

DEPARTMENT OF HEALTH SERVICES

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November 4, 1994

MEDI-CAL ELIGIBILITY MANUAL LETTER NO.: 138

TO: Holders of the Medi-Cal Eligibility Manual

Enclosed is Article 5N of the Medi-Cal Eligibility Manual. On September 9, 1994, we sent advance copies of the procedures to All County Welfare Directors, All County Medi-Cal Program Specialists/Liaisons, and All County Medi-Cal Tuberculosis (TB) Program Coordinators. Changes have subsequently been made to the procedures and are reflected in these final procedures. They are as follows:

Page 5N-1, A. Background. The phrase "retroactive to July 1, 1994" has been deleted. The TB program will not be retroactive to July 1, 1994. The first month to claim retroactive benefits will be October 1, 1994.

Page 5N-2, D. Overview of Eligibility Requirements. Deleted "Be otherwise eligible for Medi-Cal." and inserted "Meet all other Medi-Cal requirements."

Page 5N-2, 3. The language "and Entitled to Full-Scope Benefits" was deleted from this phrase.

Page 5N-2, 3. In the last paragraph, deleted "undocumented" and inserted "eligible for restrictive Medi-Cal.". Deleted (1) from Section 50302 (b)(1).

Page 5N-5 under Exception 2: Parental Deduction: b. Amount of the Deduction: New language inserted: "The amount of the deduction is the federal benefit rate for one if only one ineligible parent lives in the home with the child or it is the federal benefit rate for a couple if both ineligible parents live in the home with the child."

Page 5N-8, J. Retroactive Benefits. Last line is changed to "Counties are to use the Notice of Action form, MC 239D, to approve and deny retroactive eligibility."

Page 5N-13 and 5N-14, Example 6, concerning ineligible parents and an eligible child, Will. We inadvertently omitted a parental deduction for a couple. We, therefore, inserted the 1994 parental deduction for a couple of \$669. This affected income deemed to Will from his parents and Will's total income. The corrected figures are reflected in this version of the procedures.

Page 5N-16-Answer 9: Inserted the words "or photocopies" at the end of the sentence.

ProcedureDescription

Article 5N

Medi-Cal Tuberculosis (TB) Program

Filing Instructions

Remove Pages

PTC-6

Article 5 Table of Contents

Nothing to Remove

Insert Pages

PTC-6

Article 5 Table of Contents

5N-1 through 5N-34

If you have questions on these procedures, please contact Sharon Garcia of my staff at (916) 657-5327.

Sincerely,

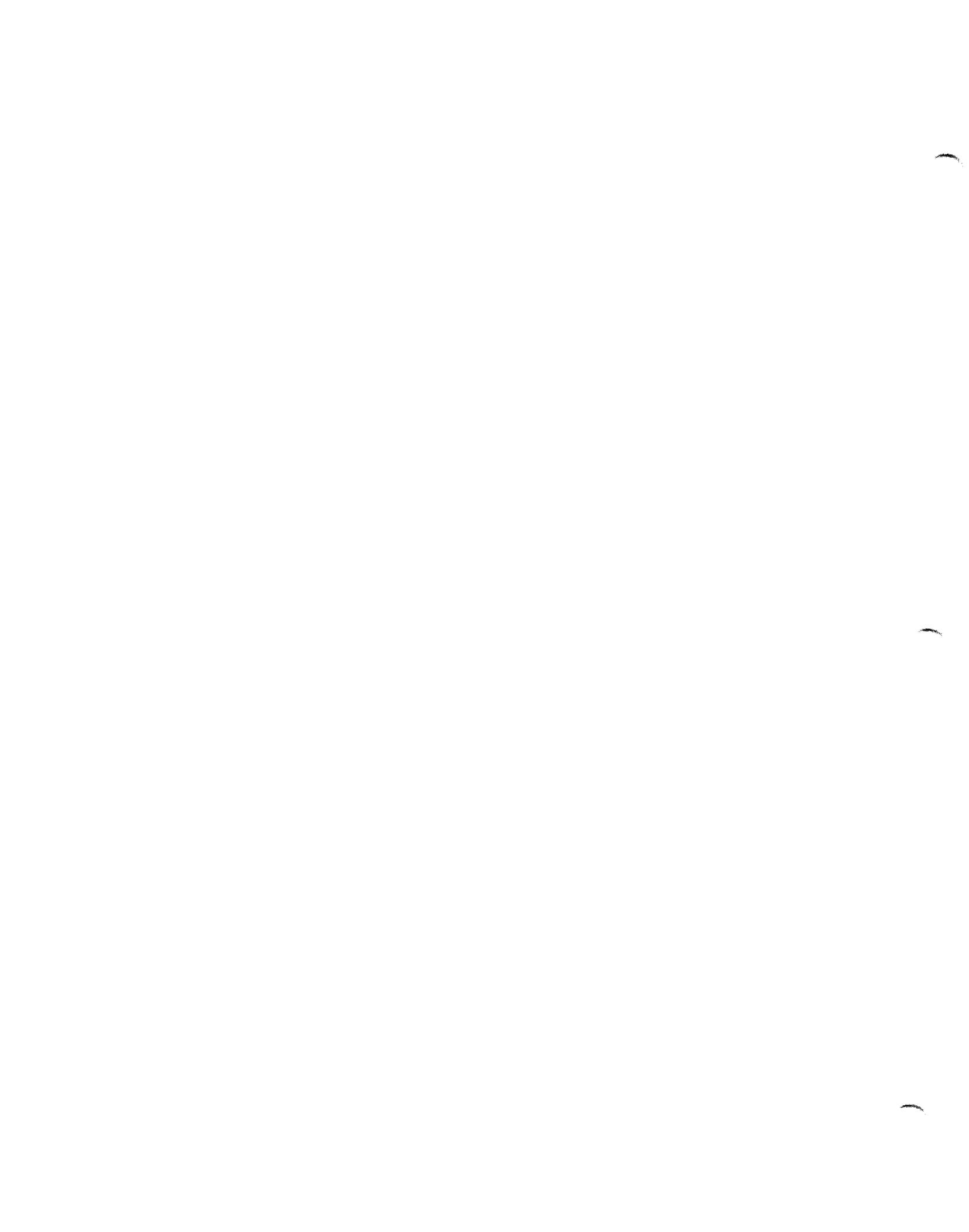
Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

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- Article 5 -- MEDI-CAL PROGRAMS
- 5A -- AID CODES
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 - 5C -- DEPRIVATION--LINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
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MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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5N--TUBERCULOSIS (TB) PROGRAM

A. BACKGROUND

Section 13603 of the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) establishes an optional new program for persons infected with tuberculosis whose income and resources do not exceed the maximum amount for a disabled individual. State law (Chapter 147, Statutes of 1994, (Assembly Bill 2377) specifies that this program be adopted. This program shall be implemented as of October 1, 1994.

B. OVERVIEW OF PROCESS

Medi-Cal clinics and Medi-Cal providers who serve TB infected persons are encouraged to assist such persons in applying for Medi-Cal. This is an alternative to the applicant applying directly at the county. These providers may help applicants complete all initial Medi-Cal forms used in the application process and may gather applicant verification. This information will then be forwarded to the county welfare department (CWD) for a Medi-Cal determination. Several clinics have advised us that they are willing to facilitate the Medi-Cal application process.

C. AID CODE

Individuals (both adults and children) eligible for the TB program are identified on MEDS under the new aid code of 7H.

D. OVERVIEW OF ELIGIBILITY REQUIREMENTS

See Part E for Details.

To be eligible for the TB Program, a person must:

- o Be infected with TB.
- o Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws.
- o Be a United States citizen or a person who has satisfactory immigration status.
- o Have income and resources which do not exceed the maximum amount for a disabled individual under the Supplemental Security Income (SSI) program. Income cannot exceed an amount referred to as the TB income standard. (See details under Income--Part E below.) Property can be no more than \$2000 for an individual or \$3000 for a married applicant.
- o Meet all other Medi-Cal requirements.

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E. DETAILS OF ELIGIBILITY REQUIREMENTS

1. TB INFECTED

Definition

Infected with TB relates to a condition in which living tubercle bacilli are present in an individual without producing clinically active disease. A TB infection is active when it produces disease as demonstrated by clinical, bacteriologic, and/or radiographic evidence.

Determination of TB Infection

The determination of whether an individual is TB infected shall only be made by a Medi-Cal physician. Department of Health Services has developed a Tuberculosis Application form which includes a section for these physicians to use to certify TB infection. (See Part G for details about this form.)

2. NOT BE A MEDI-CAL BENEFICIARY WHOSE COVERAGE IS MANDATED BY FEDERAL LAW.

The beneficiary cannot be eligible for Medi-Cal under one of the programs listed below. These individuals are currently eligible for full scope, zero share-of-cost Medi-Cal benefits which includes TB coverage if necessary. They do not need additional coverage under the Medi-Cal TB program. Counties will not be allowed to enter the TB aid code 7H onto the Medi-Cal Eligibility Data Systems (MEDS) if the beneficiary is eligible for one of the programs listed below.

