

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
 P O. Box 942732
 Sacramento, CA 94234-7320
 (916) 657-2941



July 19, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 166

TO All Holders of the Medi-Cal Eligibility Procedures Manual

Enclosed is a revision to Article 5K Percent Programs. The revised pages reflect changes to the 185 and 200 Percent programs, introduce the Income Disregard program, and include examples of budget computations that were changed by the Sneede v. Kizer lawsuit.

Procedure RevisionDescription

Article 5K

This is a revision to the existing article.

Filing Instructions:Remove PagesInsert Pages

Procedures Table of Contents
 Page PTC-6

Procedures Table of Contents
 Page PTC-6

Article 5 Table of Contents
 Page TC-5 and TC-6

Article 5 Table of Contents
 Page TC-5 and TC-6

Article 5K
 Pages 5K-1 to 5K-14

Article 5K
 Pages 5K-1 to 5K-33

If you have any questions concerning this article, please contact Margie Buzdas of my staff at (916) 657-0726.

Sincerely,

Original signed by

Frank S. Martucci, Chief
 Medi-Cal Eligibility Branch

Enclosures

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

<u>Article 5</u>	--	MEDI-CAL PROGRAMS
5A	--	AID CODES
5B	--	FOUR- MONTH AND NINE-MONTH CONTINUING ELIGIBILITY
5C	--	DEPRIVATION--LINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
5D	--	MEDI-CAL ELIGIBILITY FOR NONFEDERAL AFDC CASH ASSISTANCE RECIPIENTS
5E	--	<u>RAMOS V. MYERS</u> PROCEDURES
5F	--	ASSET WAIVER PROVISION PROCEDURES
5G	--	60-DAY POSTPARTUM PROGRAM PROCEDURES
5H	--	CONTINUED ELIGIBILITY (CE) PROGRAM PROCEDURES
5I	--	QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI) PROGRAM
5J	--	SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM
5K	--	PERCENT PROGRAMS
5L	--	QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM
5M	--	PRESUMPTIVE ELIGIBILITY (PE) PROGRAM
5N	--	MEDI-CAL TUBERCULOSIS (TB) PROGRAM
5O	--	NOT IN USE PRESENTLY
5P	--	DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- D. Overview of Program
 - E. Eligibility
 - F. Dual Eligibility--QDWI Medi-Cal Eligibles
 - G. Card Issuance
 - H. Ineligibility for Undocumented Aliens and Certain Amnesty Aliens
 - I. Retroactive Medi-Cal Benefits
 - J. Part A Enrollment and Benefits
 - K. Initial QDWI Processing
 - L. EMC2/TAO Screen
 - M. QDWI Property Determination
 - N. QDWI Income Determination
 - O. Forms and Notices
- 5J -- SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM
- A. Background
 - B. Scope of Benefits
 - C. Enrollment
 - D. Eligibility
 - E. Dual Eligibility
 - F. Retroactive Benefits
 - G. Medi-Cal Card
 - H. Aid Code
 - I. Buy In of Medicare Part B
 - J. Charts
 - K. Forms

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 5K -- PERCENT PROGRAMS
- A. Historical Explanation and Background
 - B. Aid Codes and Benefits
 - C. Period of Eligibility
 - D. Eligibility Determination
 - E. Multiple Medi-Cal Family Budget Units - Dual Eligibility
 - F. Retroactive Repayment of Share of Cost (SOC)
 - G. MEDS Alerts
 - H. Questions and Answers
 - I. Notices
 - J. Worksheet
- 5L -- QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM
- A. Background
 - B. QMB Eligibility Criteria
 - C. Medicare Information
 - D. Dually Eligible QMBs and QMB-Onlys
 - E. Benefits
 - F. Verification
 - G. Enrollment
 - H. QMB Processing
 - I. QMB Property Determination
 - J. QMB Income Determination
 - K. Questions and Answers

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. HISTORICAL 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.

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. The Asset Waiver program continues under the Income Disregard Program. For information on the waiver of assets, see Table of Contents under that program.

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.

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.

