

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



January 4, 2002

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 257

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

ARTICLE 5R - 250 PERCENT WORKING DISABLED PROGRAM

Enclosed is Article 5R, a new section of the Medi-Cal Eligibility Procedures Manual. These pages contain the complete 250 Percent Working Disabled Program procedures. These procedures are a compilation of All County Welfare Directors Letters Nos. 00-16, 00-51, 01-26, and 01-46.

Filing Instructions:**Remove Pages**

Table of Contents
Page PTC-6

Article 5R
Pages, Article 5 TC-9 and TC-10

Original signed by

Insert Pages

Table of Contents
Page PTC-6

Article 5R
Pages, Article 5 TC-9 and TC-10

Article 5R
Pages 5R-1 through 5R- **29**

If you have any questions regarding these procedures, please contact Ms. Vicki Partington of my staff at (916) 654-5909.

Sincerely,

Richard Brantingham
Acting 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) AND QUALIFYING INDIVIDUAL-1 (QI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS
 - 5K -- PERCENT PROGRAMS
 - 5L -- QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM
 - 5M -- PRESUMPTIVE ELIGIBILITY (PE) PROGRAM
 - 5N -- MEDI-CAL TUBERCULOSIS (TB) PROGRAM
 - 5O -- NOT IN USE PRESENTLY
 - 5P -- DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM
 - 5Q -- (TO BE RELEASED)
 - 5R -- 250 PERCENT WORKING DISABLED PROGRAM
 - 5S -- SECTION 1931(b) PROGRAM



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- VII. MC 280 TB TUBERCULOSIS (TB) PROGRAM ELIGIBLES -
(FINANCIAL ELIGIBILITY WORKSHEET-
ELIGIBLE CHILD WITH INELIGIBLE PARENT
OR PARENTS)
- VIII. MC 282 TB TUBERCULOSIS (TB) PROGRAM INCOME
ELIGIBILITY WORKSHEET

- 50 -- NOT IN USE PRESENTLY.

- 5P -- DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM
 - I. BACKGROUND
 - II. SUSPENDED DA&A Persons
 - A. Identification of Suspended DA&A Persons
 - B. Notices for and Listings of Suspended DA&A Individuals
 - C. County Responsibilities
 - D. Determination of Eligibility
 - E. Aid Codes for Eligible Individuals
 - F. Examples
 - G. Changes Reported By the Beneficiary
 - H. Pickle Persons
 - III. PERSON TERMINATED FROM SSI AFTER 12 MONTHS OF
SUSPENSION
 - IV. PERSONS TERMINATED AFTER 36 MONTHS OF SSI PAYMENTS FOR
DA&A
 - V. CASE COUNT
 - VI. STATE ADMINISTRATIVE HEARING
 - VII. FORMS

- 5Q -- (TO BE RELEASED)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- 5R – 250 PERCENT WORKING DISABLE PROGRAM
 - 1. LEGISLATIVE BACKGROUND
 - 2. PROGRAM DESCRIPTION
 - 3. MFBU COMPOSITION
 - 4. COUNTY RESPONSIBILITIES
 - 5. INKIND SUPPORT AND MAINTENANCE (ISM)
 - 6. PREMIUM COLLECTION SYSTEM DESCRIPTION
 - 7. NOTICE OF ACTION
 - 8. BENEFITS IDENTIFICATION CARD (BIC)
 - 9. FORMS

- 5S -- SECTION 1931 (b) PROGRAM
 - A. BACKGROUND
 - B. PURPOSE
 - C. IMPLEMENTATION DATES
 - D. ELIGIBILITY REQUIREMENTS
 - E. AID CODES
 - F. SNEEDE V. KIZER
 - G. TRANSITIONAL MEDI-CAL
 - H. FOUR-MONTH CONTINUING
 - I. NOTICES OF ACTION
 - J. DETERMINING CARE AND CONTROL
 - K. FLOW CHART ON PROGRAM DETERMINATIONS

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5R - 250 PERCENT WORKING DISABLED PROGRAM

1. LEGISLATIVE BACKGROUND

Section 4733 of the federal Balanced Budget Act of 1997, Public law 105-33, created a new optional categorically needy group for the employed disabled individuals with income below 250 percent of the federal poverty level (FPL). California adopted this option pursuant to Assembly Bill 155, Chapter 820, Statutes of 1999 as the 250 Percent Working Disabled (WD) program with an April 1, 2000 effective date.