- (1) Aid to Families with Dependent Children (AFDC)-Federal.
- (2) Supplemental Security Income/State Supplementary Program
- (3) Other Public Assistance (Other PA).
- (4) One of the federal poverty level (FPL) programs.

In addition, a beneficiary eligible for full scope, zero share-of-cost Medi-Cal under the Medically Needy or Medically Indigent program also does not need coverage under the TB program.

3. BE A UNITED STATES CITIZEN OR A PERSON WHO HAS SATISFACTORY IMMIGRATION STATUS (SIS)

A person applying for the TB program must be a United States citizen or an alien who would be eligible for full scope benefits if he/she were otherwise linked to Medi-Cal.

Counties will follow the usual regulations, procedures and guidelines for determining citizenship-alien status.

Persons who are eligible for restricted Medi-Cal as defined in Title 22 Section 50302 (b) are ineligible for this program.

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4. INCOME AND PROPERTY DO NOT EXCEED A MAXIMUM AMOUNT FOR A DISABLED INDIVIDUAL

OBRA '93 specifies that the income/resources of a TB-infected individual must not exceed the maximum amount of income or property a disabled individual may have under the SSI program.

(A) Whose Income and Property is Used

Unmarried Adult: If the adult is an unmarried applicant, use only his/her own income and property.

Married: If the applicant is married and living with his/her spouse, use only the income and property of the applicant and his/her spouse.

Child: A child is defined as an unmarried person under the age of 18.

If the applicant is a child, use his or her own income and property and the income and property of his or her parent(s). However, if one or both of the parents is eligible for the TB program or the child's stepparent is eligible for the TB program, use only the income and property of the child. Do not use the parent(s)' income or property since it already would have been used in the determination of the parent/stepparent's TB eligibility.

If more than one child is applying for the TB program, the parent's allocation to the TB applicant children is divided among the potential TB applicant children.

Each unmarried person, including a child, applying for the TB program is evaluated separately. If a married couple is applying, TB eligibility is determined together.

(B) Income Methodology

(1) TB Income Standard

The term "TB income standard" means the maximum amount of income a person may have and still be income eligible for this program. This is the amount against which the applicant's net nonexempt income is tested.

For 1994, the TB income standard for a single individual is \$748.50 and for a married couple is \$971.50. The TB income standard is not changed by the presence in the home of children of the applicant or applicant's spouse. The TB income standard is based on a computation using the federal benefit rate (FBR) which changes each January.

Use the TB standard for one for an unmarried person, including a child, or a married person when his/her spouse's income is not deemed to the TB applicant, as described in Exception 3 of item 2 below.

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Use the TB standard for two if the TB applicant is married and the income of his/her spouse is deemed to the TB applicant.

(2) Determination of Net Nonexempt Income

Net nonexempt income is determined according to Article 10, Title 22. The TB applicant is treated as if he/she were a disabled person when determining deductions and exemptions.

Exceptions - There are three exceptions to the use of Article 10.

Exception 1: Parental Allocation to Ineligible Children

Instead of the allocation to excluded children as provided in Article 10, Title 22, Section 50558, a parental allocation as described below will be applied.

a. Who may have this allocation:

(i) A spouse (referred to as the ineligible spouse) who is not applying for the TB program, before his/her income is used for determining the TB income eligibility of the other spouse.

(ii) A parent who is not eligible for the TB program and who does not have a spouse living in the home who is eligible for the TB program, before the parent's income is used to determine the TB income eligibility of his/her child.

b. Which child the parental allocation is for:

This allocation is available to any ineligible child. An ineligible child is defined as a person not applying for the TB program who is (1) unmarried and under age 18 or (2) unmarried, between the ages of 18 and 21 and who is a full time student.

c. How to determine the amount of the parental allocation:

(i) Determine the standard allocation: This amount is the difference between the federal benefit rate (FBR) for a couple and the FBR for an individual. This amount will be provided to counties annually, likely in January.

(ii) Subtract each ineligible child's own income from the standard child allocation.

Student Deduction: Each ineligible child is allowed a student deduction for earned income of up to \$400 per month, but not to exceed \$1620 per year, if the ineligible child is regularly attending

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a school, college, university, or a course of vocational training to prepare him for gainful employment.

(iii) The remainder is each ineligible child's parental allocation.

(iv) Total each ineligible child's parental allocation. The total is the actual parental allocation.

(v) This allocation is applied first to the ineligible spouse's/parent's unearned income and then to his/her earned income.

Exception 2: Parental Deduction:

a. Who may have this deduction:

This deduction is available to a parent or parents whose income is being deemed to a child whose income eligibility for the TB program is being determined.

b. Amount of the Deduction:

The amount of the deduction is the federal benefit rate for one if only one ineligible parent lives in the home with the child or it is the federal benefit rate for a couple if both ineligible parents live in the home with the child.

Exception 3: Non-Deeming By The Ineligible Spouse:

In the situation when only one spouse of a married couple is applying for the TB program, there is one instance where income from the ineligible spouse is not considered in determining the TB income eligibility of the other spouse. This occurs when the income of the ineligible spouse (after any allocation to ineligible children if applicable) is less than the standard allocation. The standard allocation is the difference between the couple FBR and the individual FBR.

(3) Income eligibility

Compare the applicant's net nonexempt income to the appropriate TB income standard. If net nonexempt income exceeds the applicable standard, the person is ineligible for the TB program.

(C) Property Methodology

(1) TB Property Limits

The resource limit for a single person (including a child) is \$ 2000. The resource limit is \$3000 for a married couple.

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The resource limits do not increase even if the applicant and/or his or her spouse have children living in the home.

(2) Determination of Net Nonexempt Property

Resources are determined according to Article 9, Title 22.

If the TB applicant is a child, property is deemed to the child as follows.

One parent in the home

If there is only one parent living in the home who is not eligible for the TB program, reduce the parent's property by the property limit for one. The remainder is deemed to the child.

Two parents or one parent and a stepparent in the home

If there are two parents living in the home and neither is eligible for the TB program, reduce the parents' property by the property limit for two. The remainder is deemed to the child.

If there are two parents in the home or there is one parent and a stepparent and at least one of the members of the couple is TB eligible, do not deem any property.

If there is more than one child applying for the TB program, the parent(s)' property is divided among the potential TB applicant children. However, as soon as a child is determined ineligible for the TB program, the parent(s)' property must be redivided among the remaining children to determine their TB property eligibility, even if their eligibility had been determined already.

(3) Resource Eligibility

Net nonexempt property is compared to the appropriate TB property limit. If net nonexempt property is less than or equal to the TB limit, the applicant is TB property eligible.

F. SCOPE OF BENEFITS - LIMITED TO TB RELATED SERVICES

The following services are available under the TB program.

- o Physician specified clinics
- o Outpatient hospital services
- o Clinic services including specified clinics
- o Federally - qualified health centers services,

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- o Case management services and
- o Services (other than room and board) to monitor prescribed drugs.

G. MEDI-CAL PROVIDER RESPONSIBILITIES

(A) Tuberculosis Application Form MC 274 TB

The Department of Health Services has developed a TB application form which will be available only to county welfare departments (CWDs) and Medi-Cal providers such as physicians and clinics. This form is entitled the "Application for Medi-Cal Tuberculosis Program".

This form replaces the SAWS 1 only for persons applying for the TB program at a Medi-Cal TB provider site.

On the second page Part B of this application Medi-Cal physicians or their designated staff must certify that the individual is infected with TB (by indicating this person requires preventive therapy for tuberculosis infection or that the person requires treatment for active TB) before submitting the application to the county.

(B) Clinic Activities

Clinics and providers (see Part N) are encouraged to help applicants complete the following forms and submit them to the county:

1. MEDI-CAL TB APPLICATION (MC 274 TB)
2. MC 210 STATEMENT OF FACTS (MEDI-CAL)
3. MC 13 STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS
4. MC 219 RIGHTS AND RESPONSIBILITIES
5. MC 210A SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE MEDI-CAL

Providers will order these forms from the DHS warehouse and must make the request on their office stationery and submit to:

**Department of Health Services' Warehouse
1037 Market Street
Sacramento, CA 95834**

Face-to-Face: The required Medi-Cal application face-to-face interview can be conducted by the TB clinics or other providers acting on behalf of the CWDs. During the interview, the provider conducting the interview shall complete and explain the contents of the above described forms.

Verification: In addition, TB clinics and other participating Medi-Cal providers may gather necessary verifications. For example, providers may copy and forward to the CWD Social Security cards, alien registration cards, and other immigration documents for CWD

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verification of alien status. Providers may also forward other items such as copies of wage stubs or bank statements for CWD verification of earned and unearned income and property.

H. COUNTY RESPONSIBILITIES

TB Coordinator: The counties are responsible for designating in each county a coordinator who will receive TB applications and forms from Medi-Cal providers. Upon receipt of the application and additional forms, the counties will determine eligibility under the TB Medi-Cal program. If counties receive forms that are incomplete and need additional client information, they may contact the clinic or provider for this information. If the information can be obtained by telephone, this would be the preferred method of obtaining this information. Counties at times may have to contact the clinic worker and sometimes participate in a conference call with the clinic worker and the Medi-Cal client. (Many clients will be homeless or without a phone.)