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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

B. AID CODES AND BENEFITS

Aid Code	Benefits/Status of Person
1. Income Disregard (Percent) Program	
44	Pregnancy related and Postpartum Services Only (Citizen/Lawful permanent resident/PRUCOL/Conditional Status)
48	Pregnancy Related and Postpartum Service Only (nonimmigrant/Undocumented Status)
47	Full benefits to infants up to one year unless continuously hospitalized beyond one year (Citizen/Lawful permanent resident/Prucol/Conditional Status)
69	Emergency Services Only to infants up to one year unless continuously hospitalized beyond one year (Nonimmigrant/Undocumented Status)
2. 133 Percent Program	
72	Full benefits to children age 1 up to age 6 unless continuously hospitalized beyond age 6. (Citizen/Lawful permanent resident/PRUCOL/Conditional Status)
74	Emergency Services Only to children age one up to age 6 unless continuously hospitalized beyond age 6 (Nonimmigrant/Undocumented Status)
3. 100 Percent Program	
7A	Full benefits to children age 6 up to age 19, born after September 30, 1983 unless continuously hospitalized beyond age 19 (Citizen/Lawful permanent resident/PRUCOL)
7C	Emergency Services Only to children age 6 to 19, born after September 30, 1983 unless continuously hospitalized beyond age 19 (Nonimmigrant/Undocumented Status)

C. PERIOD OF ELIGIBILITY

- Pregnant Women (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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. **Infants (Income Disregard):** Eligibility begins at birth and continues to age 1 (See Exception below).
3. Children:
Ages 1 to 6 (133%) Eligibility begins at age 1 and continues up to age 6. (See Exception below).
Ages 6 to 19 (100%) Eligibility begins at age 6 (born after September 30, 1983) and continues up to age 19. (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.

D. ELIGIBILITY DETERMINATION

1. The regular medically indigent/medically needy (MI/MN) Medi-Cal Family Budget Unit (MFBU) is the starting point for determining eligibility under the Percent programs. PLEASE 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.

MFBU Has No SOC

If the family's net nonexempt income is at or below the maintenance need level and there is no SOC, there is no need for the Percent programs. Counties should issue the appropriate regular Medi-Cal card.

REMINDER: If the family has excess resources but no SOC and contains a pregnant woman or an infant under one year, evaluate for the property waiver provision of the Income Disregard program.

MFBU Has a SOC and Sneede 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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 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.

MFBU Has a SOC and Sneede Procedures Apply For the Income Determination

If Sneede 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.
 - (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.

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, \$30 + 1/3
- o Health insurance premiums are not allowable deductions from the gross income when computing the adjusted net nonexempt family income.
- o Deductions which are solely applicable to those who are Aged, Blind or Disabled (ABD) are not allowable deductions
- o The Title II Cost of Living Adjustment (COLA) in January shall not be included until the effective date of the FPL.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

EXAMPLES

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 unearned income
Married pregnant mom	Robyn	\$ 0	<u>- 40</u> health insurance
Unborn	-----	\$ 0	\$1,427 net nonexempt
3-month-old	Matthew	\$ 0	<u>- 1,417</u> current M.L. 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: \$1,737 (effective April 1996). Bob is eligible for the 100 Percent Program.
2. Compare to 133 percent of the FPL for 6 person: \$2,310 (effective April 1996). Ryan is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 6 persons: \$3,474 (effective April 1996). 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 unearned income
6-month-old	Pam	\$ 0	<u>- 50</u> health insurance
4-year-old	Cindy	\$ 0	\$1,115 net nonexempt
6-year-old	Bryan	\$ 0	<u>- 1,100</u> M.L. for 4
			\$ 15 SOC

Since the family has a SOC, all 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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

\$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: \$1,300 (effective April 1996). Bryan is eligible for the 100 Percent program.
2. Compare to 133 percent of the FPL for 4 persons: \$1,729 (effective April 1996). Cindy is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 4 persons: \$2,164 (effective April 1996). 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, for both Sneede and non-Sneede cases, the county will use only the child's own income, if applicable, and the balance of the ineligible parent's income which is available to the members of the MFBU. In other words, with respect to the ineligible parent, the EW will use whatever income is available to the MFBU consistent with the Gamma decision. The ineligible parent retains a \$600 parental needs deduction and then the county equally allocates the ineligible parent's remaining income 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).

Example:

Sally wants Medi-Cal for her two separate children, Susie (age 5) and Shauna (age 4). Sally, her husband, Sam, and their mutual child do not need 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, Sauna, and Sally as an ineligible parent. In determining whether the MFBU has a SOC, equally allocate Sally's net income to everyone for whom she is responsible.

