annual FPL Levels are received. Applicants can use the MC 14-A instead of the MC 210.

N. STATE RESPONSIBILITY

1. DHS will issue a Notice Type 18 to the QI-1 when the Social Security Administration approves the individual's buy-in for Medicare Part B.
2. DHS will issue the a Notice Type 19 to the QI-2 when DHS confirms that the individual has paid his or her monthly Medicare Part B premium and is therefore eligible for some or all of the QI-2 yearly refund check.

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3. DHS will send a listing of QI-1s and QI-2s that have received Notice Type 18 and 19. This listing is provided to the county for information purposes only. No action is required.
4. DHS will issue a "Pending-Status" NOA which indicates that although the individual is eligible, there is a delay in his or her becoming a QI due to lack of federal QI funds. The individual is then pended to the QI system waiting list until someone drops off and funding for the individual's Medicare Part B premium is available.

Note: The "Pending-Status" NOA has not been implemented. DHS will notify the counties when it is operational.

5. DHS will send a NOA and the appropriate forms to certain previously eligible QI individuals informing them they will be discontinued from the QI program the following year due to insufficient federal funds. If the individual completes the package of forms and returns them to the county, the county will complete the eligibility redetermination. If he or she is determined to be eligible, the county will pend the individual on the QI system waiting list. If/when funding becomes available for a pended individual's payment of part or all of the Medicare Part B premium, the county will notify the individual by sending him/her a MC-239-1, NOA.

Note: The QI system waiting list has not been implemented. The counties will be notified and provided instructions prior to implementation.

O. CHARTS

1. A matrix entitled, "Medicare Premium Payment Programs Eligibility Requirements Matrix" compares eligibility similarities among several Medicare premium payment programs. Items such as age, residency requirement and federal poverty level income are compared. It can be found in the Procedures Section, page 5J-11.
2. The "Medi-Cal Buy-In Programs Chart" lists the scope of Medi-Cal benefits under the various Buy-In programs and contains other useful information. See procedures Section 5J-12.

P. FORMS

The QI program forms are as follows:

- | | | |
|----|---------------------------------------|---|
| 1. | MC 176-1 QMB/SLMB/QI
(Form/Inst.) | Income Eligibility Worksheet for All Applicants, Form and Instructions. |
| 2. | MC 176-2A QMB/SLMB/QI
(Form/Inst.) | Income Eligibility Worksheet
(Couple or Applicant With an Ineligible Spouse, With or Without Child(ren),
Form and Instructions. |

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- | | | |
|-----|---------------------------------------|---|
| 3. | MC 176-2B QMB/SLMB/QI
(Form/Inst.) | Income Eligibility Worksheet for Child Applying With or Without Ineligible Parent(s), Form and Instructions in English and Spanish. |
| 4. | MC 176 P-A QMB/SLMB/QI | QMB/SLMB/QI Property Worksheet, Adult |
| 5. | MC 176 P-C QMB/SLMB/QI | QMB/SLMB/QI Property Worksheet, Child |
| 6. | MC 239-1 QI | Medi-Cal Notice of Action, Approval For Benefits As A QI |
| 7. | MC 239-1 QI (SP) | Medi-Cal Notice of Action, Approval for Benefits As A QI, Spanish |
| 8. | MC 239-2 SLMB/QI | Medi-Cal Notice of Action, Denial/Discontinuance of Benefits As A SLMB/QI |
| 9. | MC 239-2 SLMB/QI (SP) | Medi-Cal Notice of Action, Denial/Discontinuance of Benefits As A SLMB/QI, Spanish |
| 10. | N18FRT (English/SP) | Medi-Cal Notice of Action (system generated), Approval for Qualifying Individual-1 (QI-1) Program (English/SP) |
| 11. | N19FRT (English/SP) | Medi-Cal Notice of Action (system generated), Approval for Qualifying-2 (QI-2) Program (English/SP) |
| 12. | MC 14 A | QMB/SLMB/QI Application |
| 13. | MC 14 A (SP) | QMB/SLMB/QI Application, Spanish |
| 14. | NA Back 8 | Hearing Rights |
| 15. | NA Back 8 (SP) | Your Hearing Rights, Spanish |

MEDICARE PREMIUM PAYMENT PROGRAMS ELIGIBILITY REQUIREMENTS MATRIX

Programs	SSI/SSP		ABD MN		Under 65	Over 65	Disabled	Pay Medicare Premiums				Residency Requirements	FPL Income			
	Yes	No	Yes	No				Part A		Part B			Yes	At or Above	At or Below	Below
								Yes	No	Yes	No					
BUY-IN																
- AGED	X		X			X			X	X		X	N/A	N/A	N/A	
- BLIND	X		X		X	X	X		X	X		X	N/A	N/A	N/A	
- DISABLED	X		X		X	X	X		X	X		X	N/A	N/A	N/A	
ALIEN	X	X	X		X	X	X		X	X		X	N/A	N/A	N/A	
QMB	X	X	X	X	X	X	X	X		X		X	N/A	100%	N/A	
QDWI		X		X	X		X	X			X	X	N/A	200%	N/A	
SLMB	X	X	X	X	X	X	X		X	X		X	N/A	N/A	120%	
QI-1		X	*	X	X	X	X		X	X		X	120%	N/A	135%	
QI-2		X		X	X	X	X		X	**		X	135%	N/A	175%	
SSI/SSP=Supplemental Security Income/State Supplemental Payments																
ABD MN=Aged, Blind, Disabled Medically Needy																
FPL=Federal Poverty Level																
QMB=Qualified Medicare Beneficiary																
QDWI=Qualified Disabled Working Individual																
SLMB=Specified Low-Income Medicare Beneficiary																
QI-1/QI-2=Qualifying Individual-1/Qualifying Individual-2																
*Will be considered eligible only for those months in which the share of cost is met																
**Reimburse for a portion of the Medicare Part B premium they paid																

SECTION NO.:

MANUAL LETTER NO.: 2 2 2

DATE: MAY 3 0 2000

5J-11

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

MEDI-CAL BUY-IN PROGRAMS CHART

Program	Part A Buy-In Benefits				Part B Buy-In Benefits				Property Reserve Limit	Medi-Cal Card Issued	Retroactive Period (month)	Effective Date of Buy-In (may include up to 3 months of retroactive coverage)
	Prem.	Deduct.	Co-ins.	Prem.	Deduct.	Co-ins.	Income Limit	Share of Cost				
MN-ABD (Regular Medi-Cal Only)		X	X	X	X	X		Share of Cost based on maintenance need unless in a percent program	\$2,000	Yes	3 Months	(Part B) 3rd month after approval
SSI/SSP		X	X	X	X	X	Various levels, depending on circumstances		\$2,000	Yes	3 Months	(Part B) Month approved for SSI/SSP/cash grant
QMB	X	X	X	X	X	X	At or below 100% of FPL		\$4,000	Yes/No	None allowed (except in cases where the part A Buy-in has terminated in error)	(Parts A and B) Month after approval If currently enrolled In Part A. July 1, if conditionally enrolled in Part A and awaiting the annual entitlement effective date each July 1.
QDWI	X						At or below 200% of FPL		\$4,000	No	3 Months	(Part A) Month approved
SLMB				X			Below 120% of FPL		\$4,000	Yes/No	3 Months	(Part B) Month approved
QI-1				X			At or above 120% of FPL up to 135%		\$4,000	No	3 Months	(Part B) Month approved
QI-2	Limited to the reimbursement of a portion of the Medicare Part B premium, paid by the beneficiary						At or above 135% of FPL up to 175%		\$4,000	No	3 Months	(Reimbursement) Month Approved

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Q. MEDS INFORMATION

1. The QI system will also list those who are currently eligible and funded for the QI program in the MEDS Special Program Segment (SPS), INQ1 (See Section J, above) under the appropriate Aid Code, 8D or 8K.
2. DHS is proposing additional changes to the QI program and MEDS in order to maintain a pending file for persons eligible for QI, but who cannot be enrolled because the state has projected that the yearly allocation will be insufficient to cover additional eligibles. The purpose of this pending list is to enroll persons in the QI program, as other QIs lose their eligibility during the year. DHS will notify the counties when these additional changes are operational.

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State of California—Health and Human Services Agency

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI) ELIGIBILITY WORK SHEET FOR ALL APPLICANTS: INDIVIDUAL(S), COUPLE(S), AND CHILD(REN) (LTC INDIVIDUAL IN OWN MFBU)

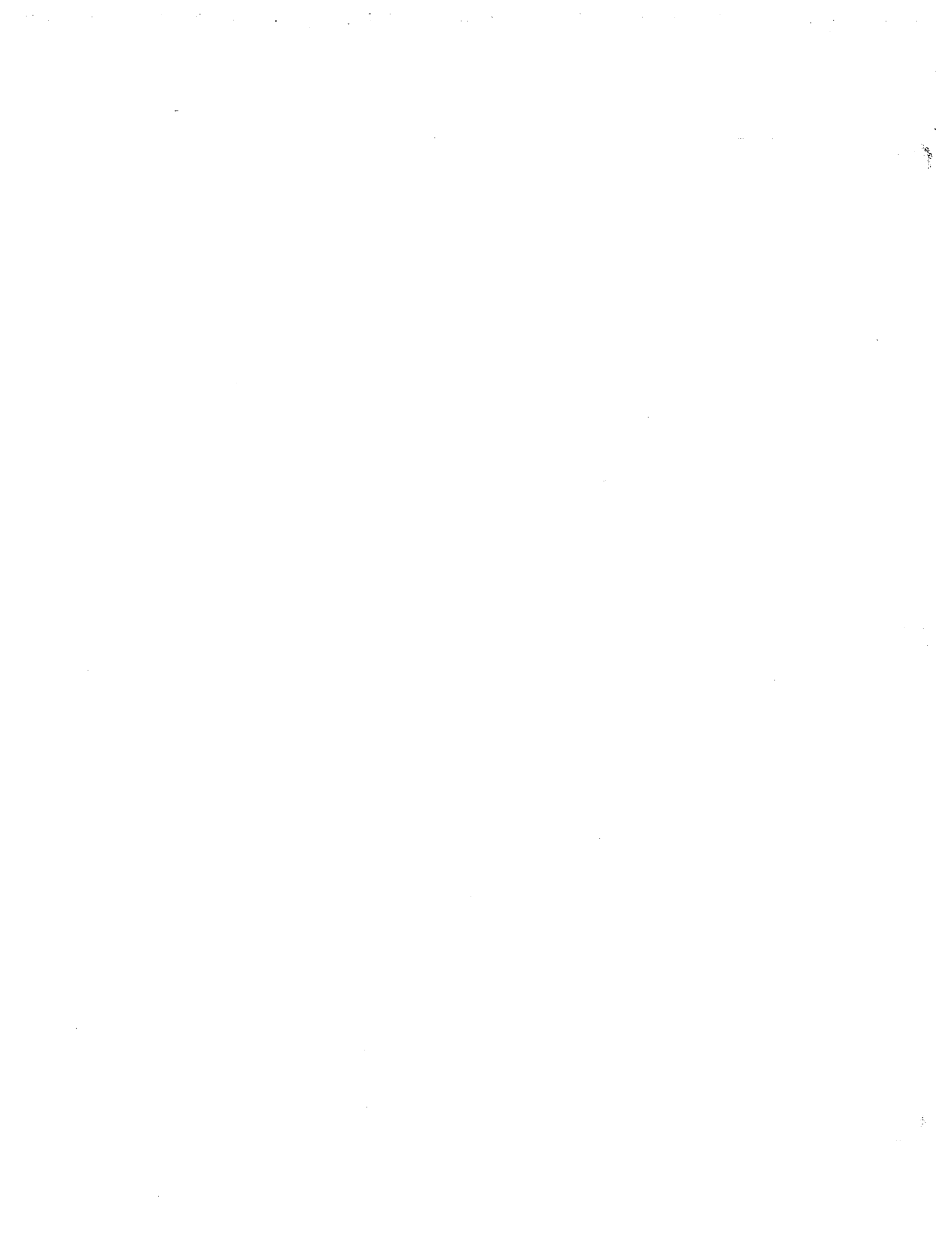
Case name					County district	County use		
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change <input type="checkbox"/> Correction					Effective eligibility date for this budget Month Year			
County	Aid	Case Number Seven-Digit Serial Number	MFBU Person Number	Name First, Middle, Last	Birthdate Month/Day/Year	Sex	(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number	Other Coverage
							(1) (2)	
							(1) (2)	
							(1) (2)	
							(1) (2)	
							(1) (2)	
							(1) (2)	
							(1) (2)	
							(1) (2)	

I. INCOME OF MFBU MEMBERS APPLYING AS AGED, BLIND, OR DISABLED PLUS INCOME OF SPOUSE OR PARENT (EXCEPT PA OR OTHER PA)			II. INCOME OF MFBU MEMBERS NOT LISTED IN I. (EXCEPT PA OR OTHER PA)			III. QMB/SLMB/QI ELIGIBILITY COMPUTATION					
A. Nonexempt Unearned Income			A. Nonexempt Unearned Income			1. Countable income from Section I, line 16.					
	(a) QMB/SLMB/QI Applicant	(b) QMB/SLMB/QI Spouse (or) Parent/Ineligible Spouse or Parent(s)	1. RSDI			2. Countable income from Section II, line 9.					
1. RSDI			2. Net income from property			3. Combined countable income (add 1 and 2, rounded) \$					
2. Net income from property			3. Other—itemize			4. List current FPL for MFBU of a. QMB (100%) _____ b. SLMB (120%) _____					
3. Other—itemize			4.			If line 3 is less than or equal to line 4(a), QMB eligible. If line 3 is less than line 4(b), SLMB eligible.					
4.			5. Total unearned income (add 1 through 4) \$			If line 3 exceeds lines 4(a) or 4(b) and there is an ineligible spouse or applicant child, complete MC 176-2 A QMB/SLMB/QI or MC 176-2 B QMB/SLMB/QI. If no ineligible spouse or applicant child, go to step 5.					
5. Total (add 1 through 4) (a)	(b)		B. Nonexempt Earned Income			5. List current FPL for MFBU of a. QI-1 (135%) _____ b. QI-2 (175%) _____					
6. Combined unearned income (add 5(a) and 5(b))			6. Total net earned income (MC 176 W, Part IV, Line 11) \$			If line 3 is less than lines 5(a) or 5(b), QI-1 or QI-2 eligible. If line 3 exceeds lines 5(a) or 5(b), deny QMB, SLMB, QI-1, or QI-2.					
7. Any income deduction	\$ - 20		C. Total Countable Income								
8. Countable unearned income (6 minus 7)	\$		7. Subtotal (add 5 and 6) \$								
B. Nonexempt Earned Income			8. Child support/alimony paid								
9. Gross earned income	(a)	(b)	9. Total countable income (7 minus 8) \$								
10. Combined earned income (add 9(a) and 9(b))			NOTE: If there is income from which educational expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4. Total income for educational purpose _____ Less total education expenses _____ Net countable income _____ If any of the following deductions apply, complete MC 176 W, part VI, before completing Column I: Educational Expenses Section 50547 Absent Parent Support Section 50541 Student Deduction Section 50551 \$30 Plus 1/3 Section 50551.1 Work Expenses for the Blind Section 50551.4 Income for Self-support Section 50551.5								
11. Deduct IRWE of potential QMB/SLMB/QI applicant(s) only	—										
12. Remainder (subtract 11 from 10)	\$										
13. \$65 Earned income deduction plus \$ unused \$20	—										
14. Remainder (subtract 13 from 12)	\$										
15. Countable earned income (divide 14 by 2)	\$										
16. Total countable income (add 8 and 15)	\$										

IV. EXEMPT INCOME
Note: Do not allow a deduction for health insurance.

Eligibility Worker signature	Worker number	Computation date	County use
➤			

MC176-1 QMB/SLMB/QI (9/99)



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**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET FOR ALL APPLICANTS:
INDIVIDUAL(S); COUPLE(S); AND CHILDREN (LTC INDIVIDUAL IN OWN MFBU)
INSTRUCTIONS, MC 176-1 QMB/SLMB/QI**

Form MC 176-1 QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income for all individuals who are applying under the QMB/SLMB/QI program. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income, or correction in the income.

Identification Section

1. Enter case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The "new application" box includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI applicant and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, the seven-digit number, MFBU number, and the person's number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under the case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birth date: Enter the birth date of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other coverage code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

SECTION I. INCOME OF POTENTIAL QMB/SLMB/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI applicant(s) and ineligible spouse, if any, who is applying as ABD in Section I(a) and (b), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A of the MC 176 W instead of Section I, lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

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1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income.: If applicable, include SSI/SSP, In-Home Supportive Services (IHSS) recipients' available income (from the MC 176 W, Part II), and income allocated from the Pickle-eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1(a) through 4(a). This is the total unearned income of the QMB/SLMB/QI applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1(b) through 4(b). This is the total unearned income of the QMB/SLMB/QI spouse; ineligible spouse; or parent of the QMB/SLMB/QI child applicant of the MFBU.
6. Add lines 5(a) and (b), or enter the amount from MC 176 W, Section VI, Part A. This is the combined unearned income of the QMB/SLMB/QI ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB/QI child applicant who is a member of the MFBU.
7. No entry. This shows the \$20 any income deduction.
8. Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the \$20 any income deduction in the blank provided on line 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part B of the MC 176 W instead of line 9:

Student Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

9. Enter the gross earned income.
10. Add the amounts in lines 9(a) and (b) or enter the amount from Section VI, Part B, line 4 of the MC 176 W. This is the combined earned income of the QMB/SLMB/QI applicant(s), QMB/SLMB/QI spouse or parent(s) of the MFBU.
11. Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB/QI applicant(s).
12. Subtract number 11 (IRWE expenses) from number 10.
13. Enter the \$65 or the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction here.
14. Subtract line 13 from line 12. If line 14 is less than line 10, enter zero.
15. Divide line 14 by 2. This figure equals the countable earned income.
16. Total Part A, line 8 and Part B, line 15, to obtain the total unearned and earned income. Enter this amount in Section III, line 1:

SECTION II. INCOME OF MFBU MEMBER (BOTH ELIGIBLE AND INELIGIBLE MEMBERS) NOT LISTED IN COLUMN I

NOTE: The ownership of income determination required by CCR, Section 50512, should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

1. Enter: Social Security income.
2. Net income received from property.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3-4. All other unearned income. Include SSI/SSP/IHSS recipient's available income (from MC 176 W, Section II and Section V), Part B, and income allocated from a Pickle-eligible spouse or parent.

5. Total lines 1 through 4.

B. Nonexempt Earned Income

6. Enter the amount from the MC 176 W, Part IV, line 11.

C. Total Countable Income

7. Add lines 5(a) and 6(b).

8. Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.

9. Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

SECTION III. QMB/SLMB/QI ELIGIBILITY COMPUTATION

1. Enter: Total countable income from Section I, line 16.

2. Enter: Total countable income from Section II, line 9.

3. Add lines 1 and 2 (rounded). This is the combined countable income of the MFBU.

4. List the current federal poverty level (FPL) for an MFBU of _____: (a) at 100 percent or (b) SLMB at 120 percent. If line 3 is less than or equal to line 4(a), QMB *eligible*. If line 3 is less than line 4(b), SLMB *eligible*. If line 3 exceeds line 4(a) or 4(b) and there is an ineligible spouse or applicant child, complete the MC 176-2 A QMB/SLMB/QI or MC 176-2 B QMB/SLMB/QI. If there is no ineligible spouse or applicant child, go to step 5.