CWDS shall notify beneficiaries in writing of their Medi-Cal eligibility and of any changes made in their eligibility. This written Notice of Action shall be issued for approvals, denials, or discontinuance of eligibility.

If the CWD determines that the applicant is eligible for the TB program, the eligibility worker or county MEDS person reports their eligibility under Aid Code 7H via a transaction to MEDS through standard procedures. Eligibility under 7H will continue until the counties redetermine, continue or terminate the beneficiary from the MEDS system.

I. NOTICE OF ACTION (NOA)

We have developed specific NOA language for the TB program. Please use this approval, denial and discontinuance language and send them timely to the applicant (See Part N).

J. RETROACTIVE BENEFITS

As provided in Section 50710, Title 22, up to three months of retroactive coverage is available. The TB Application form asks the provider to indicate whether the applicant was infected three months prior to the date the form was completed. If the application shows the person was infected at that time and he/she is otherwise eligible, retroactive coverage is appropriate. Counties are to use the Notice of Action form, MC 239D, to approve and deny retroactive eligibility.

K. PLASTIC BENEFITS IDENTIFICATION CARD (BIC)

Beneficiaries covered under the TB Program will use the Plastic Benefits Identification Card (BIC) for TB-related services. The message will be OUTPATIENT TB-RELATED SERVICES ONLY AT NO SHARE OF COST.

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L. EXAMPLES - TREATMENT OF INCOME AND PROPERTY

EXAMPLE 1:

Mr. Smith, age 47 is homeless. He is not disabled. He receives monthly unemployment insurance benefits (UIB). On June 15, 1994, Mr. Smith is diagnosed at the county Medi-Cal clinic as being TB infected. The clinic advises him of the TB program and he agrees to apply. In June, he will receive his \$207 UIB and will have no other income. He has no property.

Provider Activities

The clinic assists Mr. Smith in completing the TB application and the MC 210. The clinic forwards these forms to the county TB coordinator.

County Welfare Department (CWD) Activities

The CWD reviews the TB application. A SAWS 1 is not used since the TB application form is used for those applying at a provider site. The CWD reviews the MC 210 and needs additional information from Mr. Smith, but Mr. Smith has no address or telephone. The CWD contacts the clinic's TB contact person and the clinic worker agrees to call the CWD when Mr. Smith next comes into the clinic. The next day, Mr. Smith comes in for TB treatment at the clinic. The CWD, Mr. Smith and the clinic worker hold a telephone conference call and the CWD is satisfied with the information now provided.

Income is determined as if Mr. Smith were disabled.

The CWD determines TB income eligibility for June as follows:

\$ 207	UIB
<u>-20</u>	any income disregard
= \$ 187	net nonexempt income

\$748.50 TB income standard for one in 1994

Mr. Smith's net nonexempt income does not exceed the TB income standard. He is income eligible.

If the other TB program requirements are met, the CWD will find Mr. Smith eligible for the TB program and establish Medi-Cal TB benefits under aid code 7H for June.

EXAMPLE 2:

On July 15, 1994, Mr. Jones, who lives alone, was determined TB infected at the county Medi-Cal clinic. The clinic explained about the TB program to him and Mr. Jones agrees to apply. The clinic informs him that he cannot work until the TB is no longer active. If Mr. Jones follows the prescribed regimen, his TB should no longer be active by about August 1. Mr. Jones will be on sick leave from July 16 through the end of July. He earned \$1205 through July 15 and will earn \$1200 in sick leave pay through the remainder of July.

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Provider Activities

The clinic assists Mr. Jones in completing the TB application and MC 210. Mr. Jones provides the clinic with his July pay stubs. The clinic forwards the forms and a copy of his pay stubs to the CWD.

CWD Activities

The CWD reviews Mr. Jones' TB application and needs additional information about Mr. Jones' bank account. The CWD calls Mr. Jones at his home and Mr. Jones supplies his most recent bank statement. The CWD determines Mr. Jones' eligibility. His property is determined to be less than \$2000, the property limit for one person.

Income is determined as if Mr. Jones were disabled. His sick leave pay is earned income.

\$ 2405	gross earned income
-20	any income deduction (There is no unearned income to apply this against
- 1225	\$65 and 1/2 earned income deduction (\$65 + \$1160)
= \$ 1160	net nonexempt income

\$ 748.50 TB standard for one in 1994

The CWD compares Mr. Jones' net nonexempt income to \$ 748.50, the TB standard for one. Mr. Jones is ineligible due to excess income.

EXAMPLE 3:

In August, 1994, the county Medi-Cal clinic determines Mr. Brown to be TB infected (active TB). Mr. Brown is married and lives with his wife. They have no children. Mrs. Brown is TB infected (dormant TB) and the clinic will provide her with preventive TB therapy. Although Mr. Brown cannot work until his TB is no longer active, Mrs. Brown may continue to work since she does not have active TB. The clinic worker explains about the TB program and they agree to apply.

Mr. and Mrs. Brown both work. In August, Mr. Brown will earn \$900 gross income and Mrs. Brown will earn \$755 gross income. They have one car and have a \$2500 savings account. There is no other property.

Provider Activities

The provider may choose to assist with the TB application or may refer Mrs. Brown to the CWD. If Mrs. Brown is referred to the CWD, the provider will have minimal activities in the TB application process. Instead of completing the TB Application and MC 210 at the provider site, Mrs. Brown will be referred to the CWD where she will apply for the TB program and be given the regular Medi-Cal application packet. The provider will complete only Part B of the TB application form entitled Medi-Cal Tuberculosis Program Referral Form for Mr. Brown and one referral form for Mrs. Brown. Mrs. Brown will take these forms to the CWD when she applies.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

CWD activities

The CWD will determine eligibility for the TB program according to regular county procedures. Income is determined as if Mr. and Mrs. Brown were disabled.

\$ 1655	Total earned income of Mr. and Mrs. Brown
-20	Any income deduction (There is no unearned income to apply this against.)
<u>-850</u>	\$65 and 1/2 earned income deduction (\$65 + \$785)
= \$ 785	Net nonexempt income

\$ 971.50 TB income standard for a married couple in 1994

Mr. and Mrs. Brown are income eligible.

Property is determined under regular Medi-Cal rules. Their one car is exempt. Their savings account of \$2500 is under \$3000 which is the property limit for two.

If Mr. and Mrs. Brown meet the other Medi-Cal requirements for the TB program, they will be put into aid code 7H.

EXAMPLE 4:

The CWD TB coordinator receives a TB application form and an MC 210 from the county Medi-Cal clinic for Mr. and Mrs. Green who are homeless and cannot be contacted. The CWD is unable to determine whether the Greens are citizens or have satisfactory immigration status (SIS). The CWD advises the clinic that additional information is needed. The clinic discusses this with the Greens and the Greens inform the clinic that they are undocumented aliens. Since the Greens do not meet the citizenship/SIS requirement for the TB program, they are ineligible. The CWD sends a denial notice of action to the Greens via the clinic.

Example 5:

John Doe, aged 16, moved back into his parents' home in January, after being a runaway for 8 months. John and his two brothers are on Medi-Cal with a share of cost. Mr. and Mrs. Doe are on the County Medical Services Program. In February, John is diagnosed as TB infected. No other treatment is prescribed for the remainder of the family.

Mr. and Mrs. Doe are both employed. Mr. Doe earns \$850 gross income per month and Mrs. Doe earns \$801 gross income per month. They have one car and a \$2500 savings account. Mrs. Doe agrees to request an eligibility determination for the TB program for John. Since John already is on Medi-Cal, the provider only needs to complete Part B of the TB application form, the Medi-Cal Tuberculosis Program Referral Form which establishes TB infection. The provider calls the county TB coordinator and is told to mail the form directly to the eligibility worker.

CWD Activities

Because John already is a Medi-Cal beneficiary, all TB requirements are met except for the income and property determination.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

Income Determination: John is treated as if he were disabled. Income of the parents is considered, but the parents' income is reduced by any allocation to ineligible children who are the other children who are not applying under the TB program. Assume the other children each have \$100 unearned income.

Determine the allocation to the ineligible children:

1. The standard allocation to each ineligible child in 1994 is \$223.
2. Subtract each ineligible child's own income.
3. The remainder is each ineligible child's allocation.
4. Total each ineligible child's allocation to determine the total allocation to ineligible children. Reduce the parent's income by this amount after the other unearned and earned deductions.

	Brother 1	Brother 2
Standard child allocation	\$223	\$223
Child's own income	- <u>100</u>	- <u>100</u>
Each child's allocation	\$123	\$123

Total allocation \$246

Parental Income Deemed to John:

\$1651	Mr. and Mrs. Doe's gross earned income
- 246	Allocation to ineligible children
- 20	Any income deduction (There's no unearned income to apply it against)
- 725	\$65 and 1/2 earned income deduction (\$65 + \$660)
- <u>669</u>	Parental Deduction for a couple in 1994 (couple FBR)
= \$ 0	Parental income deemed to John

John's TB Income Determination:

\$ 0	John's own income
<u>0</u>	Income from parents
= \$ 0	John's total income

\$ 748.50 TB income standard for one in 1994

John is income eligible.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

Property Determination:

\$ 2500 parents' savings account
- 3000 parents' property exclusion
= \$ 0 parents' property deemed to John

Since John has no property of his own, he is property eligible.