\$1,710 Sally's gross earnings
- 90 work deductions
\$1,620 net nonexempt income
- 600 Gamma parental needs deduction
\$1,020 divided by 4 (Sam, Shauna, Susie, Steven) = \$255 to each

MFBU's SOC computation:

\$ 600 Sally's allocation to self (her parental needs deduction)
+ 255 " " " Shauna
+ 255 " " " Susie
\$1,110 Total net nonexempt income
- 934 MNIL for 3
\$ 176

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Since the MFBU has a SOC and the two girls are ages 5 and 4, 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:

\$ 600 Sally's allocation to herself
+ 255 " " " Susie
+ 255 " " " Sauna
\$1,110 Net family income compared to 133% FPL for 3* = \$1,439 (April 1996).

Therefore, Susie (and also Shauna because the net nonexempt family income happens to be the same for her) are eligible for the 133 Percent programs.

*In stepparent cases when only the separate children of one of the parents want Medi-Cal, the FPL is compared to only the number of persons in the MFBU and not to the other family members even though income was allocated to the other family members.

Example D

Don and Ann are unmarried and applying for themselves, their mutual unborn, Don's separate child, Amy, (age 17 and not born after September 30, 1983), and Ann's separate child, Tony, age 10 months who has his own income.

Assume the MFBU is property eligible and has a SOC. Revised Sneede procedures apply. In this case, assume that the MBU's with Ann, the unborn, and Tony each have a SOC under revised Sneede procedures. They are now potentially eligible for the Percent programs.

<u>MBU #1</u>	<u>MBU #2</u>	<u>MBU #3</u>
Don Amy	Ann unborn	Tony
(with SOC or zero SOC)	(SOC)	(SOC)

1. Compare only Ann's income (MBU #2) to 200 percent of the FPL for a family of five to determine her eligibility for the Income Disregard program.
2. Compare only Tony's income and the allocation from his mother (MBU #3) to 200 percent of the FPL for a family of five to determine his eligibility for the Income Disregard program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Example E

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

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.

The father need not be included in the MFBU until the infant is age 1 due to Continued Eligibility unless he wants Medi-Cal or the mother needs him in the MFBU for linkage after her pregnancy ends.

Example F

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	Child A - \$	Child B - \$
(with SOC or zero SOC)	(SOC)	(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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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 nonpregnancy-related care. Therefore, she and her unborn will be in two MFBU: (1) the Income Disregard program and (2) the MI/MN program with a SOC.

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 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

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 would be as follows:

<u>Income Disregard</u>	<u>MI/MN Program</u>
Holly	Holly
Unborn	Unborn
	Jim

Example 2

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 sixteen-year-old daughter Marie who was born prior to September 30, 1983. The family is income eligible for all the percent programs; however, Marie is not eligible for the 100 Percent program because she was not born after September 30, 1983.

<u>Income Disregard</u>	<u>133 Percent</u>	<u>MI/MN Program</u>
Ann	John	Ann
Unborn		Unborn
Mike		<Mike> I.E.
		<John> I.E.
		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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

F 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. 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.

G. 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. 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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Counties should consult their MEDS Manual for the appropriate Eligibility Status Action Codes (ESACs) in the case of continuing inpatient status.

H. 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?

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 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. Can 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 Percent programs 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 Percent 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.

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.

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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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, since dual eligibility will not exist, only one MFBU and one case will be established. It is not particularly advantageous for the counties to establish eligibility under the Income Disregard program alone. The woman must be otherwise eligible and all eligibility factors must be developed and verified whether or not she chooses to restrict her application. Even if the woman knows she cannot meet her SOC, the county may still establish dual eligibility in order to avoid the second application process should she require non-pregnancy related care later.

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 and 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. This would hold true regardless of the reason for discontinuance (e.g., excess property, etc.). 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 which is at or below the maintenance need level. 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 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.

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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

10. Since eligibility can change from one month to the next due to income changes, will monthly status reports be required?

Answer: No, beneficiaries are still required to report changes to the counties within ten days. Counties are not mandated to change to monthly status reports. There are no restrictions to prevent counties from switching to monthly reporting for the Income Disregard program eligibles if they wish to do so.

11. 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.

12. 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.

13. 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, she 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.

14. 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.

15. 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 F.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

16. Are Medicare premiums considered health insurance premiums?

Answer: Yes, parts A and B of Medicare are considered health insurance premiums. 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.

17. 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 eligible for one year (Continued 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.

18. 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.

