

DEPARTMENT OF HEALTH SERVICES

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August 20, 1997

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 184

TO: All Holders of the Medi-Cal Eligibility Procedures Manual

5K--PERCENT PROGRAMS

Enclosed are an updated Table of Contents for Article 5, a correction to Example C, pages 6 and 7 of Article K (Percent Programs), and a clarification of Question 3, page 11 of Article 5K to ensure retroactive postpartum coverage when appropriate.

Procedure Revision:**Description:**

Article 5K

Revision to the Procedures on the Percent Programs

Filing Instructions:**Remove Pages:****Insert Pages:**

Procedures Table of Contents
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Article 5 Table of Contents
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Article 5 Table of Contents
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Article 5K
 Pages 5K-6 through 5K-33

Article 5K
 Pages 5K-6 through 5K-35

If you have any questions concerning a specific revision, 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

- Article 5 – MEDI-CAL PROGRAMS
- 5A – AID CODES
- 5B – FOUR- MONTH CONTINUING ELIGIBILITY, TRANSITIONAL MEDI-CAL, AND WEDFARE
- 5C – DEPRIVATION--LINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
- 5D – MEDI-CAL ELIGIBILITY FOR NONFEDERAL AFDC CASH ASSISTANCE RECIPIENTS
- 5E – RAMOS V. MYERS 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 - (To be released)
- 5M – PRESUMPTIVE ELIGIBILITY (PE) PROGRAM
- 5N – MEDI-CAL TUBERCULOSIS (TB) PROGRAM
- 5O – NOT IN USE PRESENTLY
- 5P – DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM

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- F. Dual Eligibility--QDWI Medi-Cal Eligibles
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- H. Ineligibility for Undocumented Aliens and Certain Amnesty Aliens
- I. Retroactive Medi-Cal Benefits
- J. Part A Enrollment and Benefits
- K. Initial QDWI Processing
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5J – SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM

- A. Background
- B. Scope of Benefits
- C. Enrollment
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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
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5L – QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM - (To be released)

- 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

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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	- 40 health insurance
Unborn	—	\$ 0	\$1,427 net nonexempt
3-month-old	Matthew	\$ 0	- 1,417 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	- 50 health insurance
4-year-old	Cindy	\$ 0	\$1,115 net nonexempt
6-year-old	Bryan	\$ 0	- 1,100 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.

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\$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, the county will use only the child(ren)'s own income, if applicable, and the balance of the ineligible parent's income which is available to the members of the MFBU. To determine the amount of the ineligible parent's income available to the MFBU, i.e., the balance, the county must follow the methodology similar to that developed in Sneede even though it is not yet known whether this case will ultimately be a Sneede case. That is, the county determines the amount of the ineligible parent's income allocated to the nonmembers of the MFBU for whom he/she is responsible and the remainder is the balance available to the MFBU. In making this determination, the ineligible parent is allowed appropriate income exemptions and deductions including a parental needs deduction, and then net nonexempt income is equally allocated to his/her excluded spouse and all of the ineligible parent's natural/adopted children in the household who are both in and out of the MFBU. The amount allocated to the non-MFBU members for whom the ineligible parent is responsible is then deducted from the ineligible parent's gross income (as are other appropriate deductions and exemptions) to determine the balance of the ineligible parent's income available to the MFBU. The county will then determine whether this is a Sneede income case.

Example:

Sally wants Medi-Cal for her two separate children, Susie (age five) and Shauna (age four). Sally, her husband, Sam, and their mutual child, Steven, do not want Medi-Cal. Sally works and earns \$1,710 per month; Susie and Shauna have no income of their own. The MFBU is composed of Susie, Shauna, and Sally as an ineligible parent.

Determination of Balance of Mom's Income Available to the MFBU

- A. Allocation Determination – To determine allocation to family members not in the MFBU.

\$1,710 Sally's gross earnings
- 90 Work deductions
\$1,620 Net nonexempt income
- 600 Parental needs deduction
\$1,020 Divided by 4 (Sam, Shauna, Susie, Steven) = \$255 to each
\$ 510 To Sam and Steven, not in MFBU

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B. Net Balance to MFBU
 \$1,710 Sally's gross earnings
 - 90 Work Deduction
 \$1,620
 - 510 (\$255 allocation to Sam, \$255 allocation to Steven)
 \$1,110 Net balance available to MFBU from Mom

MFBU's SOC Computation

\$1,110 Mom's income
 0 Shauna's income
 0 Susie's income
 \$1,110 Total net nonexempt income
 - 934 MNIL for 3
 \$ 176 SOC

Since the MFBU has a SOC and the two girls are aged five and four, they are potentially eligible for the 133 Percent program. (Note: Sneede is not applicable because the girls do not have income of their own. If the girls did have income of their, Sneede procedures would apply before eligibility is determined for the FPL programs.)