The CWD puts John into aid code 7H for February.

He also continues on regular Medi-Cal with a share-of-cost.

Example 6

Mr. Samuels is unmarried. He lives with his 6 year old son Will and the mother of his child. Mr. Samuels and Will were diagnosed with active TB at the county Medi-Cal clinic in June 1994. The child's mother needs no TB treatment. Mr. Samuels agrees to apply for the TB program for himself and Will. Mr. Samuels will earn \$1535 gross income in June. The mother will earn \$2000 gross income in June. Mr. Samuels has a \$2800 savings bond and the mother has a \$5000 savings account. Will has \$100 per month unearned income.

Eligibility is determined first for Mr. Samuels. If he is TB eligible, none of his income or property will be deemed to Will when Will's TB eligibility is determined. If Mr. Samuels is not TB eligible, his income and property will be deemed.

Income determination for Mr. Samuels:

Mr. Samuels is unmarried. For purposes of the TB program, only his income is used and compared to the TB standard for one.

\$ 1535 gross earned income
- 20 any income disregard (there is no unearned income to apply it against)
- 790 \$65 and 1/2 earned income disregard (\$65 + \$725)
= \$ 725 net nonexempt income

\$ 748.50 TB income standard for one in 1994

Mr. Samuels is income eligible.

Property Determination for Mr. Samuels: Mr. Samuels' savings bond is a nonexempt resource. The savings account of the child's mother is not considered. Mr. Samuels' net nonexempt property of \$2800 exceeds the \$2000 TB property standard for an unmarried person. Mr. Samuels is ineligible for the TB program.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

Income determination for Will:

Determine the income deemed to Will from his unmarried parents:

\$ 0	parents' combined unearned income
+ 3535	parents' combined earned income
- 20	any income disregard
- 699	parent deduction
-1790	\$65 and 1/2 earned income disregard (\$65 + 1725)
= \$ 1056	parental income deemed to Will

Determine Will's income

\$ 1056	income from parents
+ 80	Will's own income (\$100 - \$20 any income deduction)
= \$1136	Will's total income

\$ 748.50 TB standard for one in 1994

Will is income ineligible for the TB program and is ineligible for the TB program.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

M. MEDI-CAL TUBERCULOSIS PROGRAM QUESTIONS AND ANSWERS

These questions are the most commonly asked regarding the Medi-Cal Tuberculosis (TB) program. The following are the answers.

QUESTION 1: The counties do not want to send out quarterly status reports but prefer to wait until the annual redetermination to evaluate continuing eligibility, discontinuance, etc. Will this suffice?

ANSWER 1: Counties cannot wait until the annual redetermination to evaluate continuing eligibility. Quarterly status reports must be sent out in order to capture any changes in client income or resources.

QUESTION 2: If the TB clinic sends an application to the county and the county finds this person eligible for full-scope benefits, can the TB application still be used in lieu of the SAWS or would the actual SAWS 1 have to be completed?

ANSWER 2: The SAWS 1 would be required if the client is applying for full-scope Medi-Cal benefits. In addition, the face-to-face would also be required when the applicant is applying for full-scope Medi-Cal benefits. If this individual has infectious active TB, then a family member who is not infected would apply at the county welfare office for this individual.

QUESTION 3: Will the clinics gather all client information and complete an application for each person applying and then forward all completed information to the counties?

ANSWER 3: Clinics will assist TB applicants in completing the following forms AND FORWARDING THEM BY MAIL to the county welfare office:

1. MEDI-CAL TB APPLICATION (MC 274 TB)
2. MC 210 STATEMENT OF FACTS (MEDI-CAL)
3. MC 210A SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE COVERAGE/RESTORATION
4. MC 13 STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS
5. MC 219 RIGHTS AND RESPONSIBILITIES

Clinics may also forward verification of income, property, etc.

QUESTION 4: Will a TB application be taken for each individual when families are applying, or will one application suffice?

ANSWER 4: A TB application must be completed for each individual applying for the TB Program. If there are more than one family members applying for the TB program, each member of the family must have his/her own TB application completed.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

QUESTION 5: Are family members who are NOT actively infected with TB required to go into the county welfare office to apply for the TB program themselves and other active TB infected family members?

ANSWER 5: This may vary within each county. Other family members of an TB infected individual may go into the county welfare office and apply for benefits on behalf of this person or the family may apply at the clinic. However, if the individual or family desires full-scope Medi-Cal benefits, he/she or a family member must go into the county welfare office to apply. A face-to-face interview would be required.

QUESTION 6: Once the county receives and reviews the application and determines that additional information is necessary, how will this information be obtained?

ANSWER 6: If counties receive forms that are incomplete and need additional client information, they may contact the clinic or provider for this information. If the information can be obtained by telephone, this would be the preferred method of obtaining this information. Counties at times may have to contact the clinic worker and sometime participate in a conference call with the clinic worker and the Medi-Cal client. (Many clients will be homeless and without a phone.)

QUESTION 7: If an applicant claims to have Satisfactory Immigration Status (SIS) and then the county finds this to be incorrect, will this individual be discontinued immediately?

ANSWER 7: The alien verification requirements for the TB program are the same as for the full-scope Medi-Cal program. When a TB applicant meets all other eligibility requirements for the TB program, the county must grant eligibility under that program while SAVE verification is pending. If the Immigration and Naturalization Service SAVE response indicates this person does not have SIS, the counties should terminate eligibility immediately subject to all notice of action requirements.

QUESTION 8: Will the effective date of the TB application be the date of the application or the date the county receives it?

ANSWER 8: The effective date of the TB application will be the date the county receives it. (Generally, this will be the same month the client completes the application.)

QUESTION 9: Will faxes be appropriate to transmit client information from clinics to counties or must they be photocopies?

ANSWER 9: Counties may accept faxes, however clinics should subsequently forward the original document or photocopies.

QUESTION 10: When an applicant is homeless and he is found eligible for the TB Medi-Cal program, where should his card be sent? Can it be sent to the clinic?

ANSWER 10: The card may be sent wherever the client wishes it to be sent (i.e., the clinic, General Delivery, a shelter, a friend's house).

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- QUESTION 11: a. Can a TB applicant be eligible for the TB program and County Medical Services Program (CMSP)?
b. Can a TB applicant be eligible for the TB program and a different Medi-Cal program?

- ANSWER 11: a. Yes, the beneficiary may have dual eligibility with CMSP.
b. Yes, as long as the beneficiary is not covered by a zero share-of-cost Medi-Cal program which covers TB services, such as the ABD-MN or AFDC-MN with zero share of cost or coverage under a federal poverty level program for pregnant women, infants or children.

QUESTION 12: Can persons under age 21 living away from their parent's home apply on their own?

ANSWER 12: This would have to be determined according to Article 8C. The living situation of the individual would be looked at to determine whether their status is as an adult or child. (See MEM 8C for Chart)

QUESTION 13: Will budget forms be developed and supplies available to the counties prior to implementation?

ANSWER 13: Budget forms will be provided in a separate All County Welfare Directors Letter upon completion.

QUESTION 14: What are the requirements at annual redetermination? For example, is a new physician statement required verifying the beneficiary's TB status? If not, how will beneficiaries continue to receive TB program benefits, even when no longer infected or treated? How will we know when TB treatment ceases?

ANSWER 14: At annual redetermination, a new TB certification would be required documenting TB infection and the need for additional TB-related services. Clinics may need to complete only Part B of the TB application and forward to the county for evaluation. (Clinic workers may line out Part A and Part C or indicate "NA" on each part.)

QUESTION 15: Is the MC 274 TB (Part C) the only acceptable authorized representative (AR) form for the TB Program?

ANSWER 15: Yes. The MC 274 TB (Part C) is the only acceptable authorized representative (AR) form for the TB program. No other AR forms may be used.

- QUESTION 16: a. Is a TB application needed when a Medi-Cal beneficiary with a share of cost becomes TB infected and wishes to apply for the TB Program
b. What then would be the date of application for the TB Program?
c. Could there be a retro period?

- ANSWER 16: a. Only the certification (Part B) is needed.
b. The date the person asks for coverage.
c. Yes. Title 22, Section 50148 applies.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

QUESTION 17: Will there be Medi-Cal reimbursement of administrative costs for those Medi-Cal clinics or providers who choose to participate in processing applications for the TB program? If so, where or to whom shall we refer providers who have questions regarding administrative expense claims?

ANSWER 17: Case management and Directly Observed Therapy will be reimbursed solely through the Senate Bill 910 county administrative claiming process. County clinics should contact their designated Title XIX Medi-Cal Administrative Claiming (MAC) coordinator for claiming procedures.

