

---

## Ineligible Clients

A client is not eligible for Family PACT benefits for any of the following reasons:

- The client has OHC for family planning services and ~~\*a barrier to access their OHC does not exist. has not requested that services be kept confidential from spouse, partner or parent.\*~~ The provider must bill the OHC.
- The client has full-scope Medi-Cal.
- The client has Medi-Cal with a Share of Cost (SOC) that is met on the date of service.
- The client is enrolled in a Medi-Cal managed care health plan.
- The client is not a California resident.
- The client has a gross family income that is more than 200 percent of the FPL.
- The client does not have a medical necessity for family planning services.
- The client is an inmate of a public institution, including prison, jail or juvenile detention center. For more information refer to the *Eligibility: Special Groups* section in the Part 1 Medi-Cal manual.
- The client does not meet the conditions in “Affirming Eligibility at Each Visit” stated on a previous page.

If a client previously determined ineligible returns to a Family PACT provider, a new CEC form (DHCS 4461) must be completed to determine eligibility. If the client is eligible, the provider must update any changes in the HAP system using the prior HAP card number.

## Determination of Client Eligibility

The steps for determining client eligibility are as follows:

- Determine if the client is a Medi-Cal recipient with full-scope family planning coverage, or if the client has OHC for family planning services. At each visit, a client with a Medi-Cal Benefits Identification Card (BIC) must be screened for eligibility and the provider must bill the Medi-Cal program if the client is Medi-Cal eligible for family planning benefits and has met all SOC on the date of service. Medi-Cal payment sources should always be billed, if applicable.
- Determine the age of the client. If the client is 17 years of age or younger, the client is considered a minor. If the client is 18 years of age or older, the client is considered an adult. In determining eligibility for minors, the State will exclude parental income.
- The “basic family unit” must be taken into account when determining family size. The “basic family unit” consists of the applicant, spouse (including common-law) and minor children, if any, related by blood, marriage, \*or\* adoption \*, or under guardianship\* and residing in the same household. When adults, other than spouses, reside together, each person shall be considered a separate family. This also applies to adults living with their parents \*, unless the parents claim the adult child as a tax dependent. If an applicant intends to file taxes and is not claimed as a tax dependent, the applicant’s basic family unit includes the applicant, spouse if living together, and the applicant’s tax dependents. If an applicant is claimed as a tax dependent by the applicant’s spouse or parents, the applicant’s basic family unit includes the applicant, spouse if living together, the tax filer, and the tax filer’s other tax dependents. Children 18 years of age or older are not counted in the “basic family unit.”\*

**Note:** California recognizes “common-law” marriages established in other states (where common-law marriages are legally recognized); it does not recognize common-law marriages occurring in California.

- Determine the client’s \*gross-total taxable\* family income. The client’s self-declaration must be accepted without further verification.
- Find the client’s declared family size and income in “Income Eligibility Guidelines” on the following page. If the client’s income is at or below the maximum for their declared family size, the client is eligible for Family PACT benefits when all the other criteria are met.
- Once a new client has been certified eligible for Family PACT, the provider asks the client if he or she has received Family PACT-covered family planning and/or reproductive health services during the three-month period prior to the month that the client was enrolled in the Family PACT program. If the

**\*Gross Total Taxable\* Family Income****\*Total TaxableGross\***

Family Income" means the monthly sum of **\*taxable\*** income received by an individual **\*and the individual's basic family unit from the sources\*** identified by the **\* Internal Revenue Service (IRS) as taxable U.S. Census Bureau in computing income.\*** Monthly **\*taxablegross\*** income for migrant farm workers and other seasonally employed persons may be computed by averaging total **\*taxablegross\*** income received during the previous 12 months.

The following are **\*qualified as sources types\*** of **\*taxable\*** income **\*identified\*** by the **\*IRS U.S. Census Bureau\***:

- **\*Money-wV\***ages or salary
- Net income **\*(profit)\*** from non-farm self-employment
- Net income **\*(profit)\*** from farm self-employment
- Social Security **\*(even if not taxable)\***
- Dividends, interest (on savings or bonds), income from estates or trusts, net rental income or royalties
- ~~**\*Public assistance or welfare payments\***~~
- Pension and annuities
- Unemployment compensation/disability insurance
- ~~**\*Workers' compensation\***~~
- ~~**\*Child support\***~~
- Veterans' pension **\*(if taxable)\***
- Alimony **\*received\***

~~**\*Note: Allowances given to minors are considered income when determining eligibility for Family PACT benefits.\***~~

Exclusions From Computation  
of Monthly \*TaxableGross\* Income

The following are not considered sources of monthly \*taxablegross\* income \* according to the IRS.\*