2. PROGRAM DESCRIPTION

The 250 percent WD program is full-scope Medi-Cal coverage with the Aid Code of 6G. To be eligible for the 250 percent WD program the individual must:

- be employed;
- meet the federal definition of disability except the individual is allowed to perform Substantial Gainful Activity (SGA);
- have net nonexempt income below 250 percent of the FPL;
- be eligible to receive SSI/SSP benefits if earning were disregarded;
- pay a monthly premium based on the individual's income;
- meet all other non-financial Medi-Cal eligibility requirements.

California adopted the federal option of using the more liberal income and resource methodology to determine eligibility as follows:

- Exempting the individual's disability income, and
- Exempting retirement arrangements authorized through the Internal Revenue Code.

Individuals receive full-scope Medi-Cal for a monthly premium to be paid to the Department of Health Services. Individuals will be issued a monthly premium statement by the Department, including an invoice and envelope with which to return their payments. Individuals will be discontinued from the program if they do not pay premiums for two consecutive months. Eligibility for the program is retained for these two transition months.

There is a six-month penalty period following the month of discontinuance based on nonpayment of premiums. Individuals wishing to reenroll in the program during the 6 month penalty period must either:

- pay the premiums for the current month and the premiums owed for the two transition months in which premiums were not paid; or
- reapply after the six-month penalty has passed. No premiums will be owed for past months; the individual is treated as a new applicant.

3. MEDI-CAL FAMILY BUDGET (MFBU) COMPOSITION

The 250 percent WD beneficiary is to be treated as "Other Public Assistance (PA)." He or she is in his or her own MFBU. Couples are in the MFBU together only if both parties of a couple meet the eligibility criteria for the 250 percent WD program.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

To determine the MFBU:

- First evaluate the whole family, including the working disabled individual for Section 1931(b) eligibility.
- If the entire family is ineligible for Section 1931(b) with the working disabled person, evaluate the working disabled person for the 250 percent WD program.
- If he or she is eligible, he or she is considered "other PA" and is in his or her own MFBU.
- Evaluate the rest of the family for the Section 1931(b) program without the 250 percent WD individual in that MFBU.
- If the family is ineligible for Section 1931(b), usual Medi-Cal procedures are followed to determine that family's eligibility for other Medi-Cal programs.

In the case of a parent and child both qualifying for the 250 percent WD program, each will be in his or her own MFBU.

4. COUNTY RESPONSIBILITIES

Determine program eligibility for children and adults:

The county welfare department (CWD) shall determine whether an applicant meets Medi-Cal's financial and non-financial requirements, including California residency, and in addition meets all program requirements for the 250 percent WD program.

- a. Determine whether the individual is employed. For purposes of the 250 percent WD program "work" is undefined. Individuals are required to provide proof of employment (e.g., pay stubs or written verification from an employer). If an applicant or beneficiary is self-employed, he or she is required to provide bona fide records (e.g., a contract, which may include the work-duration, and W2 forms, or the 1099 Internal Revenue Service form. An individual is considered working if he or she is receiving sick leave or vacation pay from his or her employer.
- b. Determine whether a disability exists according to the conditions of the California Code of Regulations, Title 22, Section 50223. For applicants that have not had a disability determination, the CWD shall prepare a disability package in the same manner used for any individual applying for Medi-Cal under the disability category. However, 250 percent WD individuals cannot be denied disability status by the State Disability and Adult Programs Divisions (DAPD) for performing SGA. The CWD shall send the completed disability package to DAPD in accordance with the provisions outlined in Procedures, Section 22-C-6 of the Medi-Cal Eligibility Manual.

Note: When completing the MC 331, the county shall check the box identified as "Other" in Section No. 8 and annotate the following in Section No. 10, "**250 Percent Working Disabled Program-No SGA Determination Required.**"

- c. Determine net nonexempt income in accordance with the provisions outlined in CCR, Title 22, Article 5, except as follows:
 1. Determine inkind income using Supplemental Security Income's (SSI's) requirements for treating inkind support and maintenance (ISM). See Section VII, and the attached Section 14 of the Pickle Handbook which provides detailed instructions about ISM.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

2. Disregard all disability income, including workman's compensation of the working disabled individual.
3. Deduct all impairment related work expenses (IRWEs) from income as based on SSI methodology. IRWEs are the expenses of a working applicant/beneficiary that are necessary for the individual to become or remain employed (eg, attendant care services, transportation costs, and medical devices).
4. Base spousal/parental deeming on SSI methodology.
5. Disregard one-third of child support received by a child applicant.

Note: The methodology for determining income, including the above exceptions, is contained in the new income test worksheet forms.