QUESTION 18: a. Can persons who are TB infected and in long-term care be dually eligible?
b. Are there other dual eligible categories?

ANSWER 18: a. No, persons in long-term care are already receiving care for TB.
b. Yes. Examples of aid groups which may be dually eligible and may receive TB services are as follows:

1. A Qualified Medicare beneficiary (QMB), a specified low income Medicare Beneficiary-only (SLMB) or Qualified Working Disabled Individual (QDWI)
2. An AFDC-MN or ABD-MN with a share-of-cost
3. Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program;
Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program

QUESTION 19: Is the "Property Worksheet" (MC 176-P) to be used in determining if an applicant meets the resource requirements? Or, will there be a separate property worksheet for the TB Program?

ANSWER 19: A separate Tuberculosis (TB) Program Property Worksheet is currently being prepared and will be distributed upon completion. (This is modeled on the QMB property worksheet.)

QUESTION 20: The TB income standard is based upon computations using the Federal Benefit Rate (FBR), which changes yearly. In which month does the FBR change?

ANSWER 20: The FBR changes in January.

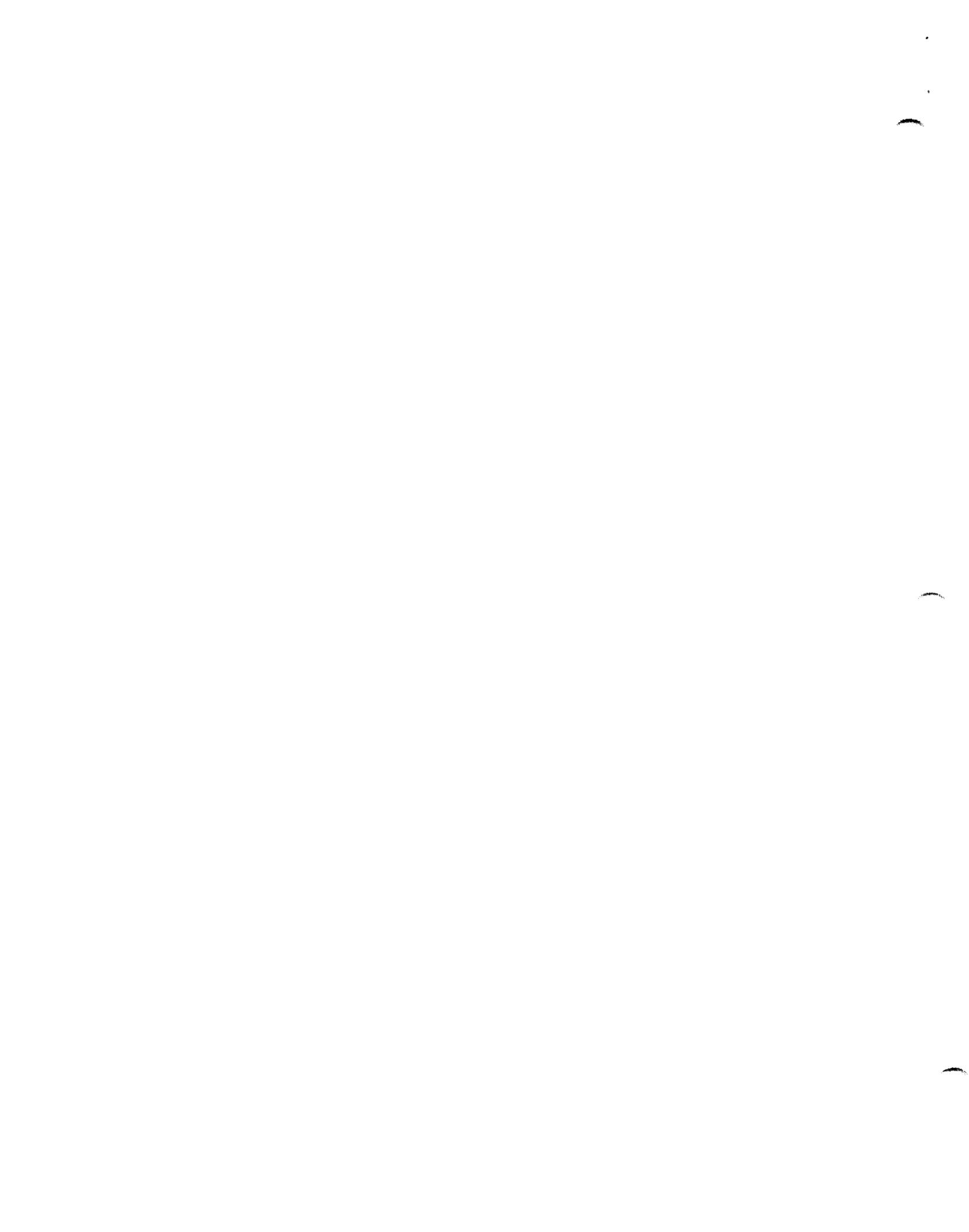
QUESTION 21: Will a physician's stamp be acceptable under this program?

ANSWER 21: Yes. A physician's stamp is acceptable. Other staff members using the stamp should countersign with their own initials.

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

N. FORMS

- I. MC 274 TB MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION
- II. MC 275 TB DENIAL NOTICE OF ACTION
- III. MC 276 TB DISCONTINUANCE NOTICE OF ACTION
- IV. MC 277 TB APPROVAL OF BENEFITS NOTICE OF ACTION
- V. MC 278 TB TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET-ADULT
- VI. MC 279 TB TUBERCULOSIS (TB) PROPERTY WORKSHEET-CHILD
- VII. MC 280 TB TUBERCULOSIS (TB) PROGRAM ELIGIBLES-(FINANCIAL ELIGIBILITY WORKSHEET-ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENTS)
- VIII. MC 281 TB TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORKSHEET (INDIVIDUAL OR COUPLE , APPLICANT WITH INELIGIBLE SPOUSE)



MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION

If you are applying only for the Medi-Cal Tuberculosis Program, please complete this form.

NOTE: You must be a U.S. citizen or have satisfactory immigration status to receive benefits under this program.

1. PATIENT/APPLICANT NAME			<i>COUNTY USE ONLY</i>
2. MAILING ADDRESS—Number/Street		City	ZIP Code
3. IF NO PERMANENT ADDRESS, TELL US WHERE YOU CAN BE REACHED			Case Name:
4. TELEPHONE NUMBER(S)—Home		Work	Message
5. DATE OF BIRTH		6. SOCIAL SECURITY NUMBER	
_____ Month Day Year		_____ - _____ - _____	
7. THE LAW SAYS WE MUST GET YOUR ETHNIC GROUP AND PRIMARY LANGUAGE. IF YOU DO NOT WANT TO COMPLETE THESE ITEMS, THE COUNTY WILL DO IT FOR YOU. THIS WILL NOT AFFECT YOUR ELIGIBILITY.			County of Application:
a. Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander (specify): _____			County of Residence: <input type="checkbox"/> CWD Records Cleared
b. Language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Sign <input type="checkbox"/> Other (specify): _____			Ethnic Group: Primary Language:

If Applicant is Under 18 Years of Age, Parent/Spouse Information:

NAME		
ADDRESS—Street/Number		City
		ZIP Code

CERTIFICATION AND PERJURY STATEMENT

I certify that I understand and agree that I have to comply with eligibility rules. I understand that the statements I have made on this form may be checked and verified.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE	DATE SIGNED
➤	
SIGNATURE OF INTERPRETER OR WITNESS TO APPLICANT'S MARK	
➤	

ORIGINAL—County Welfare Department COPY—Provider COPY—Patient
MC 274 TB (8/84) Part A—Application

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL TUBERCULOSIS PROGRAM REFERRAL

COUNTY USE ONLY

EW Name: _____

EW No: _____

Case No: _____

Case Name: _____

*This form must be completed in order to determine the person's eligibility
for the Medi-Cal Tuberculosis Program.*

Please Print Clearly.

PATIENT NAME	DATE OF BIRTH—Month/Day/Year	SOCIAL SECURITY NUMBER
--------------	------------------------------	------------------------

PATIENT CONSENT:

I consent to this information being forwarded to the County Welfare office.

Signature of Patient or Parent/Guardian (If Patient is Under 18 Years of Age)



PROVIDER USE ONLY:

If either question is answered "Yes," the patient, _____, is Tuberculosis infected.

1. Requires Preventive Therapy for Tuberculosis Infection.

Yes No

2. Requires Treatment for Active Tuberculosis.

Yes No

RETROACTIVE ELIGIBILITY

This person has been under therapy for Tuberculosis within the past three months prior to application.

Yes—Date Tuberculosis therapy began: _____

No

Provider or Clinic Staff—please complete the MC 210A if the above question is "Yes" and patient believes he/she is eligible for retroactive benefits.

IF THIS PERSON IS TUBERCULOSIS INFECTED, PLEASE MAIL PART A, B, AND C OF THE MC 274 TB FORM TO THE LOCAL COUNTY WELFARE OFFICE FOR A MEDI-CAL DETERMINATION UNDER THE TUBERCULOSIS PROGRAM.