5. List the current FPL for MFBU of _____: (a) QI-1 at 135 percent, or (b) QI-2 at 175 percent of the FPL. If line 3 is less than line 5(a) or 5(b), QI-1 or QI-2 *eligible*. If line 3 exceeds line 5(a) or 5(b), *deny* QMB, SLMB, QI-1, or QI-2.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional—to be used in accordance with county policy.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI) INCOME ELIGIBILITY WORK SHEET COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)

Case name					County district	County use			
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in income <input type="checkbox"/> Correction in circumstances					Effective eligibility date for this budget				
					Month	Year			
Country	Aid	Case Number Seven-Digit Serial Number	MFBU Number	Person Number	Name First, Middle, Last	Birthdate Month/Day/Year	Sex	(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number	Other Coverage
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	

I. INCOME OF POTENTIAL QMB/SLMB/QI INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED; AND INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN).				II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB/QI CHILD(REN), PA OR OTHER PA.			
A. NONEXEMPT UNEARNED INCOME	(a) QMB/SLMB/QI Applicant	(b) Eligible or Ineligible Spouse		Child Number One	Child Number Two	Child Number Three	Child Number Four
1. RSDI							
2. Net income from property							
3. Other—itemize							
4.							
5. Total (add 1 through 4)	(a)	(b)					
6. Allocation to ineligible child(ren) from ineligible spouse (Section II, line 5)		(b) —					
7. Remainder (line 5b minus 6b)		(b) (1)					
8. Combine unearned income (add 5(a) and 7(b)(2))	\$	(b) (2)					
9. Any income deduction	\$ - 20						
10. Countable unearned income (8 minus 9)							
B. NONEXEMPT EARNED INCOME							
11. Gross earned income	(a)	(b)					
12. Unused portion of allocation to ineligible children		(b)					
13. Remainder (11(b) minus 12(b))		(b)					
14. Combined earned income (11(a) plus 13(b))	\$						
15. Deduct IRWE of potential QMB/SLMB/QI applicant(s) only	—						
16. Remainder (subtract 15 from 14)	\$						
17. \$65 earned income deduction plus \$ of unused \$20	—						
18. Remainder (17 minus 16)	\$						
19. Countable earned income (divide 18 by 2)	\$						
20. Total countable income (add 10 plus 19) (Enter this amount on Section IV, line 1)	\$						
Eligibility Worker signature				Worker number	Computation date	County use	

MC 176-2 A QMB/SLMB/QI (1/98) (SSI/SSP Methodology)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET
COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)
INSTRUCTIONS, MC 176-2 A QMB/SLMB/QI**

Form MC 176-2 A QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain SSI/SSP methodology which are less restrictive than Medi-Cal methodology) for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren) who does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, application, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 A QMB/SLMB/QI to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

Identification Section

1. Enter case name.
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective-eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case Number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB/QI application and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, and seven-digit serial number; enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other Coverage Code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

SECTION I. INCOME OF POTENTIAL QMB/SLMB/QI COMPOSITION

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB/QI applicant(s); and ineligible spouse, if any, who is applying as ABD in Section I(a) and (b), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A. of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. All other unearned income. If applicable, include SSI/SSP, In-Home Supportive Services (IHSS) recipients' available income and income allocated from a Pickle eligible spouse or parent.
5. Total the amounts in Section I, Part A, lines 1(a) through 4(a). This is the total unearned income of the QMB/SLMB/QI applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1(b) through 4(b). This is the total unearned income of the eligible or ineligible spouse of the QMB/SLMB/QI members of the MFBU.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5, onto line 6(b). NOTE: Income can only be allocated to a child(ren) from an ineligible spouse.
7. Subtract line 6(b) from line 5(b) and enter this amount on line 7(b)(1). If line 7(b)(1) is a minus figure, enter the minus amount on line 12(b) and enter zero on line 7(b)(2). Otherwise, enter the amount from line 7(b)(1) onto line 7(b)(2).
8. This is the combined unearned income of the ABD member(s) of the MFBU and/or spouse who may be a member of the MFBU (either eligible or ineligible member). (Add line 7(b)(2) and line 5(a).)
9. No entry. This shows the \$20 any income deduction.
10. Subtract line 8 from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 17.

B. Nonexempt Earned Income

11. Enter the gross earned income.
12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (any minus amount on line 7(b)(1)). Otherwise, enter zero in Section I, Part B, line 12(b).
13. Subtract line 12(b) from line 11(b). Enter the remainder on line 13(b). Exception: enter zero on line 13(b) if line 12(b) is greater or equal to line 11(b).
14. Add lines 11a and 13(b). This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.
15. Deduct any impairment related work expenses the potential QMB/SLMB/QI applicant(s) may have.
16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: enter zero on line 16 if line 15 is greater or equal to line 14.
17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater or equal to line 16, enter zero.
19. Divide line 18 by 2. This figure equals the countable earned income.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

20. Add lines 10 and 19. This is the total countable income of the ABD applicant(s) of the MFBU or applicant and his/her spouse who is a member of the MFBU (either eligible or ineligible). Enter this amount on Section I, Part B, line 20, and on Section IV, line 1.

SECTION II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE (DO NOT ALLOCATE FROM A QMB/SLMB/QI APPLICANT(S). DO NOT INCLUDE A QMB/SLMB/QI CHILD(REN), PA OR OTHER PA.

1. Enter: Name(s) of ineligible child(ren). Do not include QMB/SLMB/QI child(ren), PA or other PA.
2. Standard SSI allocation: Enter current year's allocation amount for each child (see QMB/SLMB/QI poverty level chart). If no child(ren), enter zero on line 5, and Section I, Part A, line 6(b)).
3. Income for the ineligible minor child(ren): Enter the income amount for each child, excluding up to \$400 per month or \$1620 per year if student income.
4. Subtract line 3 from line 2 and enter on line 4.
5. Total all columns on line 4. Complete Section III to determine whether this figure is to be entered in Section I, Part A, line 6(b). If Section III, line 5 is less than the current SSI allocation, stop and do not complete Section I(b).

SECTION III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from Section I, line 5(b).
2. Gross Earned Income: Enter the gross earned income of the spouse from Section I, Part B, line 11(b).
3. Total lines 1 and 2 for combined income of spouse.
4. Allocation to child(ren): Enter the figure from Section II, line 5.
5. Remainder: Subtract line 4 from line 3. If line 5 is less than the current SSI allocation amount, this income is exempt. Do not complete Section I(b). Do not enter the total allocation to ineligible children from Section II, line 5 to Section I, Part A, line 6(b).

SECTION IV. QMB/SLMB/QI ELIGIBILITY DETERMINATION

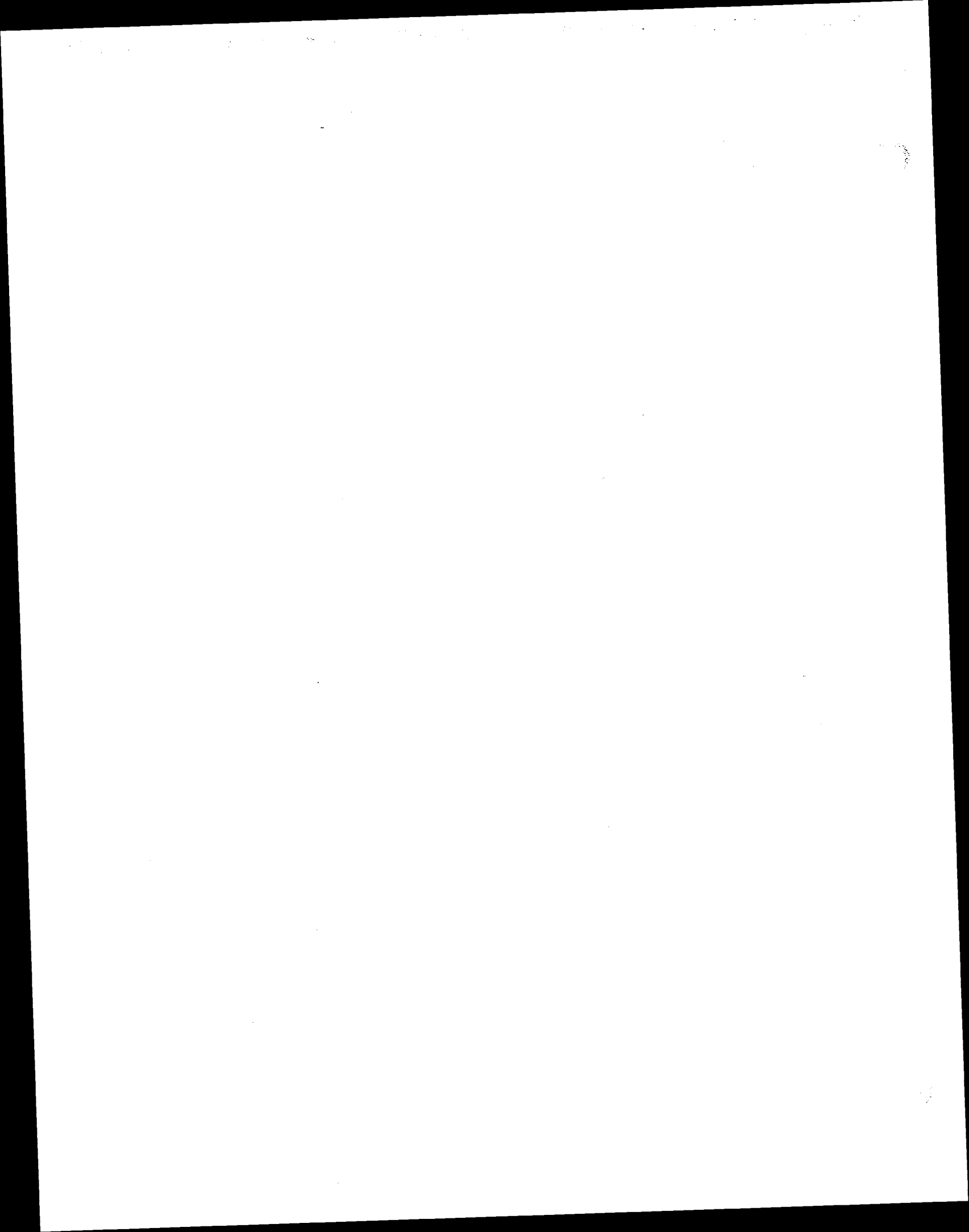
1. Total Countable Income: This is the total countable income entered on Section I, Part B, line 20. This figure was obtained by adding Section I, Part A, line 10 and Section I, Part B, line 19.
2. List the current poverty level for an MFBU of ____: a. QMB (100%) or b. SLMB (120%). If line 1 is less than or equal to line 2(a), QMB *eligible*. If line 1 is less than line 2(b), individual or couple, SLMB *eligible*. If line 1 exceeds line 2(a) or 2(b), go to step 3.
3. List the current poverty level for MFBU of ____: (a) QI-1 (135%) or (b) QI-2 (175%). If line 1 is less than line 3(a) or 3(b), QI-1 or QI-2 *eligible*. If line 1 exceeds line 3(a) or 3(b), *deny* QMB, SLMB, QI-1, or QI-2.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional—to be used in accordance with county policy.



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI) INCOME ELIGIBILITY WORK SHEET CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S) DO NOT INCLUDE QMB/SLMB/QI PARENT(S), PA, OR OTHER PA

Case name						County district	County use		
<input type="checkbox"/> New application <input type="checkbox"/> Redetermination <input type="checkbox"/> Change in income <input type="checkbox"/> Change in circumstances						Effective eligibility date for this budget			
						Month	Year		
Case Number									
County	Aid	Seven-Digit Serial Number	MFBU	Person Number	Name First, Middle, Last	Birth date Month/Day/Year	Sex		
							(1) Social Security Number and (2) Health Insurance Claim Number or Railroad Retirement Number		
							Other Coverage		
							(1)		
							(2)		
							(1)		
							(2)		
							(1)		
							(2)		
							(1)		
							(2)		
							(1)		
							(2)		
							(1)		
							(2)		
							(1)		
							(2)		
I. INELIGIBLE PARENT(S) or STEPPARENT(S) INCOME OF POTENTIAL QMB/SLMB/QI CHILD APPLYING AS BLIND OR DISABLED				II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE PARENT(S) OR STEPPARENT(S). DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB/QI CHILD(REN), PA, OR OTHER PA.					
A. NONEXEMPT UNEARNED INCOME		Ineligible Parent(s)				Child Number One	Child Number Two	Child Number Three	Child Number Four
1. RSDI									
2. Net income from property									
3. Other—itemize									
4.									
5. Total (add lines 1 through 4)	\$								
6. Allocation to ineligible child(ren) (Section II, line 5)									
7. Remainder (line 5 minus line 6)	(a) \$					(a)	(b)	(c)	(d)
	(b) \$								
8. Any income deduction	\$ - 20								
9. Countable unearned income (put on line 16 unless negative)									
B. NONEXEMPT EARNED INCOME									
10. Gross earned income									
11. Unused portion of allocation to ineligible child(ren)									
12. \$65 earned income deduction plus \$ of unused \$20									
13. Remainder	\$								
14. Divide by 2 and subtract									
15. Countable earned income	\$								
16. Add countable unearned income (line 9)	+\$								
17. Total countable income (add lines 15 and 16)	\$								
18. Subtract parent deduction*									
19. Allocation to QMB/SLMB/QI child									
If zero or negative, do not count toward applicant's income determination. Otherwise, enter this amount on Section III, line 1. * Individual parent deduction amount if any one parent lives with QMB/SLMB/QI child applicant; couple parent deduction amount if both parents live with the child.									
Eligibility Worker signature				Worker number		Computation date		County use	

MC 176-2 B QMB/SLMB/QI (1/98) (SSI/SSP Methodology)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME
MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI)
INCOME ELIGIBILITY WORK SHEET
CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)
DO NOT INCLUDE QMB/SLMB/QI PARENT(S), PA, OR OTHER PA**

INSTRUCTIONS, MC 176-2 B QMB/SLMB/QI

Form MC 176-2 B QMB/SLMB/QI, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain SSI/SSP methodology for QMB/SLMB/QI income criteria which is less restrictive than Medi-Cal methodology) for allocating income from an ineligible parent(s) for a child who is applying under the QMB/SLMB/QI program. This form is used if the child does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176-1 QMB/SLMB/QI should be completed prior to completion of the 176-2 B QMB/SLMB/QI to determine if the child is found to be eligible using Medi-Cal rules.

Identification Section

1. Enter: Case name
2. County district: If the county has districts, identify the district.
3. County use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective eligibility date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. Case number: For a QMB/SLMB/QI child who is applying as blind or disabled (BD) medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the person number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under case number.
7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any BD person or spouse of an BD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."
8. Birth date: Enter the birth date of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.
9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB/QI. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB/QI. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.
10. Other coverage code: Determine the other coverage code in accordance with Section 15, Part A, of the procedural portion of the Medi-Cal Eligibility Manual.

Section I. Parent(s) or Stepparent(s) Income of Potential QMB/SLMB/QI Child Applying as Blind or Disabled (BD)

In this section, enter all the nonexempt unearned and earned income of the ineligible parent(s) of the child who is applying as an BD MN under the QMB/SLMB/QI program. **NOTE:** "Ineligible parent(s)" refers to the parent(s) of the child who is applying under the QMB/SLMB/QI program. Do not include a parent(s) who is eligible as a QMB/SLMB/QI, PA, or other PA. Only include the income of an ineligible parent(s).

NOTE: The ownership of the income determination required by Section 50512 should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part A, of the MC 176 W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

1. Enter: Social Security income.
2. Net income received from property.
- 3-4. Enter the amount of all other unearned income.
5. Total the amounts in Section I, Part A, lines 1 through 4. This is the total unearned income of the ineligible parent(s) of the potential QMB/SLMB/QI child.
6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible parent(s). Enter the figure computed from Section II, line 5, onto line 6(b).
7. Subtract line 6 from line 5 or enter the amount from MC 176 W, Section VI, Part A, on 7(a). If this is a minus amount, enter zero on line 7(b) and the minus amount on Section I, Part B, line 11. Otherwise, enter the amount on line 7(a) onto line 7(b).
8. No entry. This shows the \$20 any income deduction.
9. Subtract line 8 from line 7(b). This is the countable unearned income. If the countable unearned income is a minus figure, enter zero on line 16 and enter the minus figure, which is the unused portion of the \$20 any income deduction, in the blank provided on line 12.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Section VI, Part B, of the MC 176 W, instead of line 11:

Student Deduction	Section 50551
\$30 Plus One-Third, or \$30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	<i>Gibbins v. Rank</i>

10. Enter the gross earned income.
11. Enter the unused amount of any allocation for ineligible minor child(ren) that was not offset by countable unearned income (Section I, Part A, line 6). NOTE: If there is no income remaining, either unearned or earned, do not allocate to the QMB/SLMB/QI child(ren). Enter zero in Section III, line 1. If there is income, proceed with line 12.
12. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
13. Subtract lines 11 and 12 from line 10 to obtain the remaining earned income of the ineligible parent(s). Enter zero if the remainder is a negative amount.
14. Divide by 2.
15. Subtract line 14 from line 13 to obtain the remaining countable earned income of the ineligible parent(s).
16. Enter countable unearned income from line 9.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

17. Add lines 15 and 16. This figure equals the countable income.
18. Enter the parent(s) deduction. Use the parent deduction of a QMB/SLMB/QI child(ren) for an individual, if one ineligible parent lives with the child(ren), or use the parent deduction of a QMB/SLMB/QI child(ren) for a couple, if both ineligible parents live with the potential QMB/SLMB/QI child.
19. Subtract line 16 from line 17 and enter this figure on Section III, line 1. This is the allocation from the ineligible parent(s) to the potential QMB/SLMB/QI applicant.

Section II Allocation to Minor Child(ren) from the Ineligible Parent or Stepparent

1. Enter the name(s) of ineligible child(ren). Do not include QMB/SLMB/QI child(ren), PA, or other PA.
2. Enter the standard QMB/SLMB/QI allocation for each child. If no child(ren), enter zero on line 5 of this section.
3. Enter any income for each minor child(ren), excluding up to \$400 per month and up to \$1,620 per year if student earned income.
4. Subtract line 3 from line 2.
5. Total all columns on line 4 and enter the total allocation. This figure is also to be entered in Section I, Part A, line 6.

Section III QMB/SLMB/QI Child Computation

1. Enter the parent(s) allocation from Section I, Part B, line 19.
2. Enter the potential QMB/SLMB/QI child's own RSDI income.
3. Enter any other unearned income the potential QMB/SLMB/QI child may have.
4. Total lines 1 through 3.
5. No entry. This shows the \$20 any income deduction.
6. Subtract line 5 from line 4. This is the total remaining countable unearned income.
7. Enter the potential QMB/SLMB/QI child's countable earned income or amount from Section VI, Part B, line 4, of the MC 176 W. If appropriate, allow the student deduction.
8. Deduct any impairment related work expenses the potential QMB/SLMB/QI child may have.
9. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
10. Subtract lines 8 and 9 from line 7 to obtain the remaining earned income of the potential QMB/SLMB/QI child(ren).
11. Divide the amount on line 10 by 2 to obtain the total countable earned income of the potential QMB/SLMB/QI child(ren).
12. Total lines 6 and 11 for the combined net nonexempt income of the potential QMB/SLMB/QI child(ren).
13. Enter the current QMB/SLMB/QI poverty level for one. If line 12 is less than or equal to line 13(a), the child is eligible for QMB. If line 12 is less than line 13(b), (c), or (d), the child is eligible for SLMB or QI-1 or QI-2. If line 12 exceeds line 13(a), (b), (c), or (d), deny QMB/SLMB/QI-1/QI-2 only if Section III, item 5 of the MC 176-1 QMB/SLMB/QI form has been completed.

Eligibility Worker signature: The worker enters his/her signature.

Worker number: If the eligibility worker has a county number, enter here.

Date of computation: The eligibility worker completes the box with the date the form was completed.

County use: Optional—to be used in accordance with county policy.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/ SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/QUALIFYING INDIVIDUAL (QI) PROPERTY WORK SHEET ADULT (18 YEARS OF AGE AND OLDER OR MARRIED)

Name	Case number	Worker number	Month

STEP I—REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
- B. Does family qualify under the regular Medi-Cal property rules and property limits?
- Yes, stop here. QMB/SLMB, QI-1, or QI-2 property requirement met.
- No, proceed to Step II.

STEP II—QMB/SLMB, QI-1, OR QI-2 METHODOLOGY

- A. Only consider the net nonexempt property of the QMB/SLMB, QI-1, or QI-2 applicant (and spouse); do not consider the property of any other family members in the home.
- B. Net nonexempt property of QMB/SLMB, QI-1, or QI-2 applicant (and spouse) \$ _____
- C. Property limit for one person (or two persons if there is a spouse) \$ _____
- D. Twice the property limit shown on Step II, line C \$ _____
- E. Is Step II, line B less than or equal to Step II, line D?
- Yes, QMB/SLMB, QI-1, or QI-2 property requirement met.
- No, ineligible due to excess property.

MC 176 P-A QMB/SLMB/QI (12/99)

SECTION NO.: MANUAL LETTER NO.: 2 2 2 DATE: MAY 30 2000 5J-26

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/ SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/ QUALIFYING INDIVIDUAL (QI) PROPERTY WORK SHEET CHILD

Name	Case number	Worker number	Month
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STEP I—REGULAR MEDI-CAL METHODOLOGY

- A. Determine net nonexempt property in accordance with Article 9.
- B. Does child qualify under the regular Medi-Cal property rules and property limits?
- Yes, stop here.
- No, proceed to Step II.