I. NOTICES

The Percent programs and other pregnancy forms are as follows:

Form Number	TYPE	PROGRAM	BENEFICIARY
Worksheet	Apprv/Deny	Percent	Women/Children
MC 239B - 1	Approval	60 Day Postpartum	Women*
MC 239B - 2	Approval	Income Disregard	Women & Infants
MC 239B - 3	Discontn.	Income Disregard	Women & Infants
MC 239B - 4	Denial	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

All are available in Spanish

* 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.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

J. **WORKSHEET** (Optional for County Use)

County Code _____

Social Services Agency _____

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)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96

5K-15

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

MEDI-CAL NOTICE OF ACTION APPROVAL FOR 60-DAY POSTPARTUM PROGRAM AND STATUS OF OTHER MEDI-CAL BENEFITS

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

(names)

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.

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.

Other Medi-Cal Program

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.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260 and 50701 (d).

(Eligibility Worker)

(Phone)

(Date)

MC 239 B - 1 (2/94)

SECTION NO.: 50262
50262.5
50262.6
MANUAL LETTER NO.: 166
DATE: 7/19/96
5K-16

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you 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.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- 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

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect 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 for it.

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. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal Child Care

Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NA BACK 7

SECTION NO.: 50262.5 MANUAL LETTER NO.: 166 DATE: 7/19/96 5K-17
50262.6

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION APPROVAL FOR SPECIAL ZERO SHARE-OF-COST PROGRAM FOR PREGNANT WOMEN AND BABIES UP TO ONE YEAR OLD

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

(names)

- 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.
- 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.
- 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 medical services.
 - services for treatment of emergency medical conditions.

In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income. You must let your worker know about income and other changes within 10 days to see if you or your baby is still eligible under this program.

You will receive a plastic Benefits Identification card (BIC) in the mail soon. TAKE THIS PLASTIC ID 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 regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

(Eligibility Worker)

(Phone)

(Date)

MC 239 B-2 (2/95)

95 86419

SECTION NO.: 50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96

5K-18

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you 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.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- 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

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect 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 for it.

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).

NA BACK 7

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal Child Care

Other (list) _____

Here's why: _____

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96

5K-19

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DISCONTINUANCE OF BENEFITS UNDER THE SPECIAL ZERO SHARE-OF-COST PROGRAM FOR PREGNANT WOMEN AND BABIES AND/OR MEDICALLY INDIGENT PROGRAM

(COUNTY STAMP)

CASE NAME: _____
CASE NO.: _____
DISTRICT: _____
DISCONTINUANCE FOR: _____

(Names)

A special program for pregnant women and babies up to one year old provides, at no share-of-cost, pregnancy-related services and postpartum care to women, and medical care to babies under one year of age. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program.

- When pregnancy ends, coverage under this program continues for 60 days and ends on the last day of the month in which the 60th day falls. Since you are no longer pregnant, your eligibility for Medi-Cal under this special program ends _____.
 - This does not affect your eligibility under the regular Medi-Cal program. You continue to be eligible for those benefits with a share-of-cost.
 - Your eligibility to regular Medi-Cal with a share-of-cost under the Medically Indigent program ends _____ as you are no longer pregnant.
- Eligibility for benefits under the special program ends _____ because your or your family's income is over the limits for this program. You continue to be eligible for Medi-Cal with a share-of-cost under another program. You will receive a separate notice about your change in share-of-cost.
- Your baby's eligibility for benefits under the special program ends _____ because he/she is over one year old. Your baby may be eligible for benefits under the regular Medi-Cal program with a share-of-cost. If there are changes in the share-of-cost, you will receive a separate notice about it.

DO NOT THROW AWAY YOUR PLASTIC ID CARD. You can use it again under another regular Medi-Cal program even if you have a share-of-cost.

IMPORTANT: If your baby was hospitalized before his/her first birthday and continues to be in the hospital after the age of one year, he/she may continue to be eligible for benefits at no share-of-cost, under the Special Zero Share-Of-Cost program. You must tell your worker about this right away.

The regulations which require this action are California Code of Regulations, Title 22, Sections 50260, 50262, and 50701(d).

(Eligibility Worker) (Phone) (Date)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you 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.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- 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

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect 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 for it.

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. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NA BACK 7

SECTION NO.: 50262.5 MANUAL LETTER NO.: 166 DATE: 7/19/96 5K-21
50262.6

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION
DENIAL OF BENEFITS
UNDER THE SPECIAL ZERO SHARE-OF-COST
PROGRAM FOR PREGNANT WOMEN AND BABIES
UP TO ONE YEAR OLD
(Income Disregard Program)**

(County Stamp)

[]

[]

[]

State No: _____

District: _____

Denial: _____

[]

(Name)

The Income Disregard Program is a special program for pregnant women and babies up to one year old. It provides, at no share-of-cost, pregnancy-related services and postpartum care to women, and medical care to babies under one year of age. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program.