133 Percent program eligibility for each child:

Shauna	Susie
\$1,110 Balance of Mom's net nonexempt income	\$1,110 Balance of Mom's net nonexempt income
0 Shauna's income	0 Susie's income
\$1,110 Total net nonexempt income	\$1,110 Total net nonexempt income

\$1,110 Total net nonexempt income compared to 133 Percent FPL for three* = \$1,478 (April 1997).

Therefore, Susie and Shauna 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.

If Shauna and Susie each had income-in-kind of \$237.50, Sneede procedures would apply.

NOTE: The MFBU's SOC would also be different. The MBU's would be as follows:

MBU #1 (Sally)	MBU #2 (Shauna)	MBU #3 (Susie)
Sally's Own Share	Allocation from Sally	Allocation from Sally
MNIL	Shauna's Income	Susie's Income
SOC	Total	Total
	Minus	Minus MNIL
	SOC	SOC
\$600	\$255.00	\$255.00
- 600	237.50	237.50
\$ 0	\$492.50	\$492.50
	375.00	375.00
	\$117.50	\$117.50

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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 properly 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 properly 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.

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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:

Income Disregard

Holly
Unborn

MI/MN Program

Holly
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.

Income Disregard

Ann
Unborn
Mike

133 Percent

John

MI/MN Program

Ann
Unborn
<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.

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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.

50262

SECTION NO.: 50262.5

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5K-11

50262.6

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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 Income Disregard program during or prior to the 60-day postpartum period. For example, if a pregnant woman's initial Medi-Cal application is made three months after the month the pregnancy ended, she still could be eligible for the Income Disregard program. This is unlike the actual 60-day postpartum program (aid code 76) where the woman must have filed for, was eligible for, and received Medi-Cal in the month of delivery.

NOTE: Women who are requesting retroactive postpartum benefits and have no SOC in those months should be placed in the Income Disregard.

For example, a mother, a father and an infant apply for Medi-Cal in July and request retroactive coverage for April, May, and June. The baby was born in March. The father is employed and has no linkage. In April and May, the mother has linkage via the Income Disregard program which covers women during pregnancy and the 60 postpartum days. Assuming she and the infant meet the requirements of the Income Disregard program in April and May, both are covered. In June, there is no longer linkage for the mother and she is discontinued. If otherwise eligible, the infant's eligibility continues. If the family income had been above the 200 percent limit, Mom would not have been eligible for the Income Disregard program and its postpartum benefits. Postpartum benefits would only be available under the 60-Day Postpartum program, but she did not apply for that program while pregnant so she would be ineligible for that program as well.

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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.

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 nonpregnancy 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?

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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.

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.

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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.

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.

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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.

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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)

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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
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DATE: 8/20/97 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).

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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:

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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 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-19
50262.5
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 228 8-2 (2/95)

95 06/19

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 184

DATE: 8/20/97

5K-20

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.
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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: _____

MA BACK 7

SECTION NO.: 50262
50262.5 MANUAL LETTER NO.: 184 DATE: 8/20/97 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 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)

MC 228 B - 3 (2/95)

95 9642

SECTION NO.: 50262
50262.5 MANUAL LETTER NO.: 184 DATE: 8/20/97 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 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.

(Eligible Worker)

(Phone)

(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 2268-4 (5/86)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 184

DATE: 8/20/97

5K-24

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: _____

_____ (Address)

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 _____.

(Eligible Worker)

(Phone)

(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 2388-S 5/85

SECTION NO.: 50262
50262.5
50262.6
MANUAL LETTER NO.: 184
DATE: 8/20/97
SK-25

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 (Welfare Department) (W.D.H.H.S.).

HOW TO ASK FOR A STATE HEARING

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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
50262.5 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-26
50262.6

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

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- 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.

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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. & L Code Section 10950).

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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: _____

65 0579

NA BACK 7

SECTION NO.: 50262
50262.5
50262.6 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-29

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

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You must ask for a hearing before the action takes place.

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- 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

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Cash Aid Food Stamps

To Get Help

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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 228 P (8/98)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 184

DATE: 8/20/07

5K-32

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

Signature

Telephone Number

Date

MC 229 P (06/96)

SECTION NO.: 50262
50262.5
50262.6

MANUAL LETTER NO.: 184

DATE: 8/20/97

5K-33

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.: 184
DATE: 8/20/07
5K-34

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:

- Three checkboxes with corresponding text: 1. You are an alien otherwise eligible for Medi-Cal who has declared satisfactory immigration status for Medi-Cal purposes. 2. You are an alien otherwise eligible for Medi-Cal who has provided reasonable evidence of satisfactory immigration status for Medi-Cal purposes. 3. 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.

- Checkbox: 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:

Table with 2 columns: Description and Amount. Rows: 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.: 184 DATE: 8/20/07 5K-34