STEP II—QMB/SLMB/QI (SSI/SSP) METHODOLOGY

A. Parental allocation (includes stepparent)

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

1. Parent(s)' net nonexempt property..... \$ _____
2. Property limit for one person (if two parents, enter property limit for two persons)..... \$ _____
3. Subtract line A2 from line A1 (enter 0 if negative). Total Allocation: \$ _____
4. Divide line A3 by the number of QMB/SLMB/QI children in the home.
QMB/SLMB/QI Child's Share: \$ _____

B. QMB/SLMB/QI resources of child and parent(s)

1. Child's own net nonexempt property (as determined under Article 9)..... \$ _____
2. Enter child's share of property from parent(s) (line A4)..... \$ _____
3. Add lines B1 and B2. \$ _____
4. Twice the property limit for one person..... \$ _____
5. Is line B3 less than or equal to line B4?

Yes, QMB/SLMB/QI property requirement met.

No, ineligible due to excess property. If more than one QMB/SLMB/QI child in the home, proceed to Section C.

C. Child in Section B is ineligible and more than one QMB/SLMB/QI child in the home

1. Follow these steps if the child in Section B above is *ineligible* for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the QMB/SLMB/QI child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.
2. Take the amount of property deemed from the parent(s) (Line A3) and redivide it among the remaining number of QMB/SLMB/QI children in the home (Line A4).
3. Repeat Section B for each of the remaining QMB/SLMB/QI children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (Line B3) is within the allowable QMB/SLMB/QI property limit (Line B4).

Eligibility Worker signature	Worker number	Date of computation
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MC 176 P-C QMB/SLMB/QI (1/99)

SECTION NO.: MANUAL LETTER NO.: 2 2 2 DATE: MAY 30 2000 5J-27

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

**MEDI-CAL
NOTICE OF ACTION**
Approval for Benefits as a
Specified Low-Income Medicare Beneficiary

(County Stamp)

Notice date: _____
Case Number: _____
Worker name: _____
Worker number: _____
Worker phone number: _____
Approval for: _____

(Name)

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Specified Low-Income Medicare beneficiary (SLMB) program.

We determined that:

_____ Beginning ____/____/____, you are eligible for the Medi-Cal program to pay your Medicare Part B premiums under the SLMB program. This means that if you receive a Title II, Social Security Administration (SSA) payment and you are currently paying for your Medicare premiums, it will take SSA 3-4 months from the time you are eligible as a SLMB for SSA to stop deducting these premiums from your SSA payment. If you are eligible for a refund, it may also take from 90 to 120 days for SSA to send you a check for those previously paid payments.

_____ If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are the California Code of Regulations, Title 22, Section 50258.1.

Si Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

MC239 SLMB-1 (1/99)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION Approval of Eligibility as a Qualifying Individual (QI)

[]

[]

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Approval for: _____

(Name)

[]

[]

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for the Qualifying Individuals-1 (QI-1), or the Qualifying Individuals-2 (QI-2) program.

1. You meet the rules of the QI-1 program which is for those with income up to 135 percent of the Federal Poverty Level (FPL). Although subject to the availability of federal funding and approval by the Social Security Administration (SSA), the QI-1 program will pay your Medicare Part B premiums.

YOU WILL RECEIVE ANOTHER NOTICE WHEN YOUR QI-1 BENEFITS BEGIN. THIS MEANS THAT IF YOU RECEIVE A TITLE II, SSA CHECK AND YOU ARE PAYING YOUR MEDICARE PART B PREMIUMS, YOU WILL RECEIVE AN INCREASE IN YOUR MONTHLY SSA TITLE II CHECK VERY SOON. PLEASE REMEMBER THAT IF YOU ARE RETROACTIVELY ELIGIBLE FOR THE QI-1 PROGRAM, YOU MAY RECEIVE A REFUND FROM SSA OF THE MEDICARE PART B PREMIUMS YOU PREVIOUSLY PAID. IT TAKES 90 TO 120 DAYS FOR SSA TO PROCESS A CHECK.

2. You meet the rules of the QI-2 program which is for those with income up to 175 percent of the FPL. Although subject to the availability of federal funding and approval by the SSA, the QI-2 program refunds a portion of your Medicare Part B premiums by check the following year.

If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are California Code of Regulations, Title 22, Section 50258.1.

Sí Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

MC 229-1 QI (1/98)

SECTION NO.: MANUAL LETTER NO.: 2 2 2 DATE: MAY 3 0 2000 5J-29

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL Aprobación de Acción como Individuo Elegible (QI)

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Aprobación para: _____

(Nombre)

SI USTED YA ESTÁ RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Revisamos su solicitud para ver si usted reúne los requisitos para recibir beneficios del programa para Individuos Elegibles-1 (QI-1) o para Individuos Elegibles-2 (QI-2).

1. Usted cumple con las reglas del programa QI-1 que es para aquellos individuos con ingresos de un máximo del 135 por ciento del Nivel Federal de Pobreza (FLP). Aunque se sujeta a la disponibilidad de fondos federales y a la aprobación de la Administración del Seguro Social (SSA), el programa QI-1 pagará sus primas de la Parte B de Medicare.

USTED RECIBIRÁ OTRA NOTIFICACIÓN CUANDO COMIENCEN SUS BENEFICIOS DEL QI-1. ESTO SIGNIFICA QUE SI USTED RECIBE UN CHEQUE DEL TÍTULO II DE LA SSA Y USTED ESTÁ PAGANDO SUS PRIMAS DE LA PARTE B DE MEDICARE, MUY PRONTO USTED RECIBIRÁ UN AUMENTO EN SU CHEQUE MENSUAL DEL TÍTULO II DE LA SSA. POR FAVOR RECUERDE QUE SI USTED REÚNE LOS REQUISITOS PARA RECIBIR BENEFICIOS DEL PROGRAMA QI-1 RETROACTIVAMENTE, ES POSIBLE QUE RECIBA UN REEMBOLSO DE LA SSA POR LAS PRIMAS DE LA PARTE B DE MEDICARE QUE USTED PAGÓ PREVIAMENTE. LA SSA SE DEMORA DE 90 A 120 DÍAS PARA TRAMITAR UN CHEQUE.

2. Usted cumple con las reglas del programa QI-2 que es para aquellos individuos con ingresos de un máximo del 175 por ciento del Nivel Federal de Pobreza (FLP). Aunque se sujeta a la disponibilidad de fondos federales y a la aprobación de la Administración del Seguro Social (SSA), el programa QI-2 reembolsa por medio de un cheque, una parte de sus primas de la Parte B de Medicare, al año siguiente.

Si usted solicitó beneficios de Medi-Cal, usted recibirá una notificación por separado.

La regulación que exige esta acción es la Sección 50258.1, del Título 22, del Código de Regulaciones de California.

Trabajador(a) de Elegibilidad

Teléfono

Fecha

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN

MC 239-1 QI (SP) (2/99)

SECTION NO.:

MANUAL LETTER NO.: 2 2 2

DATE: MAY 30 2000

5J-30

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION Denial or Discontinuance of Benefits as a Specified Low-Income Medicare Beneficiary (SLMB) or a Qualifying Individual (QI)

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone number: _____

Denial/discontinuance for: _____

(Name)

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for the Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individuals-1 (QI-1), or the Qualifying Individuals-2 (QI-2) program.

We determined that:

- You are not eligible for the SLMB, QI-1, or QI-2 program.
- Your eligibility for the SLMB, QI-1, or QI-2 program ends ____/____/____.

Here is why:

- You are not eligible for the QI-1 or QI-2 program because you are currently eligible for no-share-of-cost Medi-Cal. Your Medicare Part B premiums are already being paid monthly under that program.
- Your **INCOME** is above the limit. The income limit is \$ _____. If your income decreases, you may reapply.
- Your **PROPERTY** is above the limit. If your property decreases, you may reapply. The property limit is \$ _____. Your county worker can tell you how to decrease your property legally.
- The Social Security Administration (SSA) states you are not eligible for Medicare Part B benefits. Contact your local SSA office for more information.
- The SSA states you have not paid all or some of your Medicare Part B premiums, so you are no longer eligible for additional QI-2 benefits. This will reduce the amount, if any, of your retroactive QI-2 refund next year.
- Other reasons: _____

If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

The regulations which require this action are California Code of Regulations, Title 22, Section 50258.1:

Sí Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

MC 239-2 SLMB/QI (1/98)

SECTION NO.:

MANUAL LETTER NO.: 222

DATE: MAY 30 2000 5J-31

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

Negación o Descontinuación de Beneficios como
Beneficiario Declarado de Bajos Ingresos de Medicare
(SLMB) o como Individuo Elegible (QI)

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Negación/Descontinuación para: _____

(Nombre)

SI USTED YA ESTÁ RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Revisamos su solicitud para ver si usted reúne los requisitos para recibir beneficios del Programa de Beneficiarios Declarados de Bajos Ingresos (SLMB), de Individuos Elegibles-1 (QI-1) ó de Individuos Elegibles-2 (QI-2).

Determinamos que:

- Usted no reúne los requisitos para el programa de SLMB, QI-1, ó QI-2.
- Su elegibilidad para el programa de SLMB, QI-1, ó QI-2 termina el ____/____/____.

Esta es la razón:

- Usted no reúne los requisitos para el programa de QI-1 ó QI-2 porque actualmente no reúne los requisitos para recibir Medi-Cal sin parte del costo. Sus primas de la Parte B de Medicare ya se están pagando mensualmente bajo ese programa.
- Sus **INGRESOS** están por encima del límite. El límite de ingresos es de _____ dólares. Si sus ingresos disminuyen, usted puede volver a solicitar beneficios.
- Sus **BIENES** están por encima del límite. Si sus bienes disminuyen, usted puede volver a solicitar beneficios. El límite de bienes es de _____ dólares. Su trabajador(a) del condado puede decirle cómo reducir sus bienes legalmente.
- La Administración del Seguro Social (SSA) indica que usted no reúne los requisitos para recibir beneficios de la Parte B de Medicare. Comuníquese con su oficina local de la SSA para obtener más información.
- La SSA indica que usted no ha pagado todas o parte de sus primas de la Parte B de Medicare, así que ya no reúne los requisitos para recibir beneficios adicionales del programa de QI-2. Esto reducirá la cantidad, si hubiera alguna, de su reembolso de beneficios retroactivos del programa de QI-2 el próximo año.
- Otras razones: _____

Si usted también solicitó beneficios regulares de Medi-Cal, usted recibirá una notificación por separado sobre ese programa.

La regulación que exige esta acción es la Sección 50258.1, del Título 22, del Código de Regulaciones de California.

MC 239-2 SLMB/QI (SP) (4/99)

SECTION NO.:

MANUAL LETTER NO.:

222

DATE:

MAY 30 2000

5J-32

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

Notice Type 18
December 17, 1999



MEDI-CAL NOTICE

Social Security Number: 111-11-1111
Beneficiary ID Number: 34-8D-1111111-1-11

JOHN Q PUBLIC
C/O JANE PUBLIC
11111 MAIN ST
SACRAMENTO CA 95811-1111

APPROVAL FOR QUALIFYING INDIVIDUAL-1 (QI-1) PROGRAM Payment of Your Medicare Part B Premiums

Aprobación de los Programas del Individual Calificado-1 (QI-1)
Pago de sus Primas de Medicare Parte B

This notice is to let you know that your Qualifying Individual-1 (QI-1), Medicare Part B premium payments have been approved by the Social Security Administration (SSA) and will be paid by the State effective 01/2000.

Esta Noticia es para avisarle que sus pagos del Programa del Individual-1 Calificado (QI-1), Medicare Primas Parte B, han sido aprobados por Seguro Social Administracion (SSA) y van a ser pagado por el Estado a partir de 01/2000.

THIS MEANS THAT IF YOU RECEIVE A TITLE II, SSA CHECK AND YOU ARE PAYING YOUR MEDICARE PART B PREMIUMS, YOU WILL RECEIVE AN INCREASE IN YOUR MONTHLY SSA, TITLE II CHECK VERY SOON. PLEASE REMEMBER THAT IF YOU ARE RETROACTIVELY ELIGIBLE FOR THE QI-1 PROGRAM, YOU MAY RECEIVE A REFUND FROM SSA OF THE MEDICARE PART B PREMIUMS YOU PREVIOUSLY PAID. IT TAKES 90 TO 120 DAYS FOR SSA TO PROCESS A CHECK.

Si usted recibe un cheque de Título II, (SSA) Y está pagando sus primas de Medicare Parte B, usted va a recibir en lo mas pronto un aumento en su SSA Título II cheque que recibe mensualmente. No se olvide que si usted es elegible retroactivamente para el QI-1 programa, es posible que usted recibirá un reembolso de SSA por las Primas de Medicare Parte B que usted ha pagado anteriormente. Va a tomar desde 90 a 120 dias para que SSA process un cheque.

If you applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

Si usted aplicó para los beneficios regulares de Medi-Cal, usted va a recibir una noticia separada de ese programa.

This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Esta noticia está requerida por el California Código de Regulaciones, Título 22, Sección 50258.1.

N18FRT

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

**Department of Health Services
Medi-Cal Program**

**Notice Type 19
December 17, 1999**



MEDI-CAL NOTICE

**Social Security Number: 111-11-1111
Beneficiary ID Number: 34-8K-1111111-1-11**

**JOHN Q PUBLIC
C/O JANE PUBLIC
11111 MAIN ST
SACRAMENTO CA 95811-1111**

**APPROVAL FOR QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAM
Reimbursement of a Portion of Your Medicare Part B Premiums**

**Aprobación de los Programas del Individual Calificado-2 (QI-2)
Reembolso de Una porción de sus Primas de Medicare Parte B**

This notice is to let you know that you have been approved by the State of California as a Qualifying Individual-2 (QI-2). The State will refund to you by check a portion of the Medicare Part B premiums you paid each month last year.

Esta Noticia es para avisarle que usted está aprobado por el Estado de California como un Individual-2 Calificado (QI-2) beneficiario. El Estado le va a reembolsar un cheque que es una porción de las Primas de Medicare Parte B que usted ha pagado cada mes del año pasado.

This notice is required by the California Code of Regulations, Title 22, Section 50258.1.

Esta noticia está requerida por el California Código de Regulaciones, Título 22, Sección 50258.1.

SECTION NO.:

MANUAL LETTER NO.:

222

DATE:

MAY 30 2000

5J-34

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. COUNTABLE INCOME

I. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI-1/QI-2 applicant:

- | | |
|---|--------------------------------|
| 1. Social Security check | \$ _____ |
| 2. VA benefits | \$ _____ |
| 3. Interest from bank accounts or certificate(s) of deposit | \$ _____ |
| 4. Retirement income | \$ _____ |
| 5. Any other income | \$ _____ |
| 6. Total UNEARNED INCOME—add lines 1 through 5 | \$ <u> </u> |

II. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:

- | | |
|---|--------------------------------|
| 7. Social Security check | \$ _____ |
| 8. VA benefits | \$ _____ |
| 9. Interest from bank accounts or certificate(s) of deposit | \$ _____ |
| 10. Any other income | \$ _____ |
| 11. Retirement income | \$ _____ |
| 12. Total SPOUSE'S UNEARNED INCOME—add lines 7 through 11 | \$ <u> </u> |

III. Fill in the MONTHLY earned income received by the QMB/SLMB/QI-1/QI-2 applicant and spouse:

- | | |
|--|--------------------------------|
| 13. Gross earnings for the person who wants to be a QMB, SLMB, QI-1, or QI-2 | \$ _____ |
| 14. Gross earnings for the spouse | \$ _____ |
| 15. Total—add lines 13 and 14 | \$ _____ |
| 16. Subtract \$65 | \$ _____ |
| 17. Remainder | \$ _____ |
| 18. Divide by 2 | \$ <u> </u> |
| 19. Total EARNED INCOME—add lines 6, 12, and 18 | \$ <u> </u> |

IV. Potential QMB, SLMB, QI-1, or QI-2 eligibles:

(If you have a child in the home, these amounts may be higher.)

- You are potentially eligible as a QMB if your income is at 100% of the FPL (at \$707 for a single person, or at \$942 for a couple).
- You are potentially eligible as a SLMB if your income is below 120% of FPL (below \$844 for a single person, or below \$1,126 for a couple).
- You are potentially eligible as a QI-1 if your income is below 135% of FPL (below \$947 for a single person, or below \$1,265 for a couple).
- You are potentially eligible as a QI-2 if your income is below 175% of FPL (below \$1,222 for a single person, or below \$1,633 for a couple).

COUNTY USE	
Applicant's unearned income (line 6):	\$ _____
Spouse's unearned income (line 12):	+ _____

Any income deduction:	- _____

Net unearned income:	_____
Net earned income (line 19):	+ _____

Total net income:	_____

MFBU size:	_____
Compare to QMB/SLMB/QI-1/QI-2 income limit.	
If over income limit, is there a spouse and/or children in the home? Complete the MC 176-2 A QMB/SLMB/QI form.	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mail Completed Form to your County Listed Below:

Page 1(a)

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/ QUALIFYING INDIVIDUAL (QI)/ QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB) COUNTIES LIST

01	ALAMEDA COUNTY Social Services Agency SLMB/QI/QMB Program 7751 Edgewater Drive Oakland, CA 94621 (510) 383-8749	08	DEL NORTE COUNTY Welfare Department SLMB/QI/QMB Program 981 H Street Crescent City, CA 95531 (707) 464-3191	16	KINGS COUNTY Human Services Agency SLMB/QI/QMB Program 1200 South Drive Hanford, CA 93230 (209) 582-3241 Ext. 4280
02	ALPINE COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 277 14810 Highway 89 Markleeville, CA 96120 (530) 694-2235	09	EL DORADO COUNTY Dept. of Social Services SLMB/QI/QMB Program 3057 Briw Road Placerville, CA 95667 (530) 642-7159	17	LAKE COUNTY Dept. of Social Services SLMB/QI/QMB Program 15975 Anderson Ranch Pkw. P.O. Box 9000 Lower Lake, CA 95457 (707) 995-4200
03	AMADOR COUNTY Dept. of Social Services SLMB/QI/QMB Program 1003 Broadway Jackson, CA 95642 (209) 223-6621	10	FRESNO COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 1912 Fresno, CA 93750 (209) 453-6469	18	LASSEN COUNTY Dept. of Social Welfare SLMB/QI/QMB Program 720 Richmond Road P.O. Box 1359 Susanville, CA 96130 (530) 257-8311 Ext. 157
04	BUTTE COUNTY Dept. of Social Welfare SLMB/QI/QMB Program 42 County Center Drive P.O. Box 1649 Oroville, CA 95965 (530) 538-7573	11	GLENN COUNTY Human Resources Agcy. SLMB/QI/QMB Program 420 E. Laurel Street P.O. Box 611 Willows, CA 95988 (530) 934-6514	19	LOS ANGELES COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program P.O. Box 91503 City of Industry, CA 91715-1503 (877) 597-4777
05	CALAVERAS COUNTY Social Welfare Department SLMB/QI/QMB Program Government Center 891 Mtn. Ranch Road San Andreas, CA 95249 (209) 754-6444	12	HUMBOLDT COUNTY Dept. of Social Services SLMB/QI/QMB Program 929 Koster Street Eureka, CA 95501 (707) 445-7706	20	MADERA COUNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 569 Madera, CA 93639 (559) 662-8391
06	COLUSA COUNTY Hlth. and Human Svcs. SLMB/QI/QMB Program 251 East Webster P.O. Box 370 Colusa, CA 95932 (530) 458-0265	13	IMPERIAL COUNTY Dept. of Social Services SLMB/QI/QMB Program 2995 S. Fourth St., Ste. 105 El Centro, CA 92243 (760) 337-7408	21	MARIN COUNTY Dept. of Hlth & Hum Svcs SLMB/QI/QMB Program 3501 Civic Center Branch P.O. Box 4160 San Rafael, CA 94913 (415) 499-7089
07	CONTRA COSTA Social Services Dept. SLMB/QI/QMB Program 40 Douglas Drive Martinez, CA 94553 (925) 313-1545	14	INYO COUNTY Dept. of Social Services SLMB/QI/QMB Program 162A Grove Street Bishop, CA 93514 (760) 872-1394	22	MARIPOSA COUNTY Dept. of Human Services Social Services Division SLMB/QI/QMB Program 5186 Highway 49 North P.O. Box 7 Mariposa, CA 95338 (209) 966-3609
		15	KERN COUNTY Dept. of Human Services SLMB/QI/QMB Program 100 E. California Avenue Bakersfield, CA 93307 (805) 631-6186		