A review of your case shows that you do not qualify for this special program because your or your family's income is over the allowable limit.

This does *not* affect your regular Medi-Cal eligibility. You continue to be eligible under the regular Medi-Cal program with a share-of-cost.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

(Eligibility Worker)

(Phone)

(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 2298-4 (5/96)

SECTION NO.: 50262
50262.5 MANUAL LETTER NO.: 166 DATE: 7/19/96 5K-22
50262.6

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 UNDER THE 133 PERCENT (%) PROGRAM

(County Stamp)

[]

[]

[]

[]

Case No. _____

District: _____

This affects: _____

Name(s)

The 133% Program is a program for children from one to six years of age that provides Medi-Cal benefits at no share of cost. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program.

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. This does not affect your child(ren)'s regular Medi-Cal eligibility.

Eligibility for benefits under the 133% program ends _____ because your child(ren) is six years old.

Eligibility for benefits under the 133% program ends _____ because:

IMPORTANT: If your child(ren) was hospitalized before his/her sixth birthday and continues to be in the hospital after the age of six, he/she may continue to be eligible for benefits at no share of cost. You must tell your worker about this right away.

The regulation that requires this action is California Code of Regulations (CCR), Title 22, Section _____.

(Eligibility Worker)

(Phone)

(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 2398-5 (5/95)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96

5K-23

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you 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.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. **For all other child care programs, your benefits will NOT stay the same until your hearing.**
- 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

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect 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 for it.

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, or the Department of Social Services (Welfare Department 10950).

NA BACK 7

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

SECTION NO.: 50262
50262.5 MANUAL LETTER NO.: 166 DATE: 7/19/96 5K-24
50262.6

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
UNDER THE 100 PERCENT (%) PROGRAM

(County Stamp)

Case No.: _____
District: _____
This affects: _____

Name(s)

The 100% Program is a program that provides Medi-Cal benefits at no share-of-cost for children who are at least six years of age and were born after 9/30/83. In addition to meeting other Medi-Cal eligibility rules, family income must be within the certain limits to qualify for this program.

- 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. This does not affect your child(ren)'s regular Medi-Cal eligibility.
- Eligibility for benefits under the 100% Program ends _____ because:

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.6.

Eligibility Worker	Phone	Date
--------------------	-------	------

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 238 G (2/96)

SECTION NO.:	50262 50262.5 50262.6	MANUAL LETTER NO.:	166	DATE:	7/19/96	5K-26
--------------	-----------------------------	--------------------	-----	-------	---------	-------

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you 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.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- 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

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect 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 for it.

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. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

Cash Aid Food Stamps Medi-Cal Child Care

Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

95 86729

NA BACK 7

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96 5K-27

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 100 PERCENT (%) PROGRAM

┌ ───────────────────────────────────┐

└ (COUNTY STAMP) ───────────────────┘

┌

┐

CASE NAME: _____

CASE NO.: _____

┌

┐

DISTRICT: _____

THIS AFFECTS: _____

(names)

Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits without a share-of-cost under the 100% Program for children who are at least six years of age and were born after 9/30/83.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon for each eligible child. TAKE THIS PLASTIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOUR CHILD(REN) NEEDS CARE. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC ID CARD.

Under this program, Medi-Cal will provide:

- Full Medi-Cal benefits.
- Restricted Medi-Cal benefits (emergency and pregnancy-related services only).

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.6.

(Eligibility Worker)

(Phone)

(Date)

MC 239 H (5/95)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96 5K-28

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you 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.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- 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

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect 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 for it.

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. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL NOTICE OF ACTION BENEFITS RESTRICTED TO EMERGENCY MEDICAL AND PREGNANCY-RELATED SERVICES

(County Stamp)

Case Name: _____

Case Number: _____

District: _____

Restriction of Benefits For: _____

(Name)

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 (8/96)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96

5K-30

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.

A

M

P

L

E

Eligible Worker

Telephone Number

Date

MC 230 P (9/88)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96 5K-31

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

MEDI-CAL NOTICE OF ACTION CHANGE FROM RESTRICTED SERVICES TO FULL BENEFITS

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

(names)

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 aged (65 or over), blind, disabled, under age 18, or a Cuban/Haitian Entrant.

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.

- 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	\$ _____

This action is required by the Welfare and Institutions Code, Section 14007.5 and by the California Code of Regulations, Section(s):

(Eligibility Worker)

(Phone)

(Date)

MC 239 Q (2/94)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 166

DATE: 7/19/96 5K-32