PHYSICIAN NAME (Please Stamp, Print, or Type)		TELEPHONE NO. ()
PHYSICIAN TITLE	MEDI-CAL PROVIDER NO.	DATE
PROVIDER ADDRESS—Number/Street	City	ZIP Code
AUTHORIZED PROVIDER SIGNATURE		

MC 274 TB (8/84) Part B—Referral

ORIGINAL—County Welfare Department COPY—Provider COPY—Patient

SECTION:

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MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL TUBERCULOSIS PROGRAM AUTHORIZATION FOR CLINIC ASSISTANCE

I hereby designate any staff member, authorized by the clinic, to perform intake and/or treatment functions, to assist me in my application for Tuberculosis Program benefits at no cost to me.

This assignment enables the authorized staff of the clinic to:

- Submit requested verifications to the county welfare department;
- Assist me in the completion of the "Application for Medi-Cal Tuberculosis Program" and the MC 210 Statement of Facts forms; and
- Obtain information from the county welfare department regarding the status of my application.

I understand that I do not have to apply for Medi-Cal benefits under this program and that I will not be denied treatment if I choose not to apply. I also understand that I have the responsibility to complete and sign the Statement of Facts and to provide all requested verifications before my Medi-Cal eligibility can be determined.

I hereby state that I make this assignment voluntarily and that I may revoke it at any time by notifying my Medi-Cal eligibility worker and the clinic.

<p>➤ _____ Signature of Applicant</p> <p>_____</p> <p style="text-align: center;">Date</p>	<p>➤ _____ Signature of Authorized Clinic Staff Assistant</p> <p>_____</p> <p style="text-align: center;">Name of Clinic</p> <p>_____</p> <p style="text-align: center;">Clinic Address</p> <p>() _____ Clinic Telephone Number</p>
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MC 274 TB (8/94) Part C—Clinic Assistant Assignment

ORIGINAL—County Welfare Department

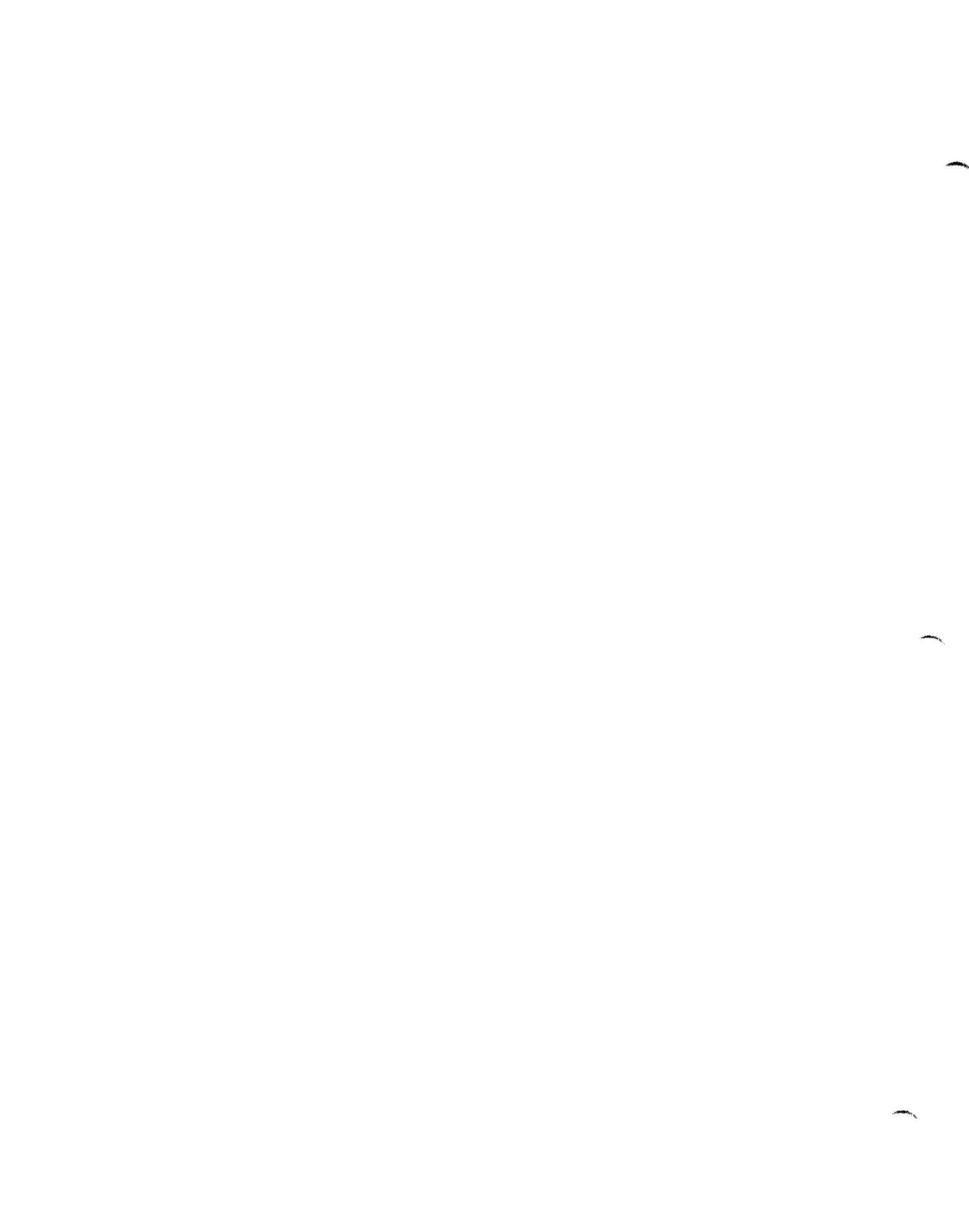
COPY—Provider

COPY—Patient

SECTION:

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MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

**Medi-Cal
Notice of Action
Denial For
Tuberculosis (TB) Program**

Your _____ application for the Medi-Cal Tuberculosis Program has been denied. The reason is:

- Your income is more than the income level of _____.
- Your property of _____ is more than the property level, \$2,000 for an individual or \$3,000 for a couple.
Your property used in this determination is _____.
- You are not a U.S. citizen or you do not have Satisfactory Immigration Status.
- You are eligible for Medi-Cal as a cash grant recipient under the Aid to Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.

The Tuberculosis Program provides TB-related services, without any cost, for people who:

- Are infected with TB,
- Have income and property that does not exceed the maximum amount for a disabled individual,
- Are U.S. citizens or persons who have Satisfactory Immigration Status,
- Are not eligible for Medi-Cal as a cash grant recipient under the Aid to Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

MC 275 TB (6/94)

SECTION:

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MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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).

MA 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: _____

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

Medi-Cal
Notice of Action
Discontinuance
Tuberculosis (TB) Program

As of _____ your eligibility for the following Medi-Cal Tuberculosis Program is discontinued because:

- Your income is more than the income level of _____.
- Your property of _____ is more than the property level, \$2,000 for an individual or \$3,000 for a couple.
Your property used in this determination is _____.
- You are not a U.S. citizen or you do not have Satisfactory Immigration Status.
- You are eligible for Medi-Cal as a cash grant recipient under the Aid to Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.
- You are no longer infected with TB.

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

MC 376 TB (8/94)

SECTION:

MANUAL LETTER NO.: 138

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MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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: _____

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

**Medi-Cal
Notice of Action
Approval for Benefits
Under the Tuberculosis (TB) Program**

Your application for the Medi-Cal Tuberculosis Program has been approved. You are entitled to receive TB-related services at no share-of-cost beginning _____.

Carry your Medi-Cal card with you at all times. Present it to your doctor or any other health care provider when you are requesting TB-related services.

For additional information, contact your case worker.

You may be eligible to receive up to three months retroactive TB Medi-Cal from the date your application was received by the county. If you need this, contact your case worker.

Within ten days, you must tell the county about any changes in income, property, or other information you gave us.