G:\LABELS\SLMBQIQMLIST (Rev. 5/3/99)

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mail Completed Form to your County Listed Below:

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SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/ QUALIFYING INDIVIDUAL (QI)/ QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB) COUNTIES LIST

23	MENDOCINO COUNTY Dept. of Social Services SLMB/QI/QMB Program 747 South State Street P.O. Box 1060 Ukiah, CA 95482 (707) 463-7828 Ext. 173	31	PLACER COUNTY County Welfare Dept. SLMB/QI/QMB Program 11519 B Avenue Auburn, CA 95603 (800) 889-7610 (Toll-Free)	39	SAN JOAQUIN COUNTY Human Services Agency SLMB/QI/QMB Program 333 East Washington P.O. Box 201056 Stockton, CA 95201 (209) 468-1453
24	MERCED COUNTY Human Services Agency SLMB/QI/QMB Program P.O. Box 112 Merced, CA 95341 (209) 385-3000 Ext. 5354	32	PLUMAS COUNTY Dept. of Social Services SLMB/QI/QMB Program 270 County Hospital Road Room 207 Quincy, CA 95971 (530) 283-6350	40	SAN LUIS OBISPO CTY. Dept. of Social Services SLMB/QI/QMB Program P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1885
25	MODOC COUNTY Dept. of Social Services SLMB/QI/QMB Program 120 North Main Street Alturas, CA 96101 (530) 233-6501	33	RIVERSIDE COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 1605 Spruce Street Riverside, CA 92507 (909) 358-3044 (Call local Dept. of Soc. Svcs.)	41	SAN MATEO COUNTY Human Services Agency SLMB/QI/QMB Program 400 Harbor Boulevard, Bldg.C Belmont, CA 94002 (650) 595-7500
26	MONO COUNTY Dept. of Social Welfare SLMB/QI/QMB Program P.O. Box 576 Bridgeport, CA 93517 (619) 932-7291	34	SACRAMENTO COUNTY Dept. of Human Assistance SLMB/QI/QMB Program 1725 28th Street Sacramento, CA 95816 (916) 874-2580	42	SANTA BARBARA CNTY Dept. of Social Services SLMB/QI/QMB Program 1100 West Laurel Avenue Lompoc, CA 93436 (805) 737-7056
27	MONTEREY COUNTY Dept. of Social Services SLMB/QI/QMB Program 1000 S. Main St., Ste. 208 Salinas, CA 93901 (831) 755-4407	35	SAN BENITO COUNTY Human Services Agency SLMB/QI/QMB Program 1111 San Felipe Rd, #206 Hollister, CA 95023 (831) 637-5336	43	SANTA CLARA COUNTY Social Services Agency SLMB/QI/QMB Program 1919 Senter Road San Jose, CA 95112 (408) 271-5500
28	NAPA COUNTY Health and Human Svcs. SLMB/QI/QMB Program 2261 Elm Street Napa, CA 94558 (707) 253-4106	36	SAN BERNARDINO CTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 150 South Lena Road San Bernardino, CA 92415-0515 (Call local Dept. of Social Svcs.)	44	SANTA CRUZ COUNTY Human Resources Agency SLMB/QI/QMB Program 1320 Emeline Street P.O. Box 1320 Santa Cruz, CA 95061 (831) 454-4142
29	NEVADA COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 950 Maidu Avenue P.O. Box 1210 Nevada City, CA 95959 (530) 265-1635	37	SAN DIEGO COUNTY Dept. of Social Services SLMB/QI/QMB Program 7947 Mission Center Ct. San Diego, CA 92108 (619) 531-6293	45	SHASTA COUNTY Dept. of Social Services SLMB/QI/QMB Program 2460 Breslauer Way P.O. Box 496005 Redding, CA 96049 (530) 225-5596
30	ORANGE COUNTY Social Services Agency SLMB/QI/QMB Program P.O. Box 1772 Santa Ana, CA 92702-1772 (714) 541-7700	38	SAN FRANCISCO CNTY Dept. of Social Services SLMB/QI/QMB Program P.O. Box 7988 San Francisco, CA 94120 (415) 558-1855		

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Mail Completed Form to your County Listed Below:

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**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)/
QUALIFYING INDIVIDUAL (QI)/
QUALIFIED LOW-INCOME MEDICARE BENEFICIARY (QMB) COUNTIES LIST**

46	SIERRA COUNTY Human Services SLMB/QI/QMB Program 202 Front Street P.O. Box 1019 Loyalton, CA 96118 (530) 993-6720	50	STANISLAUS COUNTY Community Services Agency SLMB/QI/QMB Program P.O. Box 42 Modesto, CA 95353 (209) 558-2690	54	TULARE COUNTY Dept. of Public Soc. Svcs. SLMB/QI/QMB Program 5957 S. Mooney Blvd. P.O. Box 671 Visalia, CA 93277 (209) 737-4660 Ext. 2106
47	SISKIYOU COUNTY Human Services SLMB/QI/QMB Program 818 So. Main Yreka, CA 96097 (530) 841-2724	51	SUTTER COUNTY Welfare & Social Svcs. SLMB/QI/QMB Program 190 Garden Highway P.O. Box 1535 Yuba, CA 95992-1535 (530) 822-7230 Ext. 220	55	TUOLUMNE COUNTY Dept. of Social Services SLMB/QI/QMB Program 20075 Cedar Road North Sonora, CA 95370 (209) 533-5725
48	SOLANO COUNTY Public Welfare Dept. SLMB/QI/QMB Program P.O. Box 5050 Fairfield, CA 94533 (707) 553-5144	52	TEHAMA COUNTY Dept. of Social Welfare SLMB/QI/QMB Program P.O. Box 1515 Red Bluff, CA 96080 (530) 528-4095	56	VENTURA COUNTY Public Soc. Svcs. Agency SLMB/QI/QMB Program 505 Poli Street Ventura, CA 93001 (805) 652-7815
49	SONOMA COUNTY Social Services Dept. SLMB/QI/QMB Program 520 Mendocino Avenue P.O. Box 1539 Santa Rosa, CA 95402 (707) 565-5200	53	TRINITY COUNTY Dept. of Hlth & Hum Svcs SLMB/QI/QMB Program P.O. Box 1470 Weaverville, CA 96093 (530) 623-8236	57	YOLO COUNTY Dept. of Social Services SLMB/QI/QMB Program 500 A Jefferson Boulevard Suite 100 West Sacramento, CA 95605 (916) 375-6214
				58	YUBA COUNTY County Welfare Dept. SLMB/QI/QMB Program P.O. Box 2320 Marysville, CA 95901 (530) 749-6311

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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

SOLICITUD PARA BENEFICIARIOS ESPECÍFICOS DE BAJOS INGRESOS DE MEDICARE (SLMB) E INDIVIDUOS ELEGIBLES (QI)

Nombre		Número del Seguro Social	Número de teléfono ()	Fecha
Fecha de nacimiento	Sexo <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	Estado civil <input type="checkbox"/> Viudo(a) <input type="checkbox"/> Casado(a) <input type="checkbox"/> Soltero(a) <input type="checkbox"/> Separado(a) <input type="checkbox"/> Divorciado(a)		
Dirección (número, calle)		Ciudad	Estado	Zona postal

Esta información es para ayudarle a solicitar beneficios del Programa de Beneficiarios Específicos de Bajos Ingresos de Medicare (*Specified Low-Income Medicare Beneficiary—SLMB*) o del de Individuos Elegibles 1 ó 2 (*Qualifying Individual 1 or 2—QI-1/QI-2*). El programa de Medi-Cal pagará las primas de la Parte B de Medicare a las personas elegibles como *SLMB* o *QI-1*. A las personas elegibles para el programa *QI-2* se les reembolsará una parte de sus primas de la Parte B en enero del año siguiente. Usted puede solicitar beneficios como *SLMB*, *QI-1* ó *QI-2* enviando este formulario a su agencia local de Servicios Sociales del condado.

Para reunir los requisitos como *SLMB*, *QI-1* ó *QI-2*, usted tiene que:

- Ser elegible para la Parte A de Medicare (seguro de hospital).
- Ser elegible para la Parte B de Medicare (seguro médico).
- Satisfacer los requisitos de ingresos a continuación:
 - **SLMB:** Ingresos contables netos por debajo del 120 por ciento (%) del nivel federal de pobreza (*Federal Poverty Level—FPL*) (menos de \$825* para una persona soltera, o menos de \$1,105* para una pareja).
 - **QI-1:**** Ingresos contables netos por debajo del 135 por ciento (%) del *FPL* (menos de \$926* para una persona soltera o menos de \$1,241* para una pareja).
 - **QI-2:**** Ingresos contables netos por debajo del 175 por ciento (%) del *FPL* (menos de \$1,194* para una persona soltera, o menos de \$1,603* para una pareja).
- Poseer bienes no exentos por valor de un máximo de \$4,000 para una persona soltera, o \$6,000 para una pareja.
- Satisfacer otros requisitos y condiciones, como por ejemplo el ser residente de California.

Enumere todas las personas que viven en su hogar (cónyuge/hijos). Si más de tres personas viven con usted, puede enumerarlos en una hoja por separado.

Nombre	Número del Seguro Social	Sexo M=Masculino F=Femenino	Fecha de Nacimiento	Parentesco con Ud.

IMPORTANTE: Si usted o miembros de su familia aparentemente son elegibles para otros programas de Medi-Cal, ¿desea solicitar los beneficios?

- Sí No Si es así, es posible que necesite llenar otros formularios.

ENVÍE POR CORREO EL FORMULARIO COMPLETO A SU AGENCIA DE SERVICIOS SOCIALES DEL CONDADO.

* Si un(a) niño(a) vive con usted en su hogar, estas cantidades podrían ser mayores. Se espera que estas cantidades aumenten cada año en el mes de abril. Si en enero recibió un ajuste del costo de vida del Título II del Seguro Social, esta cantidad no se tomará en cuenta hasta abril.

** Los *QI-1* y *QI-2* que tienen beneficios de Medi-Cal con una parte del costo sólo pueden ser elegibles para este programa durante los meses en que *no* hayan cumplido con su parte del costo.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

A. INGRESOS CONTABLES

I. Anote las cantidades MENSUALES de la persona que desea ser *SLMB, QI-1* ó *QI-2*.

- | | |
|--|----------|
| 1. Cheque del Seguro Social | \$ _____ |
| 2. Beneficios de la VA (Administración de Veteranos) | \$ _____ |
| 3. Intereses de cuentas bancarias o certificado(s) de depósito | \$ _____ |
| 4. Pensión de jubilación | \$ _____ |
| 5. Cualquier otro ingreso | \$ _____ |
| 6. Total—Sume las líneas 1 a 5 | \$ _____ |

II. Si está casado(a) y vive con su cónyuge, anote las siguientes cantidades MENSUALES de su cónyuge, aun cuando él/ella también quiere ser *SLMB, QI-1* ó *QI-2*.

- | | |
|--|----------|
| 7. Cheque del Seguro Social | \$ _____ |
| 8. Beneficios de la VA (Administración de Veteranos) | \$ _____ |
| 9. Intereses de cuentas bancarias o certificado(s) de depósito | \$ _____ |
| 10. Cualquier otro ingreso | \$ _____ |
| 11. Pensión de jubilación | \$ _____ |
| 12. Total—Sume las líneas 7 a 11 | \$ _____ |

III. Anote las cantidades MENSUALES de la persona en la sección I y, si está casada, las del cónyuge en la sección II.

- | | |
|--|----------|
| 13. Ingresos brutos de la persona que quiere ser <i>SLMB, QI-1</i> ó <i>QI-2</i> | \$ _____ |
| 14. Ingresos brutos del cónyuge | \$ _____ |
| 15. Total—Sume las líneas 13 y 14 | \$ _____ |
| 16. Reste \$65 | \$ _____ |
| 17. Saldo | \$ _____ |
| 18. Divida entre 2 | \$ _____ |
| 19. Total—Sume las líneas 6, 12 y 18 | \$ _____ |

IV. Posibles personas elegibles como *SLMB, QI-1* ó *QI-2*.

(Si un(a) niño(a) vive en su hogar, es posible que estas cantidades sean mayores).

- Posiblemente usted sea elegible como *SLMB* si sus ingresos están por debajo del 120 por ciento del *FPL* (menos de \$825 para una persona soltera, o menos de \$1,105 para una pareja).
- Posiblemente usted sea elegible como *QI-1* si sus ingresos están por debajo del 135 por ciento del *FPL* (menos de \$926 para una persona soltera, o menos de \$1,241 para una pareja).
- Posiblemente usted sea elegible como *QI-2* si sus ingresos están por debajo del 175 por ciento del *FPL* (menos de \$1,194 para una persona soltera, o menos de \$1,603 para una pareja).

COUNTY USE

MEDI-CAL
NOTICE OF ACTION
Approval For Benefits as a
Specified Low-Income Medicare Beneficiary

(County Stamp)

State No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Specified Low-Income Medicare Beneficiary (SLMB) program.

We determined that:

- Beginning ____/____/____, you are eligible for the Medi-Cal program to pay your Medicare Part B premiums. If you are currently paying Medicare premiums, please allow 3-4 months from the time you are eligible as a SLMB for the Social Security Administration (SSA) to stop deducting these premiums from your Social Security check. You may receive a refund from the SSA based on its records.
- If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

The regulations which require this action are California Code of Regulations, Title 22, Sections _____.

(Eligibility Worker)

(Phone)

(Dated)

**NOTIFICACION DE ACCION
DE MEDI-CAL**
Aprobación para Beneficios como
Beneficiario Especificado de
Medicare de Bajos Ingresos

(Sello del Condado)

No. del Estado: _____

Distrito: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Hemos revisado su solicitud para determinar si usted reúne los requisitos para un programa nuevo que se llama Beneficiario Especificado de Medicare de Bajos Ingresos (SLMB).

Hemos determinado que:

A partir del ____/____/____, usted reúne los requisitos para que el programa de Medi-Cal pague las primas de la Parte B de Medicare. Si usted actualmente está pagando las primas de Medicare, por favor tenga en cuenta que podrán transcurrir de 3 a 4 meses de la fecha en que se determina que usted reúne los requisitos como un SLMB para que la Administración del Seguro Social (SSA) ya no le descuente el costo de estas primas de su cheque del Seguro Social. Posiblemente reciba un reembolso si existe un saldo a su favor en los registros de la SSA.

Si usted solicitó beneficios normales de Medi-Cal, recibirá notificación por separado.

Los ordenamientos que requieren esta acción, son las secciones _____ del Título 22 del Código de Ordenamientos de California.

(Trabajador(a) de Elegibilidad)

(Teléfono)

(Fecha)

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how.

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253
If you are deaf and use TDD call: 1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W & I Code Section 10950)

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal
 Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature: _____

Date: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5K--PERCENT PROGRAMS

The following are the zero share-of-cost (SOC) Percent programs for pregnant women, infants, and children:

A. CHRONOLOGICAL EXPLANATION AND BACKGROUND

1. 185 Percent Program

SB 2579 amended Section 14148 of the Welfare and Institutions (W&I) Code to require the Department of Health Services (DHS) to adopt the federal Medicaid option (which is now mandatory) available under the Omnibus Budget Reconciliation Act (OBRA) of 1987 to extend Medi-Cal eligibility to all otherwise eligible pregnant women and infants up to the age of one year whose family income does not exceed 185 percent of the federal poverty level (FPL). This program was implemented on July 1, 1989 and ended in February 1994 when it was incorporated into the Income Disregard Program.

2. 200 Percent Program

AB 75 allocated funds from the Cigarette and Tobacco Tax (Proposition 99) to provide a state-only program for otherwise eligible pregnant women and infants up to one year old whose family income exceeds 185 percent but not in excess of 200 percent of the FPL. Assets (property) limits were also waived. This program was implemented January 1, 1990, retroactive to October 1, 1989 and ended in February 1994 when it was incorporated into the Income Disregard program. Assets were disregarded in the 200 Percent Program on January 1, 1992, but only for those persons with income between 185 and 200 percent. The Asset Waiver program continues under the Income Disregard Program. For information on the waiver of assets, see Article 5F of this manual.

3. Income Disregard (Percent) Program

SB 35 amended Section 14148 of the W&I Code to provide an income disregard for pregnant women and infants in the 185 and 200 Percent programs effective February 1, 1994. This resulted in more persons being eligible for the 185 Percent program and allowed the DHS to claim federal financial participation for those persons who were only eligible for the state-only 200 Percent program. The amount of the income disregard is the difference between 200 and 185 percent of the FPL for the family size. Instead of calculating the amount of the income disregard and deducting it from "net" nonexempt income and comparing the remainder to the appropriate 185 percent of the FPL, counties will achieve the same results by comparing the net income to 200 percent of the FPL. Assets are also waived under this program. Effective June 19, 2003, retroactive to January 1, 2002, the Parental Income Disregard Provision disregards all income of the pregnant minor's parents if the minor is living in the home or is between the ages of 18 to 21 and is claimed by the parent(s) as a tax dependent and would be ineligible without this provision.

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4. 133 Percent Program

Section 6401 of OBRA 1989 required states to provide Medi-Cal benefits at zero SOC to otherwise eligible children who have attained age one but have not attained age 6 and whose family income does not exceed 133 percent of the FPL. This program was implemented June 1990, retroactive to April 1, 1990. Effective March 1, 1998, property is disregarded under this program pursuant to SB 903 (Chapter 624, Statutes of 1997)

5. 100 Percent Program

Section 4601 of OBRA 1990 required states to provide Medi-Cal benefits at zero SOC to otherwise eligible children who have attained age 6, were born after September 30, 1983, but who have not attained age 19. The family income may not exceed 100 percent of the FPL. This program was implemented November 1, 1991, retroactive to July 1, 1991. Section 4732 of the Balanced Budget Reconciliation Act of 1997 amended federal law to allow states the option of choosing an earlier date of birth than September 30, 1983. On October 3, 1997, State law (SB 903) added Section 14005.23 of the W&I Code (Chapter 624) to allow persons who have not yet attained age 19 but born prior to September 30, 1983, to be added to the 100 Percent program. Implementation begins on March 1, 1998. This bill also disregarded property for this program.

B. AID CODES AND BENEFITS

Aid Code	Benefits/Status of Person
1. Income Disregard (Percent) Program	
44	Pregnancy related and Postpartum Services Only
48	Pregnancy Related and Postpartum Services Only (unsatisfactory immigration status)
47	Full benefits to infants up to one year unless continuously hospitalized beyond one year
69	Emergency Services Only to infants up to one year unless continuously hospitalized beyond one year
2. 133 Percent Program	
72	Full benefits to children age 1 up to age 6 unless continuously hospitalized beyond age 6.
8P	Full benefits to children age 1 up to age 6 with excess property unless continuously hospitalized beyond age 6.
74	Emergency services only to children age one up to age 6 unless continuously hospitalized beyond age 6.

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8N Emergency services only to children age one up to age 6 with excess property unless continuously hospitalized beyond age 6.

3. **100 Percent Program**

7A Full benefits to persons age 6 up to age 19 unless continuously hospitalized beyond age 19.

8R Full benefits to persons age 6 up to age 19 with excess property unless continuously hospitalized beyond age 19.

7C Emergency Services Only to persons age 6 to 19 unless continuously hospitalized beyond age 19.

8T Emergency Services Only to persons age 6 to 19 with excess property unless continuously hospitalized beyond age 19.

NOTE: See Article 5F in this manual for more information on the excess property aid codes.

C. PERIOD OF ELIGIBILITY

1. **Pregnant Women (200 Percent Income Disregard):** Eligibility begins the first day of the month for which pregnancy is verified and continues through the 60-day period beginning on the last day of pregnancy and ending on the last day of the month in which the 60th day occurs.

2. **Infants (200 Percent Income Disregard):** Eligibility begins at birth and continues to age 1, if otherwise eligible. (See Exception below).

3. **Children Ages 1 to 6 (133%)** Eligibility begins at age 1 and continues up to age 6, if otherwise eligible. (See Exception below).

Persons Ages 6 to 19 (100%) Eligibility begins at age 6 and continues up to age 19, if otherwise eligible. (See Exception below).