\*as excerpted from the current Manual of Policies and Procedures, Division 30, Social Services, Section 30-009: 2332 and 2333, as defined by the U.S. Census Bureau.\*

- Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian Claims Commission or Court of Claims
- Payments made pursuant to the Alaska Native Claims Settlement Act to the extent such payments are exempt from taxation under Section 21(a) of the Act
- Money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment)
- Withdrawals of bank deposits, money borrowed, tax refunds, gifts or capital gains
- Lump-sum inheritances or insurance payment
- The value of the food stamp coupon allotment in excess of the amount paid for the coupons
- The value of USDA-donated foods
- The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food program under the National School Lunch Act
- Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970
- Earnings of a child \*if less than the threshold for being required to file taxes under 14 years of age (no inquiry shall be made)\*
- Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs
- Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act
- Home produce utilized for household consumption
- Payments received under the Energy Crisis Assistance Program or the Low Income Energy Assistance Program
- \*Public Assistance or welfare payments\*
- \*Workers' compensation\*
- \*Child support\*
- \*Alimony paid\*

## Eligible Clients with Other Health Coverage (OHC)

Clients who have Other Health Coverage (OHC) can be eligible for Family PACT benefits. Clients must meet all Family PACT eligibility criteria, including any of the following:

- The OHC does not cover any ~~\*family planning\*~~ contraceptive methods. Seeking a specific method ~~\*or brand\*~~ of birth control not offered by OHC is not a criterion for Family PACT eligibility.
- The OHC requires an annual deductible that the client is unable to meet on the date of service.

**Note:** If the OHC is health insurance with an insurance copayment per visit, the client is not eligible for Family PACT benefits. The provider should collect the copayment, render services and bill the third party insurance.

- A barrier to access exists. A barrier to access is when a client's ~~\*Medi-Cal or\*~~ OHC does not ensure provision of ~~\*family planning\*~~ services to a client without his or her spouse, partner or parents being notified or informed. If the client indicates on the CEC form that ~~\*their concern that their partner, spouse, or parent learn about their family planning appointment keeps them from using their OHC, family planning services should be kept confidential from spouse, partner or parent,\*~~ there is a barrier to access, and the client is eligible for Family PACT benefits ~~\* if they meet all other eligibility criteria\*~~. This applies to all clients regardless of age or marital status.
- The client has a Medi-Cal unmet SOC on the date of service.
- The client has limited-scope Medi-Cal that does not cover family planning.
- The client is a student who has ~~\*only student health care services and\*~~ no health care coverage for any contraceptive methods. Seeking a specific method ~~\*or brand\*~~ of birth control not offered by OHC is not a criterion for Family PACT eligibility.

**Client Eligibility Determination Table** The following table assists providers in determining client eligibility.

Client Information	Family PACT Eligibility	Action Taken
Client has full-scope Medi-Cal with no Share of Cost (SOC).	No	No activation – bill to Medi-Cal
<del>*Client has full-scope Medi-Cal with no SOC, but requests confidentiality because a barrier to access exists.**</del>	<del>*Yes*</del>	<del>*Issue and activate HAP card*</del>
Client has Medi-Cal with an unmet SOC.	Yes	Issue and activate HAP card
Client has Medi-Cal with an unmet Share of Cost and requests confidentiality because a barrier to access exists. *	Yes	Issue and activate HAP card
Client has restricted services Medi-Cal (no <del>*family planning services coverage of contraceptive methods*</del> ).	Yes	Issue and activate HAP card
<del>*Client has restricted services Medi-Cal (no family planning services) and requests confidentiality because a barrier to access exists.**</del>	<del>*Yes*</del>	<del>*Issue and activate HAP card*</del>
Client has <del>*full-scope third party insurance-OHC (covers contraceptive methods)</del> *with no deductible.	No	No activation – bill insurance
Client has <del>*OHC (covers contraceptive methods)full-scope third party insurance*</del> with no deductible, but <del>*requests confidentiality because*</del> a barrier to access exists. *	Yes	Issue and activate HAP card
Client has <del>*third party insurance-OHC (covers contraceptive methods)</del> * with an unmet deductible.	Yes	Issue and activate HAP card
Client has no health care coverage.	Yes	Issue and activate HAP card
Client is enrolled in Medi-Cal managed care health plan.	No	No activation – refer to plan
Client is enrolled in Medi-Cal managed care, but requests out-of-plan family planning <del>*services*</del> .	No	No activation – provide services, bill fee-for-service to plan
<del>*Client is enrolled in Medi-Cal managed care, and requests confidentiality because a barrier to access exists.**</del>	<del>*Yes*</del>	<del>*Issue and activate HAP card*</del>
* See “Eligible Clients with Other Health Coverage” on a previous page.		