You will get a plastic Benefits Identification Card (BIC) in the mail soon. Take this plastic card to your medical provider when you need outpatient Tuberculosis care. This card is good as long as you are eligible for the TB Medi-Cal Program. *Do not throw away your plastic ID card.*

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

MC 277 TB (8/94)

SECTION:

MANUAL LETTER NO.: 138

DATE: NOV 0 4 1994 **PAGE** 5N-27

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

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HEARING REQUEST

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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

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET ADULT (18 Years of Age and Older or Married)

NAME	CASE NUMBER	MONTH
------	-------------	-------

STEP I

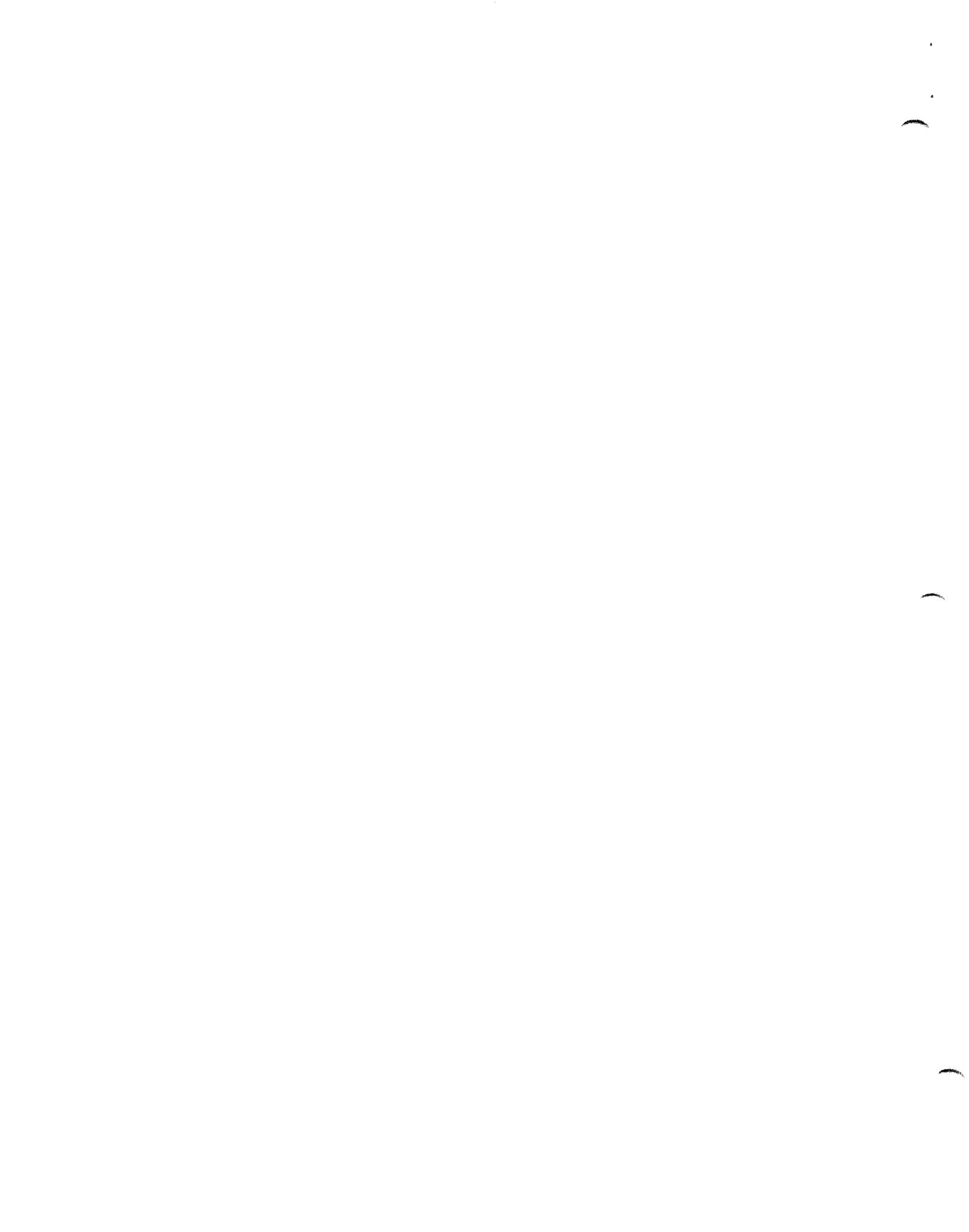
Determine net nonexempt property in accordance with Article 9.

STEP II

- A. Only consider the net nonexempt property of the TB applicant (and spouse);
do not consider the property of any other family members in the home.
- B. Net nonexempt property of TB applicant (and spouse): \$ _____
- C. Property limit for one person (or two persons if there is a spouse): \$ _____
- D. Is line II.B. less than or equal to line II.C.?
- Yes, TB property requirement met.
- No, ineligible due to excess property.

► Eligibility Worker Signature _____ Worker Number _____

MC 278 TB (8/94)



MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET CHILD

NAME	CASE NUMBER	MONTH
------	-------------	-------

STEP I

- A. There is no allocation of property from an ineligible parent(s) if one or both parents is public assistance (PA), other PA, or eligible for the TB program.
- B. Determine net nonexempt property in accordance with Article 9.

STEP II

A. Ineligible Parental Allocation

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 A.2. from line A.1. (enter 0 if negative). Total Allocation: \$ _____
- 4. Divide line A.3. by the number of TB children in the home.
TB Child's Share: \$ _____

B. TB Child's and Parent(s)' Resources

- 1. Child's own net nonexempt property (as determined under Article 9): \$ _____
- 2. Enter child's share of property from parent(s) (line A.4.): \$ _____
- 3. Add line B.1. and B.2.: \$ _____
- 4. Enter the TB property limit for one person: \$ _____
- 5. Is line B.3. less than or equal to line B.4.?
 Yes. TB property requirement met.
 No. ineligible due to excess property. If more than one TB child in the home, proceed to Section C.

C. More Than One TB 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 TB child's own net nonexempt property exceeds the TB property limit for one person.
- 2. Take the amount of property deemed from the parent(s) (line A.3.) and re-divide it among the remaining number of TB children in the home (line A.4.).
- 3. Repeat Section B for each of the remaining TB 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 B.3.) is within the allowable TB property limit (line B.4.).



Eligibility Worker Signature

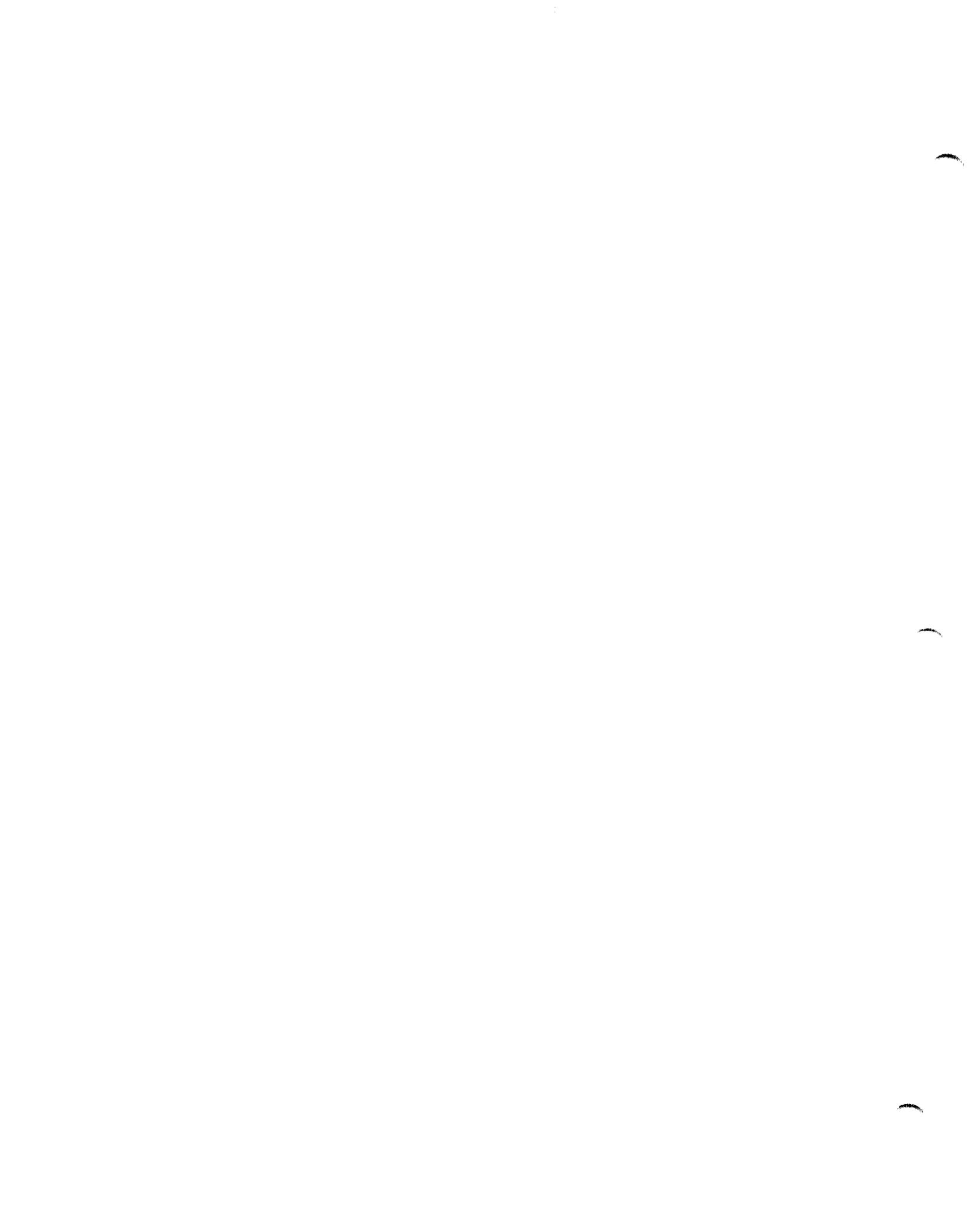
Worker Number

MC 279 TB (9/94)