EXCEPTION: Inpatient Services

An infant or child who is receiving inpatient medical services during a continuous period which began before and continues beyond his/her ending period (birthday) will continue to be eligible until the end of the continuous inpatient period if otherwise eligible.

NOTE: If a child or infant is eligible for a higher percent program in the month he/she becomes one or six, determine or continue eligibility for the higher program for that month.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

D. ELIGIBILITY DETERMINATION

1. Counties should evaluate Medi-Cal applicants for the Section 1931(b) program (See Article 5S and 8G) prior to determining eligibility for the MN program. If the applicants are not eligible for Section 1931(b), have a share of cost in the MN/MI program, or have not provided information about their property, the children and/or pregnant woman should be evaluated for the Percent programs. **For purposes of illustrating the percent program, the examples in sections D and E assume the family is ineligible for the section 1931(b) program.**

MFBU Has No SOC

If the eligible family's net nonexempt income is at or below the MN or MI maintenance need level and there is no SOC, there is no need for the Percent programs.

MFBU Has a SOC and *Sneed* Procedures Do Not Apply

Any pregnant woman, infant, or child who would have a SOC under the MI/MN program shall be considered for potential eligibility under the Percent programs.

- A. Determine the number of persons in the MFBU.
- B. Determine the family's net nonexempt income as specified under family income determination below.
- C. Compare to the appropriate Percent program limit for the number of persons in A.
- D. If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.
- E. If the MFBU contains a pregnant minor mother who is living with her senior parent(s) and the family's net nonexempt income is above the 200 percent Income Disregard Program limits, disregard the income of the parent(s) and reevaluate her eligibility based on a family size of two (pregnant woman and unborn). If she also has a born child or spouse living in the home, include them in the MFBU.

MFBU Has a SOC and *Sneed* Procedures Apply For the Income Determination

If *Sneed* procedures apply to the income determination, the MFBU already has been broken down into mini budget units (MBUs). If the MBU which contains the potential Percent program eligible has no SOC, report the individual to the Medi-Cal Eligibility Data System (MEDS) under the appropriate regular aid code with a zero SOC. If the MBU has a SOC, the pregnant woman, infant, or child shall be considered for Percent program eligibility.

- A. Determine the number of people in the MFBU.
- B. Determine the potential Percent program eligible's net nonexempt income as follows:
 - (1) Use the rules described below under family income determination to determine net nonexempt income.

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- (2) Consider only the potential eligible's own net nonexempt income and that of his/her parent/spouse if they are in the MFBU. Note: If the child has his/her own income and property (is in his/her own MBU), that income/property is never used to determine his/her parent's or sibling's Percent program eligibility.
- (3) Compare the total net nonexempt income to the appropriate Percent program limit for the number of persons in (A).
- (4) If the family's net nonexempt income exceeds the FPL, no eligibility exists under the poverty level programs. Compute the SOC for the regular MI/MN program.
- (5) If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.
- (6) If the MFBU contains a pregnant minor mother who is living with her senior parent(s) and the family's net nonexempt income is above the 200 percent Income Disregard Program limits, apply the parental income disregard provision in determining the pregnant minor's eligibility for the Income Disregard Program. That is, disregard the income of the parent(s) and reevaluate her eligibility based on a family size of the pregnant minor and her unborn(s), e.g., two (pregnant woman and unborn) or three (if a pregnant minor and the unborn are twins). If she also has a born child or spouse living in the home, include them in the MFBU. NOTE: A pregnant woman in her last trimester with a deprived unborn may be eligible for Section 1931(b) as an adult if she is 18 and not enrolled in school.

Note: Since no income from the pregnant minor's parent(s) is counted, if the pregnant minor's parent applies for her and provides the necessary information about the minor but refuses to provide his/her income or information about himself/herself, counties may make the determination without it. This sometimes occurs when the minor is married and living in the home of the senior parent because the parent considers the child to be an adult.

2. Family Income Determination

- o The allowable income deductions for Aid to Families with Dependent Children-Medically Needy (AFDC-MN) families shall be considered for potential eligibility, e.g., child support disregard, \$90 work related expenses, child care paid, court ordered alimony or child support paid, the excluded child allocation, income used to determine Public Assistance (PA), and the allocation to the Supplemental Security Income (SSI) or In-Home Supportive Services (IHSS) recipient.
- o Health insurance premiums are not allowable deductions from the gross income when computing the adjusted net nonexempt family income.

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- o Deductions which are solely applicable to those who are Aged, Blind or Disabled (ABD) are not allowable deductions nor are medical expenses paid to reduce another family member's share-of-cost.
- o The Social Security Title II Cost of Living Adjustment (COLA) in January shall not be included until the effective date of that year's FPL.

EXAMPLES

NOTE: *The FPL limits and parental needs deductions are subject to change. For purposes of these examples, assume they are correct.*

Example A: Regular MI/MN SOC Program -Sneede procedures do not apply

MFBU - MN	Person	Income	SOC Determination
Married unemployed dad	Tom	\$1,467	\$1,467 net nonexempt income
Married pregnant mom	Robyn	\$ 0	- 40 health insurance
Unborn	-----	\$ 0	\$1,427 net nonexempt
3-month-old	Matthew	\$ 0	- 1,417 MN limit for 6
5-year-old	Ryan	\$ 0	\$ 10 SOC
7-year-old	Bob	\$ 0	

Since the family has a SOC, Robyn, Matthew, Ryan, and Bob will be considered for the Percent programs. Since health insurance premiums and deductions solely for the ABD cannot be used to reduce the family's income for these programs, the eligibility worker (EW) will add back the health insurance premium to the family's adjusted net nonexempt income.

\$1,427 net nonexempt income under regular Medi-Cal
 + 40 health insurance premium
 \$1,467 adjusted net nonexempt income

1. Compare to 100 percent of the FPL for 6 persons: \$2,057 (effective April 2003). Bob is eligible for the 100 Percent Program.
2. Compare to 133 percent of the FPL for 6 persons: \$2,736 (effective April 2003). Ryan is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 6 persons: \$4,114 (effective April 2003). Robyn, unborn, and Matthew are eligible for the Income Disregard Program.

Example B: Regular MI/MN SOC Program - Sneede procedures do not apply

MFBU - MN	Person	Income	SOC Determination
Employed mom	Jill	\$1,165	\$1,165 net nonexempt income
6-month-old	Pam	\$ 0	- 50 health insurance
4-year-old	Cindy	\$ 0	\$1,115 net nonexempt
6-year-old	Bryan	\$ 0	- 1,100 MN limit for 4
			\$ 15 SOC

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Since the family has a SOC, the children will be considered for the Percent programs. Since health insurance premiums and deductions solely for the ABD cannot be used to reduce the family's income for these programs, the EW will add back the health insurance premium to the family's adjusted net nonexempt income.

\$1,115 net nonexempt income
+ 50 health insurance premium
\$1,165 adjusted net nonexempt income

1. Compare to 100 of the FPL for 4 persons: \$1,534 (effective April 2003). Bryan is eligible for the 100 Percent program.
2. Compare to 133 percent of the FPL for 4 persons: \$2,040 (effective April 2003). Cindy is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 4 persons: \$3,067 (effective April 2003). Pam is eligible for the Income Disregard program.

Example C: Stepparent Case When Only the Separate Child(ren) of One Parent Wishes Medi-Cal

When only the separate child(ren) of one spouse applies for Medi-Cal, the county will use only the child(ren)'s own income, if applicable, and the balance of the ineligible parent's income which is available to the members of the MFBU. To determine the amount of the ineligible parent's income available to the MFBU, i.e., the balance, the county must follow the methodology similar to that developed in *Sneede* even though it is not yet known whether this case will ultimately be a *Sneede* case. That is, the county determines the amount of the ineligible parent's income allocated to the nonmembers of the MFBU for whom he/she is responsible and the remainder is the balance available to the MFBU. In making this determination, the ineligible parent is allowed appropriate income exemptions and deductions including a parental needs deduction, and then net nonexempt income is equally allocated to his/her excluded spouse and all of the ineligible parent's natural/adopted children in the household who are both in and out of the MFBU. The amount allocated to the non-MFBU members for whom the ineligible parent is responsible is then deducted from the ineligible parent's gross income (as are other appropriate deductions and exemptions) to determine the balance of the ineligible parent's income available to the MFBU. The county will then determine whether this is a *Sneede* income case.

NOTE: If the parent of the separate children is pregnant and the unborn is the mutual child of the spouse, don't include the unborn in the MFBU.

Scenario: Sally wants Medi-Cal for her two separate children, Susie (age five) and Shauna (age four). Sally, her husband, Sam, and their mutual child, Steven, do not want Medi-Cal. Sally works and earns \$1,710 per month; Susie and Shauna have no income of their own. The MFBU is composed of Susie, Shauna, and Sally as an ineligible parent.

Determination of Balance of Mom's Income Available to the MFBU

- A. Allocation Determination -- To determine allocation to family members not in the MFBU.
- | | |
|---------|---|
| \$1,710 | Sally's gross earnings |
| - 90 | Work deductions |
| \$1,620 | Net nonexempt income |
| - 600 | Parental needs deduction |
| \$1,020 | Divided by 4 (Sam, Shauna, Susie, Steven) = \$255 to each |
| \$ 510 | To Sam and Steven, not in MFBU |

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B. Net Balance to MFBU

\$1,710 Sally's gross earnings
 - 90 Work Deduction
 \$1,620
 - 510 (\$255 allocation to Sam, \$255 allocation to Steven)
 \$1,110 Net balance available to MFBU from Mom

MFBU's SOC Computation

\$1,110 Mom's income
 0 Shauna's income
 0 Susie's income
 \$1,110 Total net nonexempt income
 - 934 MN limit for 3
 \$ 176 SOC

Since the MFBU has a SOC and the two girls are aged five and four, they are potentially eligible for the 133 Percent program. (Note: *Sneede* is not applicable because the girls do not have income of their own. If the girls did have income of their own, *Sneede* procedures would apply before eligibility is determined for the FPL programs.)

133 Percent program eligibility for each child:

Shauna	Susie
\$1,110 Balance of Mom's net nonexempt income	\$1,110 Balance of Mom's net nonexempt income
<u>0</u> Shauna's income	<u>0</u> Susie's income
\$1,110 Total net nonexempt income	\$1,110 Total net nonexempt income

\$1,110 Total net nonexempt income compared to 133 Percent FPL for three* = \$1,692 (April 2003).

Therefore, Susie and Shauna are eligible for the 133 Percent programs.

*The FPL is compared to only the number of persons in the MFBU.

If Shauna and Susie each had income-in-kind of \$237.50, *Sneede* procedures would apply.

NOTE: The MFBU's SOC would also be different. The MBU's would be as follows:

MBU #1 (Sally)	MBU #2 (Shauna)	MBU #3 (Susie)	
Sally's Own Share	\$600	Allocation from Sally	\$255.00
MNIL	<u>-600</u>	Shauna's Income	<u>237.50</u>
SOC	\$ 0	Total	\$492.50
		Minus	<u>375.00</u>
		SOC	\$117.50
		Allocation from Sally	\$255.00
		Susie's Income	<u>237.50</u>
		Total	\$492.50
		Minus MNIL	<u>375.00</u>
		SOC	\$117.50

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Compare Shauna's and Sally's total net nonexempt income (\$1,110 + \$237.50) to the 133 percent FPL for three persons (\$1,692).

Compare Susie's and Sally's total net nonexempt income (\$1,110 + \$237.50) to the 133 percent FPL for three persons (\$1,692). Both Shauna and Suzie are eligible.

Example D: Married Parents with Mutual and Separate Children

A family of four, (mother-Jane, father-John, their mutual child-Joy age two years, and the mother's separate child-June age 17) are receiving Medi-Cal. The mother has unemployment benefits of \$750, pays a \$50 health insurance premium, for a net nonexempt income of \$700 per month. The father has unemployment benefits of \$800 per month. The children have no income. Since the family has a share of cost (SOC) based on MNIL of \$1,100, revised *Sneed* rules (as modified by *Gamma*) would apply.

<u>Mother (Jane)</u>		<u>Father (John)</u>	
Total countable Income	\$ 700.00	Total countable income	\$800.00
Less parental needs	<u>\$ 600.00</u>	Less parental needs	<u>\$600.00</u>
Mother's income to be allocated	\$ 100.00	Father's income to be allocated	\$200.00
Number of persons for whom Mother is responsible (Father, mutual child, and Mom's separate child)	3	Number of persons for whom Father is responsible (Mother, mutual child)	2
Mother's allocation	\$33.34 each	Father's allocation	\$100.00 each

<u>MBU #1</u>		<u>MBU #2</u>	
(Jane, John, Joy)		(June)	
Mother's Own Share	\$ 600.00	Allocation from Mother	<u>\$ 33.34</u>
Mother's Allocation from Father	100.00	Total Income	33.34
Father's Own Share	600.00	Minus MNIL	<u>-375.00</u>
Father's Allocation from Mother	33.34	SOC	<u>\$ 0.00</u>
Child's Allocation from Mother	33.34		
Child's Allocation from Father	<u>+ 100.00</u>		
Total	\$1,466.68		
Minus MNIL for 3	<u>- 934.00</u>		
SOC	\$ 533.00		

Since Joy is two years old and has a SOC, she is potentially eligible for the 133 percent program.

Compare only Mom's net nonexempt income (\$700) and Dad's net nonexempt income (\$800) (total of \$1,550 after adding back \$50 health care deductions) to 133 percent of the FPL for a family of four to determine Joy's eligibility for the 133 percent program. Joy is eligible for this program.

Example E: Unmarried Couple and their Unborn

The existing MFBU consists of a family of three: an unmarried couple and their unborn. The father does not wish to apply for Medi-Cal.

MFBU

Mother
Unborn

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Assume the MFBU is property eligible and has a SOC. Since the father does not wish Medi-Cal, *Sneede* procedures do not apply.

When determining eligibility for the Income Disregard program, use only the income of the mother. Compare her net nonexempt income to 200 percent of the FPL for two. Do not include the father of her unborn.

NOTE: The unmarried father of an unborn or child under age one who has no other mutual or separate children living in the home who are applying for Medi-Cal is not required to be included in the MFBU until the unborn is age one unless he wishes to be aided or the mother of his child needs him for linkage after her pregnancy ends. This is due to the *Sneede v. Kizer* lawsuit and the Continued Eligibility program, the latter of which requires that the eligibility determination for the unborn or infant be tied only to the mother.

Example F: Caretaker Relative and Grandchildren

The MFBU consists of a family of three: a grandmother (caretaker relative) and her daughter's two children. The children are ages 2 and 5. The children each receive Social Security benefits.

MFBU

Caretaker Relative

Child A - \$

Child B - \$

Assume the MFBU is property eligible and has a SOC under existing regulations. The county applies revised *Sneede* procedures to the SOC determination. Assume that the children's MBUs have a SOC under *Sneede*.

MBU #1	MBU #2	MBU #3
Caretaker Relative (with SOC or zero SOC)	Child A - \$ (SOC)	Child B - \$ (SOC)

The two children under age 6 are now potentially eligible for the 133 Percent programs.

1. Use only Child A's income and compare it to the FPL level for three persons.
2. Use only Child B's income and compare it to the FPL level for three persons.

E. MULTIPLE MEDI-CAL FAMILY BUDGET UNITS - DUAL ELIGIBILITY

Pregnant Women

Under the Income Disregard (Percent) program, the pregnant woman is only entitled to receive pregnancy-related services. However, she is also eligible under the MI/MN program (unless she requested Minor Consent services only) with a SOC for her non-pregnancy-related care. Therefore, she and her unborn will be in two MFBU's: (1) the Income Disregard program and (2) the MI/MN program with a SOC.

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Children

Children in the Percent programs are entitled to receive full or emergency and pregnancy-related services depending on their citizen status. They will also appear in two MFBU's if there are other members of the family receiving regular SOC Medi-Cal; however, they will be considered an ineligible (I.E.) member of the regular MFBU.

EXAMPLES

Example 1: Pregnant Mother and Spouse

Holly is a pregnant mom. She is applying for herself and her husband Jim who is unemployed. The family has a SOC under the MI/MN program, but their income is less than 200 percent of the FPL. The MFBU's would be as follows:

Income Disregard

Holly
Unborn
<Jim>

MI/MN Program

Holly
Unborn
Jim

Example 2: Single Pregnant Mother and Children

Ann is a pregnant mother of three children. She is applying for herself and her unborn, her six-month-old son Mike, her four-year-old son John, and her twenty year-old daughter Marie. The family is income eligible for all the percent programs; however, Marie is not eligible for the 100 Percent program because she is over age 19.

Income Disregard

Ann
Unborn
Mike
<John>
<Marie>

133 Percent

<Ann>
<Unborn>
<Mike>
John
<Marie>

MI/MN Program

Ann
Unborn
<Mike>
<John>
Marie

NOTE: When the pregnant woman delivers her baby, the otherwise eligible newborn will be issued a Beneficiary Identification Card (BIC) within two months under the appropriate Income Disregard program.

F. MARRIED AND UNMARRIED PREGNANT MINOR'S LIVING WITH SENIOR PARENTS

All County Welfare Director's Letter 03-34 dated January 19, 2003 informed counties that all income from a parent or parents of a pregnant minor who live together in the home is disregarded when determining eligibility for the Income Disregard (200 Percent) program if the pregnant minor is not eligible using regular rules. This includes a pregnant minor who is between the age of 18 and 21 and claimed as a tax dependent by her parents even though she does not live in the home of her parents.

Under the parental income disregard provision, only the net nonexempt income of the pregnant minor and her spouse, if applicable, will be counted in the determination. All other program rules for the Income Disregard Program described in the Medi-Cal Eligibility Procedures Manual Articles 5K, 8F, and 8G still apply when determining eligibility under this revision.

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Should counties become aware of any cases where the pregnant minor had a share of cost (SOC) or a SOC and excess property due to parental income and resources, counties should redetermine eligibility for the Income Disregard program under the new rules retroactive to January 1, 2002.

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Example 1: Unmarried Pregnant Minor Living With Her Parents

The family consists of an unmarried pregnant 17-year-old citizen woman living with her parents. The minor is not deprived and the family is not eligible for the Section 1931(b) or the Medically Needy (MN) program. The county has determined that she has a SOC in the Medically Indigent (MI) program. If the county had evaluated the pregnant woman for the Income Disregard program using previous rules, she would not be eligible due to her and her parent's income. Assume the income is net nonexempt.

Income Disregard Program Rules

<Pregnant Minor's Mother>	\$1,500
<Pregnant Minor's Father>	\$2,000
Pregnant Minor	\$ 500
Unborn	\$ 0
Total	\$4,000
Limit for Four	\$3,067

When the county uses the new parental income disregard provision, the pregnant minor is now eligible since only her income is used.

Parental Income Disregard Provision

Pregnant Woman	\$ 500
Unborn	\$ 0
Total	\$ 500
Limit	\$2020

The minor should be reported to the Medi-Cal Eligibility Data Systems (MEDS) using the usual secondary aid code of 44 for pregnancy-related services only. She will have a SOC in the MI program for non-pregnancy services and may be reported to MEDS with a primary aid code of 83. If she did not have satisfactory immigration status, she would be reported to MEDS with a secondary aid code of 48, with a primary aid code of either 58 or 5F.

Example 2: 20-Year-Old Pregnant Woman In Her Last Trimester Living With Her Parents and the Unborn Child's Father (Boyfriend)

A 20-year-old pregnant woman in her last trimester is applying for Medi-Cal. Her parents are not requesting benefits. Since she is considered to be an adult for the Section 1931(b) program, she may apply on her own behalf. Assuming the unborn would be deprived if born, the county should evaluate her for that program first. Her 21 year-old unemployed boyfriend (father of unborn) is not eligible for this program until the baby is born since they have no other children. Assume the income is net nonexempt.

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<u>Section 1931(b)</u>	<u>MN Program</u>
Pregnant woman	\$ 900
Unborn	\$ 0
<Boyfriend>	<u>\$ 0</u>
Total	\$ 900
Limit	\$1272

The pregnant woman is eligible for the Section 1931(b) program. The boyfriend is eligible for the MN program until the baby is born. He may then be aided in the Section 1931(b) program.

Note: The new parental income disregard provision had no impact in this scenario.

Example 3: 18-Year-Old Pregnant Woman In Her First Trimester Living With Her Parents And Her Unborn Child's Father (Boyfriend).