- d. Determine net nonexempt property in accordance with the provisions outlined in CCR, Article 9. Exempt the resources of the working individual in the form of retirement arrangements authorized under the Internal Revenue Code. This includes:
 - Individual Retirement Accounts (IRAs);
 - Plans for self-employed individuals, such as KEOGH Plans;
 - Work related pension funds administered by an employer or union, for income when employment ends, such as Deferred Compensation and Thrift Plans.
- e. Determine whether the net nonexempt family income of the disabled working individual is less than 250 percent of the FPL. To calculate net nonexempt income using SSI/SSP methodology see section (f)(2) below:
 1. Consider only the income of the working disabled individual and his/her spouse (or parent, if a child) using form the MC 338 "250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program-Adults" for Adults and MC 338-B "250 Percent and SSI/SSP Income Test Work Sheet for the 250 Percent Working Disabled Program-Child Applying With or Without Ineligible Parent(s)" for children. Whether spousal or parental deeming applies and the income of the parent(s) or ineligible spouse is to be counted as net nonexempt income of the applicant, is determined by completing these worksheets.
 2. For a child, or individual without a spouse, net nonexempt income must be less than 250 percent of the FPL for one person.
 3. For an applicant with an ineligible spouse, whose income is not to be counted using SSI spousal deeming rules, net nonexempt income must be less than 250 percent of the FPL for one person.
 4. For an applicant with an ineligible spouse, whose income is to be counted using SSI spousal deeming rules, the net nonexempt income must be less than 250 percent of the FPL for two persons.
- f. Determine whether the working disabled individual would be eligible for SSI/SSP in the absence of his or her earnings:
 1. Review alien status:

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- a. Aliens who are or would be limited to restricted services under a regular Medi-Cal program (such as the Medically Needy program) are ineligible under federal requirements for SSI/SSP. Since eligibility for the 250 percent WD program requires an individual to be eligible for SSI/SSP when earnings are disregarded, these aliens are also ineligible for the 250 percent WD program.
- b. Aliens listed below who are, or could be receiving full-scope services under regular Medi-Cal, are not eligible for the 250 percent WD program unless they are lawfully residing in the United States and were receiving SSI on August 22, 1996:
 - Voluntary Departure (INS Section 242(b))
 - Order of Supervision (INA Section 242)
 - Registry of Alien (INA Section 249)
 - Indefinite Stay of Deportation
 - Suspension of Deportation (INA Section 244)
 - In United States with Permission of INS
 - Deferred Action Status
 - Indefinite Voluntary Departure
 - Extended Voluntary Departure
 - Stay of Deportation (INA Section 106)
 - Immediate Relative Petition
 - Application for Adjustment Status
 - Lawful Temporary Resident

These aliens who were on SSI on August 22, 1996, meet the SSI alien status requirements and must continue to be evaluated for the 250 percent WD program.

The following categories of immigrants are eligible for the 250 percent WD program:

- Lawful Permanent Residents;
- Aliens Granted Asylum under Section 208 of the Immigration and Nationality Act (INA);
- Refugees admitted to the United States under Section 207 of the INA;
- Aliens paroled into the United States under INA, Section 212(d)(5) for at least one year;
- Aliens for whom deportation is being withheld under Section 243(h) of the INA;
- Aliens granted conditional entry under Section 203(a)(7) of the INA;
- Aliens who are Cuban and Haitian entrants as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; and
- Battered aliens who meet the requirements for qualified alien status.

2. SSI/SSP income determination:
 - a. This determination is based on SSI/SSP methodology (with the additional exemption of the individual's disability income and earnings). To determine whether the individual's income is less than the SSI/SSP payment standard complete the MC 338A "SSI/SSP Income Test Worksheet for the 250 Percent Working Disabled Program-ADULTS" or the "MC 338B "250 Percent and SSI/SSP Income Test Worksheet for the 250 Percent Working Disabled Program-CHILD."
 - b. To determine whether the individual(s) meet the SSI/SSP income test, net nonexempt

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

income must be equal to or less than the SSI/SSP payment level for:

- One person, if the individual is a child, an adult without a spouse, or an adult with an ineligible spouse and spousal deeming does not apply; or
- Two persons, if a couple is applying, or an individual with an ineligible spouse is applying and spousal deeming applies.

3. SSI/SSP property determination:

- a. To determine whether net nonexempt property meets the SSI/SSP property test, complete the MC 338C, "SSI/SSP Property Test Worksheet for the 250 Percent Working Disabled Program Adults and Child Applicants".
- b. To meet the SSI/SSP property test, the net nonexempt property of a child or single individual must be less or equal to the property level for one (\$2,000) or, for an individual with a spouse, the property level for two (\$3,000).