SECTION:

MANUAL LETTER NO.: 138

DATE: NOV 0 4 1994 PAGE 5N-30



MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

CASE NAME	CASE NUMBER
APPLICANT'S NAME	

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if spouse is PA, other PA, or TB: \$ _____

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name
—	—	—	—

 - a. Standard SSI allocation (Federal Benefit Rate (FBR) for a couple minus FBR for an individual): _____
 - b. Minus child's income: _____
 - c. Total allocation: _____ + _____ + _____ + _____ = \$ _____

3. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ _____

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child(ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

*IF THERE IS NO INCOME REMAINING AND I.3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.*

PART III. COMBINED INCOMES—Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION
Unearned Income	1. Deemed income from Part III.15.
1. Remaining unearned income (after allocation) or zero (from I.3.)	2. Eligible child's own OASDI income
2. Subtract general income exclusion -20	3. Other unearned income
3. Countable unearned income (to III.11.)	4. Subtract general income exclusion -20
Earned Income	5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20)
4. Remaining earned income (from II.3.)	6. Child's countable earned income (subtract \$65 + 1/2 remainder) -
5. Subtract balance of general income exclusion	7. Total countable income
6. Remainder	8. Current TB income standard
7. Subtract work expense exclusion -65	If line IV-7 is less than or equal to line IV.8., this person is income eligible.
8. Remainder	
9. Subtract 1/2 remainder	
10. Countable earned income (to III.12.)	
Deemed Income	
11. Countable unearned income (from III.3.)	
12. Add countable earned income (from III.10.)	
13. Total countable income (from III.11. + III.12.)	
14. Subtract parent deduction* -	
15. Deemed income. Enter on Line IV.1.	

* Individual FBR if one ineligible parent lives with child; couple FBR if both ineligible parents live with child.

HC 200 TB (9/9-9)

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

INSTRUCTIONS FINANCIAL ELIGIBILITY WORK SHEET FOR MC 280 TB (TB CHILD)

There is no deeming from any parent if one or both parents is public assistance (PA), other PA, or eligible for the TB program.

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

- Line I.1. Enter the ineligible parent's unearned income.
- Line I.2. (If no ineligible siblings, enter zero in I.2.c.) Enter the first name of any ineligible child(ren) in the box provided. On line 2.a., enter the allocations for any ineligible child(ren) not on PA or not applying for or eligible for the TB program. On line 2.b., enter any income for each of the children, excluding up to \$400 per month but no more than \$1,620 per year if student income. Subtract line 2.b. from 2.a., enter the remainder for each child and total the allocations for all siblings on line 2.c.
- Line I.3. Subtract line I.2.c. from line I.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1. (unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE PARENT'S EARNED INCOME

- Line II.1. Enter the parent's earned income.
- Line II.2. Enter the amount of any allocation for ineligible children that is not offset by unearned income (line I.2.c. minus line I.1.). If line I.1. is greater than line I.2.c., enter zero in line II.2.
- Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

NOTE: If, at this point (after the allocation for ineligible children), there is no income remaining either earned or unearned, there is no income available for deeming to the eligible child(ren). In this case, enter zero on line III.15. and proceed to Part IV. If there is earned and/or unearned income remaining, complete both Parts III and IV.

PART III. COMBINED INCOMES

Enter any remaining unearned income from line I.3. on line III.1. and any remaining earned income from line II.3. on line III.4. Follow the instructions on each line.

The entry on the last line of Part III (i.e., the "Deemed Income" line) is carried over to the first line (also titled "Deemed Income") on Part IV, "TB Eligibility Calculation."

PART IV. TB ELIGIBILITY CALCULATION

- Line IV.1. Enter the deemed income from the last line in Part III. The deemed income is treated as unearned income.
- Line IV.2. Enter the applicant's OASDI income.
- Line IV.3. Enter any other unearned income of applicant.
- Line IV.4. Enter the \$20 any income exclusion.
- Line IV.5. Add together the amounts in lines IV.1., IV.2., and IV.3., and then subtract the \$20 any income exclusion (line IV.4.) to obtain the total countable unearned income amount.
- Line IV.6. Enter the applicant's countable earned income (i.e., earned income after exclusions including the \$65 expense exclusion and 1/2 the remainder).
- Line IV.7.. Add the amounts in lines IV.5. and IV.6. to obtain the total countable income.
- Line IV.8. Enter the current TB income standard.

If line IV.7. is less than or equal to line IV.8., the child applicant is income eligible.

MC 280 TB (02-94)

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET (Individual or Couple, Applicant With an Ineligible Spouse)

CASE NAME	CASE NUMBER
-----------	-------------

APPLICANT'S NAME

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income: \$ _____
 2. Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or TB-eligible children or children applying for the TB Program: \$ _____
- | CHILD #1 | CHILD #2 | CHILD #3 | CHILD #4 |
|----------|----------|----------|----------|
| Name | Name | Name | Name |
| | | | |
| | | | |
- a. Standard SSI allocation (couple Federal Benefit Rate [FBR] minus individual FBR):
 - b. Subtract child's income (evaluate for student deduction):
 - c. Total allocation: _____ + _____ + _____ + _____ = \$ _____
3. Remaining unearned income (subtract line 1.2.c. from line 1.1.): \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Uneligible spouse's gross earned income: \$ _____
2. Unused portion of allocation for ineligible child (ren): \$ _____
3. Remaining earned income (subtract II.2. from II.1.): \$ _____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3 and II.3).

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV: \$ _____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

- Unearned Income:**
1. Applicant's gross unearned income: \$ _____
 2. Ineligible spouse's unearned income (line I.3): \$ + _____
 3. Combined unearned income (add lines IV.1. and IV.2.): \$ _____
 4. Subtract general income exclusion: \$ -20 _____
 5. Combined countable unearned income: \$ _____
- Total Unearned
- Earned Income:**
6. Earned income of applicant and spouse (use amount from line II.3 for ineligible spouse): ... \$ _____
 7. Subtract balance of general exclusion not offset by unearned income (line IV.4): \$ _____
 8. Remaining earned income: \$ _____
 9. Subtract work expense exclusion: \$ -65 _____
 10. Remaining earned income: \$ _____
 11. Subtract 1/2 remaining earned income: \$ - _____
 12. Countable earned income: \$ _____
- Total Earned
13. Total countable income (add lines IV.5 and IV.12.): \$ _____
- Combined Total

PART V. TB ELIGIBILITY CALCULATION

1. Current TB income standard for an individual or a couple: \$ _____
2. Enter total countable income (line IV.13): \$ _____

If line V.2. is less than or equal to V.1, the applicant is TB-income eligible.

ELIGIBILITY WORKER SIGNATURE	WORKER NUMBER	COMPUTATION DATE	COUNTY USE ONLY
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MC 201 TB (8/84)

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

INSTRUCTIONS INCOME ELIGIBILITY WORK SHEET MC 281 TB (Individual or Couple, Applicant With an Ineligible Spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

- Line 1.1. Enter the ineligible spouse's unearned income.
- Line 1.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the TB program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,620 per year of student income. On line 2.c. enter the remainder for each child and total the allocation for each child.
- Line 1.3. Subtract line 1.2.c from line 1.1 (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line 1.2.c.) exceeds line 1.1 (countable unearned income). In the latter case, the negative figure on line 1.3. is carried over to line 11.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

- Line 11.1. Enter the ineligible spouse's gross earned income.
- Line 11.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line 1.2.c. minus line 1.3.). If line 1.1. is equal to or greater than line 1.2.c., enter zero in line 11.2.
- Line 11.3. Subtract the allocation amount on line 11.2. from line 11.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines 1.3. and 11.3. to determine the total income after allocations.

NOTE: If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate [FBR] for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current TB income standard for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines 1.3. and 11.3. in Part IV and the current TB income standard for a couple in Part V.

PART IV. COMBINED INCOME

- Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.
- Line IV.2. Enter the ineligible spouse's unearned income from line 1.3. unless there is no deeming according to Part III.
- Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).
- Line IV.4. Enter the \$20 any income exclusion.
- Line IV.5. Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than \$20, enter zero in line IV.5.)
- Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line 11.3 for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.
- Line IV.7. Enter unused portion of the \$20 any income exclusion not offset by unearned income.
- Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.
- Line IV.9. \$65 work expense exclusion.
- Line IV.10. Subtract line IV.9. from IV.8. and enter the difference.
- Line IV.11. Enter half of the amount of line IV.10.
- Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.
- Line IV.13. Add line IV.5. and IV.12 and enter total. This is the amount of income to be considered in determining TB eligibility. Enter on line V.2.

PART V. TB ELIGIBILITY CALCULATION

- Line V.1. Enter the current, applicable TB level. If income is deemed from the ineligible spouse, use the TB income standard for a couple. Otherwise use the TB income standard for an individual.
- Line V.2. Enter total countable income from line IV.13.
- If line V.2. (total countable income) is less than or equal to the current TB payment level, the applicant(s) is/are income eligible for the TB program.

In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's TB income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.

MC 281 TB (8/94)