This pregnant unemployed 18-year-old was evaluated for the Section 1931(b) program as an adult, but is not eligible because either she is not in her last trimester of pregnancy or her income is over the limit. She and her parents should be then evaluated for the MI program because her father is employed and she is not deprived. The minor's parents are now in the Medical Family Budget Unit (MFBU) because she is considered a child in that program. The senior parents have no linkage. Assume the income is net nonexempt. The pregnant minor and her unborn are also in the MN MFBU with the unemployed boyfriend (second parent) to determine if he is eligible.

<u>MI Program</u>	<u>MN Program</u>
Pregnant Minor	\$1,000
Unborn	\$ 0
<Pregnant Minor's Father>	\$3,000
<Pregnant Minor's Mother>	<u>\$ 500</u>
Total	\$4,500
Limit	\$1,100
SOC	\$3,400

	<Pregnant minor>		\$1,000
	Unborn		\$ 0
	Boyfriend		\$ 0
	Total		<u>\$1,000</u>
	Limit		\$ 934
	SOC		\$ 66

Since the pregnant minor has a SOC in the MI MFBU, *Sneede* rules apply. *Sneede* rules also apply to the MN MFBU when determining the boyfriend's eligibility because they are unmarried. He appears eligible with zero SOC for the MN program because the pregnant minor does not deem any income to him in the *Sneede* determination.

Pregnant Minor's *Sneede* Determination:

<Pregnant Minor's Father> $\$3,000 - \$600 = \$2,400 \div 2 = \$1,200$
 <Pregnant Minor's Mother> $\$500 - \$600 = \$0$

<u>Mini Budget Unit (MBU) No. 1</u>	<u>MBU No. 2</u>
<Pregnant Minor's Father>	\$ 600
<Pregnant Minor's Mother>	<u>\$ 500 + \$1,200</u>
Total	\$2,300
Limit	\$ 934

	Pregnant Minor		\$1,000 + \$1,200
	<Unborn>		<u>\$ 0</u>
	Total		\$2,200
	Limit		\$ 550*
	SOC		\$1,650

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*Note: The unborn is counted as a child when determining the personal needs amount for a pregnant mother. The minor has a SOC in the MI program and is not eligible for the 100 percent program or the Income Disregard Program using regular rules. She should be evaluated for the Income Disregard Program using the new parental income disregard rules.

Parental Income Disregard Provision

Pregnant Minor	\$1000
Unborn	\$ 0
Total	\$1000
Limit	\$2020

The pregnant minor is eligible for the Income Disregard program for her pregnancy related benefits using the new rules.

Example 4: Stepparent Household With Pregnant Minor And Her Boyfriend (Parent Of Unborn)

A stepparent household consists of a married couple, the husband's separate unmarried 16-year-old pregnant minor, the minor's unborn child, the minor's unemployed 17-year-old boyfriend (father of the unborn), and the wife's separate ten-year-old child. The entire household applies for Medi-Cal and the father reports his daughter's pregnancy. They are evaluated for the Section 1931(b) program. The minor's boyfriend (father of the unborn) is receiving unemployment benefits and is requesting Medi-Cal, but is not eligible for Section 1931(b) until the baby is born. Once the baby is born, the Section 1931(b) MFBU used to determine the boyfriend's eligibility will also include the minor mother as an ineligible member and the baby as an eligible member. Assume the income is net nonexempt.

Section 1931(b) MFBU No.1

Father	\$2,010
Stepmother	\$ 500
Pregnant minor	\$ 400
Unborn	\$ 0
Stepmother's ten-year-old	\$ 0
Total	\$2,910
Limit	\$1,795

Section 1931(b) MFBU No.2

<Boyfriend>	\$ 200
<Pregnant minor>	\$ 400
< Unborn>	\$ 0
Total	\$ 600
Limit	\$1, 272

No eligible persons in this MFBU

Since the family members in MFBU No. 1 are over the Section 1931(b) limit, Sneede rules apply. The boyfriend should be evaluated for the MN program until the baby is born.

Father \$2,010 - \$749 = \$1,261 ÷ 2 = \$630.50 Stepmother \$500 - \$749 = \$0

MBU No.1

Father	\$, 749
Stepmother	\$ 500 + \$631
Total	\$1,880
Limit	\$1,010

MBU No. 2

Pregnant minor	\$400 + \$631
Unborn	\$ 0
Total	\$1,031
Limit	\$1,010

MBU No.3

10-year-old	\$ 0
Limit	\$498

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Only the ten-year-old is eligible for Section 1931(b) in the first month. Evaluate the other family members for the MN program. The ten-year-old is not in the MN MFBU.

MN MFBU No. 1

Father	\$2,010
Stepmother	\$ 500
Pregnant minor	\$ 400
Unborn	\$ 0
Total	\$2,910
Limit	\$1,100
SOC	\$1,810

The pregnant minor has a SOC in the MN program. Sneede rules apply.

Father $\$2010 - \$600 = \$1410 / 2 = 705$ Stepmother $\$500 - \$600 = 0 + 705 = \$705$

MN MBU #1

Father	\$ 600
Stepmother	\$ 705
Total	\$1,305
Limit for two	\$ 934
SOC	\$ 371

MN MBU#2

Pregnant Minor	\$400+705+1105
Unborn	\$ 0
Total	\$ 1105
Limit for two	\$ 750
SOC	\$ 455

The father and stepmother have a SOC of \$371. Evaluate the pregnant minor for the Income Disregard program because she is not income eligible for the 100 Percent FPL program.

Income Disregard Program

<Father>	\$2,010
<Stepmother>	\$ N/A
Pregnant Minor	\$ 400
Unborn	\$ 0
<10-year-old>	\$ N/A
Total	\$2,410
Limit	\$3,590

The pregnant minor is eligible for the Income Disregard Program. There is no need to proceed to the Revised Income Disregard Program. NOTE: If the county used the new parental income provision, the father, stepmother, and the 10 year-old sibling would not be included in MFBU. With respect to the boyfriend he should be evaluated under the MN program, since he is a person under age 21 and is also the parent of a deprived unborn ; however, the boyfriend should be included as ineligible member since he requested to be aided and was in the MN MFBU No. 2.

Evaluate the boyfriend for the MN program.

The second MN MFBU would consist of the ineligible pregnant minor, her unborn, and the eligible boyfriend (and father of the unborn) and any other children of the minor, if applicable.

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MN MFBU No. 2

<Ineligible Pregnant Minor>	\$400
Unborn	\$ 0
Boyfriend (Father of the Unborn)	<u>\$200</u>
Total	\$600
Limit	\$934

The boyfriend is eligible in the MN program.

Example 5: 18-Year- Old Unmarried Pregnant Woman, Boyfriend (father of the unborn), Siblings, And Her Parent

The family consists of an unmarried pregnant 18-year-old woman who is in her last trimester of pregnancy and not enrolled in school, her 21-year- old employed boyfriend (father of the unborn), his two-year-old separate child with income, the pregnant woman's two siblings age 10 and 15, and the pregnant woman's parent. They all live in the home. Although the pregnant woman is an adult for purposes of the Section 1931(b) program, her unborn is not deprived because she and her boyfriend are fully employed and she is not an essential person. Therefore, she is not eligible for the Section 1931(b) program. She has net nonexempt earnings of \$3000. Evaluate her siblings, and her parent for the Section 1931(b) program. Sibling number two receives \$300 in Social Security income. The pregnant woman is an ineligible member of her mother's MFBU because her mother requested aid and the pregnant woman is not eligible to apply for Section 1931(b) in a separate case. Assume the income is net nonexempt.

Section 1931(b) Program

Pregnant Woman's Mother	\$1,500
Child No.1	\$ 0
Child No.2	\$ 300
<Pregnant 18-year-old>	\$3,000
<Unborn>	<u>\$ 0</u>
Total	\$4,800
Limit	\$1,795

The family is over the limit; therefore, *Sneed* rules apply. Pregnant woman's Mother
 $\$1,500 - \$749 = \$751 \div 3 = \250

MBU NO.1

Mother	\$749
Child No.1	\$0 + \$250
Total	<u>\$999</u>
Limit	\$1010

MBU No. 2

Child No.2	\$300+ \$250
Total	<u>\$550</u>
Limit	\$505

MBU No. 3

<18-Year-Old>	\$3,000+\$250
<unborn>	\$ 0
Total	<u>\$3,250</u>
Limit	\$ 848

The senior mother and child Number One are eligible for Section 1931(b).

Evaluate the remainder of the family for the MN program. The pregnant woman is a minor child for this program. No income from the senior mother is considered in the MN determination since she is eligible for 1931(b).

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MN Program

Pregnant minor	\$3,000
Unborn	\$ 0
Sibling child No.2	<u>\$ 300</u>
Total	\$3,300
Limit	\$ 934
SOC	\$2,366

Sneede rules apply.

MN MBU#1

Pregnant minor	\$3,000
Unborn	\$ 0
Total	\$2,500
Limit	\$ 750
SOC	\$2,250

MN MBU#2

Child No. 2	\$300
Total	<u>\$300</u>
Limit	\$600

Sibling Number Two is eligible for the MN program with no SOC. The pregnant minor has a \$2,250 SOC. Each MBU has a full income limit because the pregnant minor's mother is not in the MN MFBU. The pregnant minor's mother and child Number One are eligible for Section 1931(b) and are treated as though they were receiving California Work Opportunity and Responsibility to Kids.

Evaluate the pregnant minor for the 100 Percent program.

100 Percent Program

<Pregnant Minor's Mother>	\$1,500	
<Child No.1>	\$ N/A	
<Child No.2>	\$ N/A	
Pregnant 18-year-old	\$3,000	
Unborn	<u>\$ 0</u>	
Total	\$4,500	
Limit for five		\$1,795

The pregnant 18-year-old is not eligible for the 100 Percent program. Evaluate the pregnant woman for the Income Disregard program.

Income Disregard Program

<Pregnant Minor's Mother>	\$1,500
<Child No. 1>	\$ N/A
<Child No. 2>	\$ N/A
Pregnant 18-year-old	\$3,000
Unborn	<u>\$ 0</u>
Total	\$4,500
Limit	\$3,590

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The pregnant woman is not eligible for the Income Disregard program using regular rules. Evaluate her for using the parental income disregard provision.

Parental Income Disregard Provision

Pregnant 18-year-old	\$3,000	The pregnant 18-year-old is not eligible using the parental income disregard provision. She will have a \$2,250 SOC in the MN program.
Unborn	\$ 0	
Total	\$3,000	
Limit	\$2,020	

Example 6: Married Pregnant 19-Year-Old Living With Her Parent

A married pregnant 19-year-old living with her 21-year-old husband, their mutual three-year-old child and her parent, age 42. Because the 19-year-old is considered an adult for Section 1931(b), her mother is not included in the Section 1931(b) MFBU and is not eligible because she has no deprived "child". The pregnant woman is incapacitated. Evaluate her, her husband, and their mutual child for Section 1931(b). Assume the income is net nonexempt.

Section 1931(b) MFBU

Pregnant Woman	\$ 750
Unborn	\$ 0
Spouse	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$1,534

Since the family failed the Section 1931(b) income test, evaluate them for the MN program to determine their SOC. The pregnant minor's parent is now included in this MFBU because the pregnant minor is considered a child for this program. The pregnant minor is deprived because her father is absent.

MN MFBU No.1

<Pregnant Minor's Parent>	\$3,000
Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$5,750
Limit	\$1,259
SOC	\$4,491

MN MFBU No. 2

<Pregnant 19-Year-Old>	\$ 750
Unborn	\$ 0
Spouse	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$1,100
SOC	\$1,650

MN MFBU No. 3

Pregnant Minor's Parent	\$3,000
<Pregnant 19-Year Old>	\$ 750
Unborn	\$ N/A
Total	\$3,750
Limit	\$ 934
SOC	\$2,816

Note: Sneede rules would apply to MFBU No. 3 because the pregnant minor's parent has a SOC of \$2,816 and the 19-year-old has income. If the parent keeps her personal needs allowance of \$600 and deems the remainder to the pregnant minor, the parent will be eligible for the MN program with no SOC.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Evaluate the pregnant woman and her child for the Percent programs.

Income Disregard Program

<Pregnant Minor's Parent>	\$3,000
Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$5,750
Limit	\$3,590

133 Percent Program

<Pregnant Mother>	\$ 750
<Unborn>	\$ 0
<Spouse>	\$2,000
Mutual Child	\$ 0
Total	\$2,750
Limit	\$2,040

The Mutual Child is not eligible for the 133 Percent program. She and her father would have a SOC of \$1650. The child should be referred to Healthy Families (HF). The pregnant woman is not eligible for the Income Disregard program for her pregnancy-related services using regular Medi-Cal rules. Evaluate her using the parental income disregard provision rules.

Parental Income Disregard Provision

Pregnant 19-Year-Old	\$ 750
Unborn	\$ 0
<Spouse>	\$2,000
<Mutual Child>	\$ 0
Total	\$2,750
Limit	\$3,067

The pregnant woman is eligible for the Income Disregard program using the new parental income disregard rules; however, she has a \$4,491 SOC for her other services.

OTHER INFORMATION

Counties may make the Income Disregard determination using the parental income disregard provision before applying the regular Income Disregard Program rules unless it would be more beneficial to use the regular rules, e.g., the pregnant minor or her boyfriend/spouse have income, her parents have little income, or there are siblings in the home which raises the family size and the income limit. The scenario in Example Four illustrates that situation.

G. RETROACTIVE REPAYMENT OF SHARE OF COST (SOC)

Beneficiaries who previously met or obligated to pay their SOC and were subsequently determined eligible in the same month of eligibility for one of the Percent programs are entitled to an adjustment (refund/reduction of the billed amount) if they had expenses that would have been covered by the Percent programs. If the family met its SOC but the beneficiary had no pregnancy related expenses for that month (received no benefits), he/she would not be eligible for a refund.

1. Date of Service is less than 12 months:

The beneficiary should be given the Share-of-Cost Medi-Cal Provider Letter (MC 1054) containing the "Old Share of Cost County I.D." and the "New Non-Share of Cost County I.D." to give to the provider for processing.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Once the provider's claim for services has been reimbursed by the fiscal intermediary, the provider must refund the appropriate amount to the beneficiary if the met SOC was paid. If the SOC was obligated but not paid, the provider reduces the amount billed to the beneficiary by the appropriate amount.

2. Date of Service is older than 12 months:

The beneficiary should be given retroactive Medi-Cal eligibility containing the original SOC, county, I.D., and an MC 1054. The beneficiary should follow the same procedure as noted above.

3. If the beneficiary had expenses in a past month and the SOC was not met, the county should issue the appropriate Percent program card.
4. If the beneficiary states that he/she does not wish a refund but prefers an adjustment to a future month's SOC, follow the procedures outlined in Article 12 of the Medi-Cal Eligibility Procedures Manual.

H. MEDS ALERT

Pregnant Women

Counties will receive an alert towards the end of the 11th month from which the MEDS record was established stating that the woman appears to be no longer eligible for the Percent program. The county will be responsible for terminating the MEDS record and for evaluating the woman for other Medi-Cal programs. If the woman becomes pregnant again within 12 months, the county can reactivate the MEDS record through a restoration of benefits; however, no subsequent alert will be generated.

Children

An alert (9525) will be generated every six months beginning with the last month of eligibility to remind the county to check the child's inpatient status, send a Notice of Action, or that a termination action should be taken if MEDS has no terminated date.

An alert (9526) will be sent when the child is past the appropriate age and every six months thereafter. When eligibility has not been reconfirmed by the county. It will inform the county that eligibility has been terminated on MEDS.

Counties should consult their MEDS Manual for the appropriate Eligibility Status Action Codes (ESACs) in the case of continuing inpatient status.

Children who are no longer eligible for a Percent program should be evaluated for all other Medi-Cal programs before being terminated.

I. QUESTIONS AND ANSWERS

1. If a pregnant woman has income of her own and is married to a man receiving disability benefits (not SSI), how is the income to be treated?

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Answer: To determine the family's SOC under the regular MI/MN program, the ABD deductions would be allowed. However, to determine the woman's eligibility under the Income Disregard program, the AFDC-MN deductions are applied to their income. No deductions for the ABD are allowed.

2. Same situation as No. 1 except the husband is disabled and in long-term care (LTC). How are the MFBU's determined?

Answer: There are two MFBU's. The maintenance need for the mom and the unborn will be for two persons. The husband will be in his own MFBU and will receive a maintenance need amount of \$35 for his LTC status.

3. May a woman become initially entitled to the Income Disregard program during the 60-day postpartum period or during one of the three retroactive months prior to the month of application?

Answer: Yes, if otherwise eligible, she may become initially entitled to the Income Disregard program during or prior to the 60-day postpartum period. For example, if a pregnant woman's initial Medi-Cal application is made three months after the month the pregnancy ended, she still could be eligible for the Income Disregard program. This is unlike the actual 60-day postpartum program (aid code 76) where the woman must have filed for, was eligible for, and received Medi-Cal in the month of delivery.

NOTE: Women who are requesting retroactive postpartum benefits and have no SOC in those months should be placed in the Income Disregard program.

For example, a mother, a father and an infant apply for Medi-Cal in July and request retroactive coverage for April, May, and June. The baby was born in March. The father is employed and has no linkage. In April and May, the mother has linkage via the Income Disregard program which covers women during pregnancy and the 60 postpartum days.

Assuming she and the infant meet the requirements of the Income Disregard program in April and May, both are covered. In June, there is no longer linkage for the mother and she is discontinued. If otherwise eligible, the infant's eligibility continues. If the family income had been above the 200 percent limit, Mom would not have been eligible for the Income Disregard program and its postpartum benefits. Postpartum benefits would only be available under the 60-Day Postpartum program, but she did not apply for that program while pregnant so she would be ineligible for that program as well.

4. How are excluded children treated in the MFBU?

Answer: There is no change in the treatment of excluded children; they would not show in the MFBU. These children would receive an allocation of parental income as specified in the *Sneede v. Kizer* rules.

5. How are stepparents treated in the MFBU?

Answer: *Sneede v. Kizer* changed the procedures on the treatment of stepparents when either (1) just the separate child(ren) of one parent wishes aid regardless of the SOC or (2) when more than just the separate child of one parent wishes aid and the family has a SOC before determining eligibility for the Percent programs. See Example C.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

6. Is verification of the date pregnancy ended required as it is under the 60-Day Postpartum program?

Answer: No, the county may accept the client's verbal statement.

7. May a pregnant woman file an application for Medi-Cal benefits only under the Income Disregard program?

Answer: Yes, a pregnant woman may file solely for pregnancy-related benefits under the Income Disregard program. However, a pregnant woman applying for only the Income Disregard program should be informed of the benefit of applying for full scope Medi-Cal to avoid the second application process should she require non-pregnancy related care.

NOTE: Numbers 8 and 9 address the Income Disregard program; however, they also apply to children who are in the 133 and 100 Percent programs.

8. Situation A: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently exceeds the 200 percent limit, continuous eligibility applies until the next annual redetermination, and then the infant is discontinued from this program. If the family's income later drops to within the 200 percent limit and there has been no change in the infant's inpatient status, may the infant reestablish eligibility under the Income Disregard program?

Answer: No. The child had a break in eligibility and cannot re-establish eligibility under the Income Disregard program beyond the age of one year. However, the child should be evaluated under the 133 Percent program.

9. Situation B: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently drops to an amount that is at or below the maintenance need level. When the continuous period of eligibility ends, will the county need to change the aid code from the Income Disregard program to the regular MI/MN program code with a zero SOC or the 133 Percent program if there is a SOC?

Answer: No. Infants over one year old receiving inpatient services are the only exception to the rule under which infants who would have no SOC are to receive cards under the regular MI/MN program. This exception would make it administratively easier to ensure that the otherwise eligible infant remains on the Income Disregard program should family income later increase where there would be a SOC (after the continuous period of eligibility ends) but family income does not exceed 200 percent of the FPL.

Example: Infant is 14 months old and has been receiving continuous inpatient services since prior to age 1. He has been eligible for benefits with no SOC under the Income Disregard program since birth. His family now has a drop in income to an amount which is below the maintenance need level. The EW shall not change the infant's aid code to the regular MI/MN program because the infant would receive the same scope of benefits with no SOC under either program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Two months later the income rises above the maintenance need level but not over 200 percent of the FPL. The EW will not need to review the case history to verify Income Disregard program eligibility prior to age one or make any changes to the infant's record since his aid code has not been changed. NOTE: Continuous eligibility would apply if the infant were income ineligible.

10. Does this program change any existing policies on the treatment of income?

Answer: No changes have been made with respect to the treatment of income. The only changes made pertain to the allowable deductions in determining family adjusted net nonexempt income under the Income Disregard program. Health insurance premiums and deductions which are solely for the ABD are not allowable deductions under this program.

11. May services usually provided under the Income Disregard program be used instead to meet the SOC for the regular MI/MN?

Answer: Yes, but the provider may not bill Medi-Cal for those same services under both aid codes.

12. When a pregnant woman has two aid codes, one with a SOC in the regular MI/MN series and the second in the zero SOC Income Disregard program, which aid code should the provider use?

Answer: If the services she received were pregnancy related, the provider may use either aid code although it would be preferable to bill the services under the Income Disregard aid code so that program costs may be identified. If the services are not pregnancy related, the provider must use the regular SOC aid code.

13. What will happen if a timely ten-day notice is not issued to terminate the infant/child due to the attainment of the maximum age (one/six/nineteen)?

Answer: Ten-day notice is always required for adverse actions. If a ten-day notice was not sent in time and MEDS has already terminated the record, the county will need to input an ESAC code of 9 with a termination date to allow for the extra month(s) needed to issue the ten-day notice of action.

14. If a woman already on Medi-Cal with a SOC reports to the county that she is five months pregnant and she is income eligible under the Income Disregard program, how far back should the county issue retroactive Medi-Cal?

Answer: If the pregnant woman reported her pregnancy timely with the date of medical confirmation, the county would follow Section 50653.3 of the Medi-Cal Eligibility Procedures Manual which described how to process changes which would decrease a beneficiary's SOC. If she did not report timely, she would not be eligible for the Income Disregard program until the following month. See Section G.

15. Are Medicare premiums considered health insurance premiums?

Answer: Yes, parts A and B of Medicare are considered health insurance premiums.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Therefore, under the Percent programs no deductions are allowed for Medicare premiums regardless of whether the beneficiary is paying it directly or if the State is paying the premium.

16. When a pregnant woman who is eligible under the Income Disregard program delivers her baby and the newborn will be the only person left on the MFBU as a Medi-Cal eligible, how soon after delivery must the county obtain a new application?

Answer: Infants born to Medi-Cal eligible women are automatically deemed to have applied and are eligible for one year (Continued Eligibility also known as deemed eligibility), provided certain criteria are met. In this case, a separate application form, MC 13, and Social Security number are not required until the infant attains age one. NOTE: Providers may use the mother's BIC card for the newborn during the first two months of birth. The mother's card (whether full scope or restricted) provides full scope benefits to newborn.

17. Will the counties be required to verify continuous inpatient status for the infant/child over one/six/nineteen?

Answer: The counties are not required to verify continuous inpatient services for infants/children over one year old. The counties will continue with their current verification procedures. However, the counties are cautioned that the potential for an overpayment exists if verification is not done. Remember, MEDS will send out alerts at six-month intervals to remind the counties to verify continuing eligibility. Therefore, if the county does not verify continuing eligibility, a potential overpayment situation may exist for six months or longer.

J. NOTICES

The Percent programs and other pregnancy forms in English and Spanish are listed below:

Form Number	TYPEPROGRAM	BENEFICIARY	
<u>Worksheet</u>	<u>Approval/Deny</u>	<u>Percent</u>	<u>Women/Children</u>
MC 239B - 1	Approval	60 Day Postpartum	Women*
MC 239B - 2	Approval	Income Disregard	Women & Infants
MC 239B - 4	Denial/Dis.	Income Disregard	Women & Infants**
MC 239B - 5	Denial/Dis.	133 Percent	Children 1 to 6
MC 239B - 6	Approval	133 Percent	Children 1 to 6
MC 239G	Denial/Dis	100 Percent	Children 6 to 19
MC 239H	Approval	100 Percent	Children 6 to 19
MC 239P	Approval	Emergency/Preg.	Undocumented Women
MC 239Q	Change	Regular/Full	Women
MC 239S	Approval	Regular/Restricted	Undocumented Women

*The 60 Day Postpartum notice is used for aid code 76 and should not be used for the women eligible under the Percent programs. There is no separate discontinuance notice.

**MC 239B-3 was combined with MC 239B-4.

WORKSHEET (Optional for County Use)

County Code _____

Social Services Agency _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

PERCENT PROGRAM WORKSHEET
(Share of Cost Cases Only)

Case Name: _____ Case Number: _____

No. In MFBU _____ Effective Eligibility Date _____
(Mo/Yr)

_____ Net nonexemption income (from MC 176M): _____
Mo/Yr (Do not include ABD deductions)

Health Insurance Premium if already allowed as a deduction + _____

Adjusted Net Nonexempt Income _____

_____ Poverty Level \$ _____ Maintenance Need Level _____

Does adjusted net nonexempt income exceed maintenance need level but not over poverty level? _____

- [] Yes: eligible under _____ program.
[] No: not eligible for _____ percent program.

List Eligible Persons

Person Number	Name	Aid Code

(EW Signature) (Worker No.) (Date)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

**MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR 60-DAY POSTPARTUM
PROGRAM AND STATUS OF
OTHER MEDI-CAL BENEFITS**

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

60-Day Postpartum Program

You are eligible for the 60-day Postpartum Medi-Cal program. This program provides pregnancy-related and family planning services after childbirth, child delivery, or miscarriage. Your eligibility under this program begins _____ and ends _____.

These benefits will be provided whether or not you meet the other eligibility rules (such as property, share-of-cost, etc.). Your Medi-Cal benefits under this program will be limited to postpartum care services only.

Other Medi-Cal Programs:

Your eligibility to receive:

- full Medi-Cal coverage
- restricted Medi-Cal coverage for treatment of emergency medical conditions
- will continue.
- will be discontinued effective the last day of _____. The reason for this discontinuance is because your pregnancy ended on _____.

If you have any questions or if there is any information which you have not reported, please phone or write your eligibility worker right away.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon. TAKE THIS PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50701(d).

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 B-1 (7/02)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-26

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN PARA EL PROGRAMA DE 60 DÍAS DESPUÉS DEL PARTO Y LAS CONDICIONES DE OTROS BENEFICIOS DE MEDI-CAL

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Programa de 60-Días Después del Parto

Usted reúne los requisitos para el programa de Medi-Cal de 60 días después del parto. Este programa proporciona servicios relacionados al embarazo y planificación familiar después del parto, nacimiento del niño o aborto involuntario. Su elegibilidad bajo este programa comienza el _____ y termina el _____.

Se proporcionarán estos beneficios sin importar si usted cumple o no con otras reglas de elegibilidad (tales como bienes, parte del costo, etc.). Sus beneficios de Medi-Cal bajo este programa se limitarán solamente a los servicios de cuidado después del parto.

Otro Programas de Medi-Cal:

Su elegibilidad para recibir:

- cobertura completa de Medi-Cal
- cobertura limitada de Medi-Cal para el tratamiento de condiciones médicas de emergencia
- continuará.
- se discontinuará a partir del último día de _____. La razón de esta discontinuación es debido a que su embarazo terminó el _____.

Si tiene alguna pregunta o si existe cualquier información que no nos ha reportado, por favor llame o escriba de inmediato a su trabajador(a) de elegibilidad.

Pronto, recibirá usted por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. LLEVE ESTA TARJETA DE PLÁSTICO A SU PROVEEDOR MÉDICO CADA VEZ QUE NECESITE OBTENER CUIDADO. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE ESTA TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.

Los ordenamientos que exigen esta acción son las secciones 50260 y 50701(d) del Título 22 del Código de Ordenamientos de California.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 B-1 (SP) (7/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-27

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR SPECIAL ZERO SHARE-OF-COST 200% PROGRAM FOR PREGNANT WOMEN AND BABIES UP TO ONE YEAR OLD

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

- Beginning _____, you are eligible to receive limited Medi-Cal services without a share-of-cost under a special program for pregnant women. Under this program, you can receive only pregnancy-related services which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning. In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income.
- You continue to be eligible for benefits with a share-of-cost under the regular Medi-Cal program. Under this program you may also receive medical services not related to your pregnancy.

You must report within ten days any significant changes that could affect your eligibility, such as changes in your income, property, medical condition, address, or household situation.

- Beginning _____, your baby is eligible to receive Medi-Cal benefits without a share-of-cost under a special program for babies up to one year old. Under this program, the baby's Medi-Cal coverage will provide:
- Full Medi-Cal benefits.
 - Restricted Medi-Cal benefits (emergency only).

In addition to other program requirements, eligibility under this program is based on your family's income.

You must report within ten days any significant changes that could affect your child's eligibility, such as changes in your income, medical condition, address, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC BIC.**

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 R-2 (2/03)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-28

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA ESPECIAL DEL 200% SIN PAGO DE NINGUNA PARTE DEL COSTO PARA MUJERES EMBARAZADAS Y BEBÉS DE HASTA UN MÁXIMO DE UN AÑO DE EDAD

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

- A partir del _____, usted reúne los requisitos para recibir servicios limitados de Medi-Cal, sin pago de una parte del costo, bajo un programa especial para mujeres embarazadas. Bajo este programa, usted solamente puede recibir servicios relacionados al embarazo, que incluyen la atención prenatal, servicios para las complicaciones del embarazo, el trabajo de parto, la atención después del parto y la planificación familiar. Además de los otros requisitos de este programa, la elegibilidad bajo este programa se basa en su embarazo o los ingresos de su familia.
- Usted continúa reuniendo los requisitos para recibir beneficios, con pago de una parte del costo, bajo el programa regular de Medi-Cal. Bajo este programa, es posible que usted también reciba servicios médicos no relacionados a su embarazo.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que pudieran afectar su elegibilidad, como por ejemplo, cambios en sus ingresos, propiedades, condición médica, dirección o situación en el hogar.

- A partir del _____, su bebé reúne los requisitos para recibir beneficios de Medi-Cal, sin pago de una parte del costo, bajo un programa especial para bebés de hasta un máximo de un año de edad. Bajo este programa, la cobertura de Medi-Cal del/de la bebé le proporcionará:
- Beneficios completos de Medi-Cal.
 - Beneficios limitados de Medi-Cal (sólo para emergencias).

Además de los otros requisitos del programa, la elegibilidad bajo este programa se basa en los ingresos de su familia.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que pudieran afectar el derecho de su hijo(a) a recibir beneficios, como por ejemplo, cambios en sus ingresos, condición médica, dirección o situación en el hogar.

Siempre presente su Tarjeta de Beneficios (*Benefits Identification Card—BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU TARJETA BIC DE PLÁSTICO.**

La regulación que requiere esta acción se establece en la Sección 50262, del Título 22, del Código de Regulaciones de California.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 B-2 (SP) (2/03) (corrected 5/03)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-29

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 200% INCOME DISREGARD PROGRAM FOR PREGNANT WOMEN AND INFANTS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 200% Income Disregard Program is a special program for pregnant women and infants up to one year old with family income at or below 200 percent of the federal poverty level. It provides zero share-of-cost pregnancy-related services and postpartum care to women and medical care to infants under one year of age. A review of your case shows that:

You are not eligible for this program because:

- Your family's income is over the allowable limit.
 - This does not affect your regular Medi-Cal eligibility.
- Your eligibility for benefits under this program ends _____ because:
 - You are no longer pregnant and your 60-day postpartum period has ended.
 - Other: _____
 - This does not affect your regular Medi-Cal eligibility.
- You will receive another notice if you are eligible for another program.

Your child is not eligible for this program because:

- Your family's income is over the allowable limit.
- Your child's eligibility for benefits under this program ends _____ because:
 - Your child has reached age one.
 - Other: _____
- You will receive another notice if your child is eligible for another program.
- Enclosed are forms that you need to complete and return to us to determine if you or your child is eligible for another program. Please return this information within _____ days.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible for Medi-Cal.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50262.

MC 239 B-4 (12/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-30

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA QUE IGNORA INGRESOS EN UN 200% PARA MUJERES EMBARAZADAS Y BEBÉS

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El Programa que Ignora los Ingresos en un 200% es un programa especial para mujeres embarazadas y bebés de hasta un año de edad, con ingresos al o por debajo del 200 por ciento del nivel federal de pobreza. Éste proporciona servicios relacionados con el embarazo y atención después del parto a las mujeres y atención médica a los bebés menores de un año, con cero parte del costo. Una evaluación de su caso indica que:

Usted no reúne los requisitos para este programa puesto que:

- Los ingresos de su familia están por encima del límite permitido.
 - Esto no afecta su elegibilidad para recibir beneficios de Medi-Cal regular.
- Su elegibilidad para beneficios bajo este programa termina el _____ puesto que:
 - Usted ya no está embarazada, y se ha terminado su período de 60 días después del parto.
 - Otra razón: _____
 - Esto no afecta su elegibilidad para recibir beneficios de Medi-Cal regular.
- Usted recibirá otra notificación, si reúne los requisitos para otro programa.

Su niño(a) no reúne los requisitos para este programa puesto que:

- Los ingresos de su familia están por encima del límite permitido.
- La elegibilidad de su niño(a) para beneficios bajo este programa termina el _____ puesto que:
 - Su niño(a) ha cumplido un año de edad.
 - Otra razón: _____
- Usted recibirá otra notificación, si su niño(a) reúne los requisitos para otro programa.
- Se le adjuntan los formularios que usted necesita llenar y regresarnos, a fin de determinar si usted o su niño(a) reúne los requisitos para otro programa. Por favor, regrese esta información, en un plazo de _____ días.

Si usted tiene alguna pregunta sobre esta acción, por favor escríbanos o llámenos por teléfono. Nosotros le contestaremos sus preguntas, o concertaremos una cita para entrevistarnos con usted. Usted puede volver a solicitar beneficios de Medi-Cal en cualquier momento. **NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BIC).** Usted puede usarla de nuevo, si vuelve a reunir los requisitos para recibir beneficios de Medi-Cal.

Las regulaciones que exigen esta acción son las Secciones 50260 y 50262, del Título 22, del Código de Regulaciones de California.

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-31

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 133 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 133 Percent Program provides Medi-Cal benefits at no share-of-cost for children who are at one year of age up to age six whose family income is at or below 133 percent of the federal poverty level. A review of your case shows that:

- Your child(ren) does not qualify for this program because your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- Your child(ren) does not qualify for this program because your family's income is over the allowable limit. Enclosed are forms that you need to complete and return to us to determine if he/she is eligible for regular Medi-Cal with a share of cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- Eligibility for benefits under the 133 Percent Program ends because your child has reached age six.
 - A separate notice will be sent to you about regular Medi-Cal. If your child is hospitalized, let your worker know right away.
 - Enclosed are forms that you need to complete for us to determine if he/she is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- Eligibility for benefits under the 133 Percent Program ends _____ because:

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.5.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. **DO NOT THROW AWAY YOUR CHILD'S BENEFITS IDENTIFICATION CARD (BIC).** Your child can use it again under another regular Medi-Cal program even if your child has a share-of-cost.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION.

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-32

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACION DE ACCION DE MEDI-CAL NEGACION O DESCONTINUACION DE BENEFICIOS CONFORME AL PROGRAMA DEL 133 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horario de la oficina: _____
Notificación para: _____

El Programa del 133 Por Ciento proporciona beneficios médicos sin parte del costo a niños que tienen de uno a seis años de edad, cuyos ingresos familiares están al o por debajo del 133 por ciento del nivel federal de pobreza. Una revisión de su caso indica que:

- Su/s hijo/s no reúne/n los requisitos para recibir beneficios de este programa, puesto que sus ingresos familiares exceden el límite permitido. Usted recibirá una notificación por separado sobre su Medi-Cal regular.
- Su/s hijo/s no reúne/n los requisitos para recibir beneficios de este programa, puesto que sus ingresos familiares exceden el límite permitido. Necesita llenar y enviarnos los formularios adjuntos para determinar si él/ella reúne los requisitos para recibir Medi-Cal regular con una parte del costo. Por favor envíenos esta información en un plazo de diez días. Si no la recibimos, los beneficios de su hijo/a terminarán el _____.
- La elegibilidad para recibir beneficios conforme al Programa del 133 Por Ciento termina, puesto que su hijo/a ha cumplido seis años de edad.
 - Se le enviará una notificación por separado sobre su Medi-Cal regular. Si a su hijo/a se le hospitaliza, hágase lo saber de inmediato a su trabajador/a.
 - Necesita llenar y enviarnos los formularios adjuntos para determinar si él/ella reúne los requisitos para recibir Medi-Cal regular con una parte del costo. Por favor, envíenos esta información en un plazo de diez días. Si no la recibimos, los beneficios de su hijo/a terminarán el _____.
- La elegibilidad para recibir beneficios conforme al Programa del 133 Por Ciento termina el _____ puesto que:

La regulación que exige esta acción es la sección 50262.5, del Título 22, del Código de Regulaciones de California.

Si tiene alguna pregunta sobre esta acción, por favor escríbanos o llámenos por teléfono. Le contestaremos sus preguntas o concertaremos una cita para atenderle personalmente. En cualquier momento usted puede volver a solicitar Medi-Cal. **NO TIRE LA TARJETA DE IDENTIFICACION DE BENEFICIOS (B/C) DE SU HIJO/A.** Su hijo/a la puede volver a usar para otro programa regular de Medi-Cal, aun si su hijo/a tiene que pagar una parte del costo.

PARA INFORMACIÓN SOBRE APELACIONES, POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 133 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Beginning _____, your child is eligible to receive Medi-Cal benefits without a share-of-cost under the 133 percent program for children from one to six years of age. Under this program, the child's Medi-Cal benefits will provide:

- Full Medi-Cal benefits.
- Restricted Medi-Cal benefits (services for treatment of emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements.

You must report within ten days any significant changes that could affect your child's eligibility, such as changes in your income, address, medical condition, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC BIC.**

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.5.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA DEL 133 POR CIENTO

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(COUNTY STAMP)

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Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

A partir del _____, su(s) niño(s) reúne(n) los requisitos para recibir beneficios de Medi-Cal, sin una parte del costo, bajo el programa del 133 por ciento para niños de uno a seis años de edad. Bajo este programa, los beneficios de Medi-Cal de su niño(a) le proporcionarán:

- Beneficios completos de Medi-Cal.
- Beneficios limitados de Medi-Cal (servicios sólo para el tratamiento de condiciones médicas de emergencia).

La elegibilidad bajo este programa se basa en los ingresos de su familia, además de otros requisitos del programa.

Usted tiene que reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar la elegibilidad de su niño(a), como por ejemplo cambios en sus ingresos, dirección, condición médica o situación en el hogar.

Siempre presente su Tarjeta de Identificación de Beneficios (*BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE SU *BIC* DE PLÁSTICO.**

La regulación que exige esta acción es la Sección 50262.5, del Título 22, del Código de Regulaciones de California.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 100 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 100 Percent Program provides Medi-Cal benefits at no share-of-cost for children or persons who are at least 6 years of age up to age 19 whose family income is at or below 100 percent of the federal poverty level. A review of your case shows that:

- You do not qualify for this program because:

- Your child(ren) does not qualify for this program because:

- Your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- Eligibility for benefits under the 100 Percent Program ends because your child has reached age 19.
- Eligibility for benefits under the 100 Percent Program ends because you have reached age 19.
- A separate notice will be sent to you about regular Medi-Cal. If you or your child is hospitalized, let your worker know right away.
- Enclosed are forms that you need to complete for us to determine if you or your child is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days.
- Eligibility for benefits under the 100 Percent Program ends _____ because:

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.6.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. **DO NOT THROW AWAY YOUR CHILD'S BENEFITS IDENTIFICATION CARD (BIC).** You or your child can use it again under another regular Medi-Cal program even if your child has a share-of-cost.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION.

MC 239 G (7/03)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-36

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN MEDI-CAL DE NEGACIÓN O SUSPENSIÓN DE BENEFICIOS BAJO EL PROGRAMA DEL 100 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El Programa del 100 por Ciento proporciona beneficios de Medi-Cal, sin el pago de una parte del costo, para niños o las personas de por lo menos 6 años, hasta los 19 años de edad, cuyos ingresos familiares estén por debajo del 100 por ciento del nivel federal de pobreza. Una revisión de su caso muestra que:

- Usted no tiene derecho a este programa porque:

- Su(s) hijo(s)/hija(s) no tiene(n) derecho a este programa porque:

- Los ingresos de su familia sobrepasan el límite permitido. Usted recibirá una notificación, por separado, acerca del Medi-Cal regular.
- La elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina porque su hijo(a) ha cumplido los 19 años de edad.
- Su elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina porque usted ha cumplido los 19 años de edad.
- Se le enviará una notificación, por separado, acerca del Medi-Cal regular. Si usted o su hijo(a) es hospitalizado(a), infórmeselo de inmediato a su trabajador(a).
- Se le adjuntan los formularios que necesitará completar, para determinar si usted o su hijo(a) reúne los requisitos para recibir beneficios del Medi-Cal regular, con el pago de una parte del costo. Por favor, devuelva este formulario en un plazo de 10 días.
- La elegibilidad para recibir beneficios bajo el Programa del 100 por Ciento termina el _____ porque:

Las regulaciones que requieren esta acción se establecen en la Sección 50262.5, del Título 22, del Código de Regulaciones de California.

Si usted tiene alguna pregunta sobre esta acción, por favor escriba o llámenos por teléfono. Responderemos a sus preguntas o concertaremos una cita para atenderle. Usted puede volver a solicitar beneficios de Medi-Cal en cualquier momento. NO TIRE A LA BASURA LA TARJETA DE IDENTIFICACIÓN DE BENEFICIOS (BENEFITS IDENTIFICATION CARD—BIC) DE SU HIJO(A). Su hijo(a) puede volver a usarla, bajo otro programa normal de Medi-Cal, aún si su hijo(a) tiene que pagar una parte del costo.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN PARA OBTENER INFORMACIÓN DE APELACIÓN

MC 239 G (SP) (7/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-37

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 100 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The 100 Percent Program provides Medi-Cal benefits at no share-of-cost for children or persons who are at least 6 years of age up to age 19 whose family income is at or below 100 percent of the federal poverty level.

- Beginning _____, you are eligible to receive Medi-Cal benefits under this program.
- Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits under this program.

Under this program, Medi-Cal will provide:

- Full Medi-Cal benefits.
- Restricted Medi-Cal benefits (pregnancy and emergency medical conditions only).

Eligibility under this program is based on your family's income, in addition to other program requirements.

You must report within ten days any significant changes that could affect your or your child's eligibility, such as changes in your income, medical condition, address, or household situation.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. **DO NOT THROW AWAY YOUR PLASTIC BIC.**

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.6.

MC 239 H (7/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-38

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN PARA EL PROGRAMA DEL 100 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El Programa del 100 por Ciento proporciona beneficios de Medi-Cal, sin el pago de una parte del costo, para los niños o personas de por lo menos 6 años, hasta los 19 años de edad, cuyos ingresos familiares estén por debajo del 100 por ciento del nivel federal de pobreza.

- A partir del _____, usted reúne los requisitos para recibir beneficios de Medi-Cal bajo este programa.
- A partir del _____, su(s) hijo(s)/hija(s) reúne(n) los requisitos para recibir beneficios de Medi-Cal bajo este programa.

Bajo este programa, Medi-Cal porporcionará:

- Beneficios completos de Medi-Cal.
- Beneficios limitados de Medi-Cal (solamente para embarazo y condiciones médicas de emergencia).

La elegibilidad bajo este programa se basa en los ingresos de su familia, además de los otros requisitos del programa.

Usted tiene que reportar, dentro de un plazo de diez días, cualesquier cambios importantes que pudieran afectar su elegibilidad o la de su hijo(a), como por ejemplo cambios en sus ingresos, condición médica, dirección o situación en el hogar.

Siempre presente su Tarjeta de Beneficios (*Benefits Identification Card—BIC*) a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, siempre que usted reúna los requisitos para recibir beneficios de Medi-Cal. **NO TIRE A LA BASURA SU TARJETA PLÁSTICA BIC.**

Las regulaciones que requieren esta acción se establecen en la Sección 50262.6, del Título 22, del Código de Regulaciones de California.

MC 239 H (SP) (7/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-39

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION BENEFITS RESTRICTED TO EMERGENCY MEDICAL AND PREGNANCY-RELATED SERVICES

(County Stamp)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Effective _____ you will be eligible for RESTRICTED Medi-Cal benefits that will allow you to receive emergency medical and pregnancy-related services. You will soon receive a plastic Benefits Identification Card (BIC) in the mail. This card is good as long as you are eligible for Medi-Cal. TAKE THIS CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following: placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction to any bodily organ or part. The emergency must be certified by a physician or other appropriate medical provider (in accordance with Section 51056 of Title 22 of the California Code of Regulations). The Department of Health Services may review the provider's decision that an emergency existed and that certain follow-up treatment services were medically justified.

Pregnancy-related care means services required to assure the health of the pregnant woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- Your application for restricted benefits has been approved.
- Your application for full benefits is denied. We have granted you, instead, eligibility for emergency medical treatment and pregnancy-related services.

We are taking this action because you are an alien who:

- Does not have satisfactory immigration status according to information received from the Immigration and Naturalization Service.
- Lacks documentary proof of satisfactory immigration status for Medi-Cal purposes.
- Has been admitted to the United States as a nonimmigrant for a limited period of time.
- Since your income was more than the amount allowed for living expenses, you have a share-of-cost you must pay or obligate to pay toward the costs of medical care received. Your share-of-cost is \$ _____ beginning _____. Your share-of-cost was computed as follows:

Gross Income	\$ _____
Net Nonexempt Income	\$ _____
Maintenance Need	\$ _____
Excess Income/Share-of-Cost	\$ _____

MC 239 P (4/01)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-40

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Take your plastic card with you each time you receive medical care. The amount that you must pay or obligate to pay to the providers will be automatically computed. After your total share-of-cost has been paid or obligated, you will not have to pay for medical services received that month from Medi-Cal providers.

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s):

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you. You must report all changes in your immigration status to us. A change in status may qualify you to receive full Medi-Cal benefits rather than just restricted services.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL BENEFICIOS LIMITADOS A LOS SERVICIOS MÉDICOS DE EMERGENCIA Y A LOS SERVICIOS RELACIONADOS CON EL EMBARAZO

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(County Stamp)

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Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horario de la oficina: _____
Notificación para: _____

A partir del _____ Ud. será elegible para los beneficios LIMITADOS de Medi-Cal que le permitirán recibir servicios médicos de emergencia y servicios relacionados con el embarazo. Pronto, Ud. recibirá por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. Esta tarjeta es válida mientras que Ud. sea elegible para recibir servicios de Medi-Cal. **MUÉSTRELE ESTA TARJETA A SU PROVEEDOR MÉDICO SIEMPRE QUE NECESITE ASISTENCIA. NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.**

Una afección médica de emergencia es aquella afección que se manifiesta con síntomas agudos de gran gravedad, incluyendo el dolor muy fuerte, que de no tratarse inmediatamente podría poner en grave peligro la salud del paciente, causar problemas graves con las funciones fisiológicas o perjudicar el funcionamiento de cualquier órgano o parte del cuerpo. La emergencia debe ser certificada por un doctor u otro proveedor médico adecuado (de acuerdo a la Sección 51056 del Título 22 del Código de Ordenamientos de California). El Departamento de Servicios de Salud puede examinar la decisión del proveedor sobre la existencia de una emergencia y sobre la justificación médica de ciertos tratamientos de seguimiento recibidos.

Los cuidados relacionados con el embarazo son aquellos servicios necesarios para asegurar el estado saludable de la mujer embarazada o el bebé que todavía no ha nacido. Los cuidados para el embarazo pueden ser proporcionados antes del embarazo y hasta 60 días después del parto.

- Su solicitud para los beneficios limitados ha sido aprobada.
- Su solicitud para beneficios completos ha sido denegada. En lugar de beneficios completos le hemos concedido elegibilidad para recibir tratamiento médico de emergencia y servicios relacionados con el embarazo.

Hemos tomado esta decisión ya que Ud. es un extranjero que:

- No posee un estado de inmigración satisfactorio de acuerdo a la información recibida por el Servicio de Inmigración y Naturalización.
- No posee la documentación necesaria que pruebe que su estado de inmigración es satisfactorio para la elegibilidad de Medi-Cal.
- Ha sido admitido a los Estados Unidos por un tiempo limitado como una persona no inmigrante.
- Debe pagar o comprometerse a pagar una parte del costo del cuidado médico que ha recibido ya que sus ingresos sobrepasan el límite de los gastos necesarios para vivir. Su parte del costo es de \$ _____ a partir del _____. Su parte del costo fue calculada de la siguiente manera:

Ingresos Brutos	\$ _____
Ingresos Netos No Exentos	\$ _____
Ingresos Necesarios para Mantenerse	\$ _____
Ingresos en Exceso/Parte del Costo	\$ _____

MC 239 P (SP) (4/01) (corrected 5/03)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-42

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Lleve su tarjeta de plástico consigo cada vez que reciba cuidado médico. La cantidad que Ud. debe pagar o comprometerse a pagar a los proveedores será calculada automáticamente. Después de que Ud. haya pagado toda su parte del costo, Ud. no tendrá que pagar por los servicios médicos proporcionados por los proveedores de Medi-Cal ese mes.

Esta acción debe llevarse a cabo como requisito de la Sección 14007.5 del Código de Bienestar e Instituciones y el Código de Ordenamientos de California, Título 22, Sección/es:

Si Ud. tiene alguna pregunta sobre la acción que se ha tomado o si existe mayor información sobre su salud de la que no nos ha informado, póngase en contacto con nosotros por escrito o llámenos por teléfono. Le responderemos a sus preguntas o haremos una cita para verle. Usted debe notificarnos de todos los cambios en su estado de inmigración. Un cambio en su estado de inmigración puede hacerle elegible para recibir beneficios completos de Medi-Cal en lugar de los servicios limitados.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION CHANGE FROM RESTRICTED SERVICES TO FULL BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Effective _____, you are eligible to receive all the services covered by the Medi-Cal Program rather than the services restricted to treatment of an emergency medical condition or pregnancy-related care. This change in benefits results from the fact that:

- You are an alien otherwise eligible for Medi-Cal who has declared satisfactory immigration status for Medi-Cal purposes.
- You are an alien otherwise eligible for Medi-Cal who has provided reasonable evidence of satisfactory immigration status for Medi-Cal purposes.
- You are an alien legalized in accordance with Section 210, 210A, or 245A of the Immigration and Nationality Act who has passed your five-year disqualification period after applying for amnesty or you are age 65 or older, blind, disabled, under age 18, or a Cuban/Haitian entrant.
- Since your income exceeds the amount allowed for living expenses, you have a share-of-cost to pay or obligate toward your medical care. Your share-of-cost is \$_____ beginning _____.

Your share-of-cost was computed as follows:

Gross income	\$ _____
Net nonexempt income	\$ _____
Maintenance need	\$ _____
Excess income/share-of-cost	\$ _____

ALWAYS PRESENT YOUR PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOU NEED CARE. This card is good as long as you are eligible for Medi-Cal.

This action is required by the Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Section(s):

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 Q (7/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-44

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL CAMBIO DE SERVICIOS LIMITADOS A BENEFICIOS COMPLETOS

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

A partir del _____, usted reúne los requisitos para recibir todos los servicios cubiertos por el Programa de Medi-Cal, en vez de los servicios limitados al tratamiento de una condición médica de emergencia o cuidado relacionado al embarazo. Este cambio en los beneficios es debido a que:

- Usted es un extranjero que reúne los otros requisitos para recibir beneficios de Medi-Cal que ha declarado una situación migratoria satisfactoria para propósitos de Medi-Cal.
- Usted es un extranjero que reúne los otros requisitos para recibir beneficios de Medi-Cal, que ha proporcionado pruebas razonables de situación migratoria satisfactoria para propósitos de Medi-Cal.
- Usted es un extranjero legalizado, en conformidad con las secciones 210, 210A o 245A del Decreto de Inmigración y Nacionalidad, que ha pasado su período de descalificación de cinco años después de solicitar amnistía, o usted es una persona de edad avanzada (tiene 65 años de edad o más), es ciego, incapacitado, menor de 18 años o un entrante cubano/haitiano.
- Puesto que sus ingresos exceden la cantidad permitida para gastos necesarios para vivir, usted tiene que pagar u obligarse a pagar una parte del costo de su cuidado médico. Su parte del costo es de \$ _____ a partir del _____.

Su parte del costo se calculó de la manera siguiente:

Ingresos brutos	\$ _____
Ingresos netos que no son exentos	\$ _____
Ingresos necesarios para mantenerse	\$ _____
Ingresos en exceso/parte del costo	\$ _____

SIEMPRE PRESENTE SU TARJETA DE PLÁSTICO A SU PROVEEDOR MÉDICO CADA VEZ QUE NECESITE OBTENER CUIDADO. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal.

Esta acción la exige la sección 14007.5 del Código de Bienestar e Instituciones, así como la(s) siguiente(s) sección(es) del Código de Ordenamientos de California:

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 O (SP) (7/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-45

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION APPLICATION FOR RETROACTIVE EMERGENCY MEDICAL AND PREGNANCY-RELATED SERVICES

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

We have reviewed all the information in your case file which relates to your application for retroactive emergency medical and pregnancy-related services. Our findings are indicated below.

Pregnancy-related care means services required to assure the health of the pregnant woman or the unborn child. Pregnancy care may be provided prenatally and up to 60 days postpartum.

- You are entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____.
- Since your income was more than the amount allowed for living expenses, you must pay or obligate to pay a share of the cost of your medical care.

	MONTH 1	MONTH 2	MONTH 3
Gross Income	\$ _____	\$ _____	\$ _____
Net Nonexempt Income	\$ _____	\$ _____	\$ _____
Maintenance Need	\$ _____	\$ _____	\$ _____
Excess Income/Share-of-Cost	\$ _____	\$ _____	\$ _____

- You are not entitled to receive Medi-Cal benefits restricted to emergency and pregnancy-related services for _____ for the following reasons:
- A plastic Benefits Identification Card (BIC) will be sent to you in the mail soon. TAKE THIS PLASTIC CARD TO EACH MEDICAL PROVIDER WHERE YOU RECEIVED SERVICE IN THE ABOVE MONTHS. Your Plastic Card will show your provider if you have a share-of-cost to pay. The amount that you pay or are obligated to pay the medical providers will be automatically computed. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations, Title 22, Section(s):

This action does not affect your application for current and continuing Medi-Cal. If you have any questions or if there are additional facts relating to your circumstances which you have not reported to us, please write or telephone. We will answer your questions over the telephone, in writing, or will make an appointment to see you in person.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE.

MC 239 S (7/02)

SECTION NO.: 50262,
50262.5, 50262.6

MANUAL LETTER NO.:

DATE:

5K-46

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL SOLICITUD PARA RECIBIR SERVICIOS RETROACTIVOS MÉDICOS DE EMERGENCIA Y RELACIONADOS AL EMBARAZO

(COUNTY STAMP)

Fecha de la notificación: _____
 Número del caso: _____
 Nombre del trabajador: _____
 Número del trabajador: _____
 Número de teléfono del trabajador: _____
 Horas hábiles: _____
 Notificación para: _____

Hemos revisado toda la información en su expediente que se relaciona a su solicitud para recibir servicios retroactivos médicos de emergencia y los relacionados al embarazo. A continuación se encuentran nuestros resultados.

El cuidado relacionado al embarazo significa los servicios que se requieren para asegurar la salud de la mujer embarazada o del bebé por nacer. El cuidado de embarazo se puede proporcionar prenatalmente y hasta 60 días después del parto.

- Usted tiene derecho a recibir beneficios limitados de Medi-Cal para servicios de emergencia y los relacionados al embarazo durante _____.
- Puesto que sus ingresos excedieron la cantidad permitida para gastos necesarios para vivir, usted tiene que pagar u obligarse a pagar una parte del costo de su cuidado médico.

	MES 1	MES 2	MES 3
Ingresos Brutos	\$ _____	\$ _____	\$ _____
Ingresos Netos que no Están Exentos	\$ _____	\$ _____	\$ _____
Ingresos Necesarios para Mantenerse	\$ _____	\$ _____	\$ _____
Ingresos en Exceso/Parte del Costo	\$ _____	\$ _____	\$ _____

- Usted no tiene derecho a recibir beneficios limitados de Medi-Cal para servicios de emergencia y relacionados al embarazo durante _____ debido a las siguientes razones:
- Pronto, se le enviará por correo una Tarjeta de Identificación de Beneficios (BIC) de plástico. **LLEVE ESTA TARJETA DE PLÁSTICO A CADA UNO DE LOS PROVEEDORES MÉDICOS DE LOS CUALES RECIBIO SERVICIOS DURANTE LOS MESES MENCIONADOS ARRIBA.** Su Tarjeta de Plástico le indicará a su proveedor si usted tiene que pagar una parte del costo. La cantidad que usted pague o la que se comprometa u obligue a pagar a los proveedores médicos se calculará automáticamente. **NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO.**

Esta acción la exige la sección 14007.5 del Código de Bienestar e Instituciones, así como, las siguientes secciones; del Título 22 del Código de Ordenamientos de California:

Esta acción no afecta su solicitud para recibir beneficios actuales o continuos de Medi-Cal. Si tiene alguna pregunta o si existe información adicional relacionada a sus circunstancias que no nos ha reportado, por favor escriba o llame por teléfono. Le contestaremos sus preguntas por teléfono, por escrito o haremos una cita para verle en persona.

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN.

MC 239 S (SP) (7/02)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SNEEDE V. KIZER FEDERAL POVERTY LEVEL (FPL) PROGRAMS FOR PREGNANT WOMEN AND INFANTS (INCOME DISREGARD, 200 PERCENT [%]), CHILDREN AGES 1 THROUGH 5 (133 PERCENT [%]), AND CHILDREN AGES 6 THROUGH 18 (100 PERCENT [%])

Case name	Case number	Effective date (month/year)
-----------	-------------	-----------------------------

INSTRUCTIONS:

1. Complete this form for **all** of the potential percentage program eligibles whose MBU has a share of cost.
2. **Net Nonexempt Family Income:** enter the **full** net nonexempt income of the percent (%) program eligible and his/her responsible relatives (i.e., spouse or natural/adoptive parent); do not enter the **Sneede** allocations.
 - a. **If the potential percent (%) program eligible is:**
 - an unmarried pregnant woman, use only her income;
 - a pregnant minor, use her income and her parents' income, if they are in the home;
 - a married pregnant woman, use her and her spouse's income;
 - a child, use the child's and natural/adoptive parents' income, if they are in the MFBU.
 - b. **If the potential percent (%) program eligible and/or his/her responsible relatives are:**
 - AFDC-MN/MI, add lines 20 and 25 from MC 175-3I;
 - ABD-MN, first complete another MC 175-3I (lines 1 through 25), allow only AFDC-MN deductions, and enter the total from lines 20 and 25.
 - c. **When only the separate children of one spouse want Medi-Cal, full net nonexempt parental income does NOT include income allocations to persons outside of the MFBU.** (Use amount from MC 176 W.1, line 30, for responsible relative net nonexempt income.)

A. NET NONEXEMPT FAMILY INCOME DETERMINATION

1. Name of potential percent (%) program eligible in MBU with SOC					
2. Name of responsible relative number 1					
3. Name of responsible relative number 2					
4. Full net nonexempt income of percent (%) program eligible	\$	\$	\$	\$	\$
5. Full net nonexempt income of responsible relative number 1	\$	\$	\$	\$	\$
6. Full net nonexempt income of responsible relative number 2	\$	\$	\$	\$	\$
7. Total net nonexempt family income (add lines 4, 5, and 6 and enter on B.4.)	\$	\$	\$	\$	\$

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. ELIGIBILITY DETERMINATION Number of persons in MFBU

1. Name of potential percent (%) program eligible					
2. Potential percent (%) program (check one)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)	<input type="checkbox"/> Income disregard 200 percent (%) <input type="checkbox"/> 133 percent (%) <input type="checkbox"/> 100 percent (%)
3. Enter FPL for percent (%) program shown in B.2. based on the number of persons in MFBU.	\$	\$	\$	\$	\$
4. Enter total net nonexempt family income (from A.7.)	\$	\$	\$	\$	\$
5. Is total net nonexempt family income (B.4.) less than or equal to amount in B.3.?	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program	<input type="checkbox"/> Yes, eligible (continue) <input type="checkbox"/> No, deny FPL Program
6. Person number (optional)					
7. Aid code (optional)					
8. MBU number (optional)					

Eligibility Worker signature

Worker number

Computation date

MC 175-5 (8/99)

**SECTION NO.: 50262,
50262.5, 50262.6**

MANUAL LETTER NO.:

DATE:

5K-49