4. Ensure that the individual is provided with the MC 338G entitled "Premium Payment Information for the 250 Percent Working Disabled Program" at the time of initial approval and redetermination. This form describes the various requirements relating to the premium payment system. Although no face-to-face interview is required, if an interview is requested, the county must review the contents of this form with the individual.

g. Determine premium amounts:

Based on the nonexempt net countable income as determined by completing the MC 338, "250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program-Adults" for either an individual or a couple; or the MC 338B, "250 Percent and SSI/SSP Income Test Work Sheet for the 250 Percent Working Disabled Program-Child Applying With or Without Ineligible Parent(s)" for a child, the county will determine the monthly premium amount according to the following chart.

Net Countable Income		Premium Amount for One Eligible Individual*	Premium Amount for an Eligible Couple**
From	To		
\$1	\$600	\$20	\$30
\$601	\$700	\$25	\$40
\$701	\$900	\$50	\$75
\$901	\$1,100	\$75	\$100
\$1,101	\$1,300	\$100	\$150
\$1,301	\$1,500	\$125	\$200
\$1,501	\$1,700	\$150	\$225
\$1,701	\$1,900	\$175	\$275
\$1,901	\$2,100	\$200	\$300
\$2,101	Up to 250 percent of the FPL for two	\$250	\$375

*One eligible individual is defined: as an eligible child; an eligible unmarried adult; or a married individual with an ineligible spouse when no spousal deeming applies.

**Eligible couple is defined: as having their eligibility based on the countable income of both individuals and tested against the FPL for two. This includes an individual with an ineligible spouse when spousal deeming applies.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

h. Reporting to MEDS:

If the CWD determines that the individual is eligible for the 250 percent WD program, the county must report his or her Aid Code 6G via a transaction to MEDS through standard operating procedures. The county shall report the amount of premium in the share-of-cost (SOC) field.

The premium amount will show in the SOC amount field on the INQM screen. This screen will show the 6G with an eligibility status code reflecting whether the month:

1. is a month in which full premiums have been paid;
2. is an unpaid retroactive month;
3. is one of the "history" months (eligibility was reported for a month or months prior to the current MEDS months);
4. is one of the two months of exception eligibility where the individual has not paid full premiums but is still eligible (eligibility is terminated after two consecutive months of nonpayment of premiums); or
5. is a month of ineligibility because the individual has been terminated from the 250 percent WD program.

For details about how the county-reported MEDS data is used, refer to Section VIII of these procedures.

i. Redetermining for other programs:

DHS will send an MC 338F "Notice of Action" with appeal rights to individuals that are discontinued from the 250 percent WD program for failure to pay premiums. Refer to Section VIII of these procedures for additional information of the premium payment process.

DHS will update MEDS to show ineligibility and will notify the county of the discontinuance via a worker alert. The CWD shall conduct an expedited exparte redetermination as to whether the individual is eligible for any other Medi-Cal program.

5. INKIND SUPPORT AND MAINTENANCE (ISM):

ISM is defined as any food, clothing, or shelter that is either given to or received by a 250 percent WD individual that is paid for by another person. Shelter includes room, rent, gas, electricity, water, sewer, and garbage collection services. ISM is valued using two different methods described below. The following chart will describe when to use VTR or PMV.

- a. The value of the one-third reduction (VTR), is one third of the SSI (but not the combined SSI/SSP) payment rate.
- b. The presumed maximum value (PMV), is one-third of the SSI (but not the combined SSI/SSP) payment rate plus \$20. This value may be rebutted if the actual values for the item are less than the PMV.

Unless the VTR applies, PMV applies when the individual receives partial or full support from someone who is not a legally responsible relative. PMV can apply if given by a person outside the individual's home/household.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

An individual is not charged both VTR and PMV in the same month. If VTR is charged, PMV may not be used. These values are unearned income and used to determine income eligibility.

The following chart describes the most common situations involving ISM. For additional information or to answer questions regarding more specific situations, refer to the Pickle Handbook, Section 14, attached to these procedures.

Living Arrangement	VTR: Count 1/3 of the applicable SSI (but not SSP) payment level as unearned income	PMV: Count 1/3 of the SSI (but not SSP) payment level + \$20 as unearned income
<p>Applicant/beneficiary lives in own home, i.e.,</p> <ul style="list-style-type: none"> ▪ He or she and spouse living in home have ownership or life estate interest or rental liability, ▪ He or she pays pro rata share, or; ▪ All members of the household are receiving public assistance income payments. 	VTR does not apply	Count PMV to the applicant if any combination of food, shelter, or clothing is given by a person who is not a responsible relative.
<p>Applicant and his or her:</p> <ul style="list-style-type: none"> ▪ Spouse; ▪ Minor child; ▪ Ineligible spouse (or ineligible parent if applicant is a child) whose income may be deemed to the applicant; <p>live in the household of another person who is not one of these above persons.</p>	Count VTR as unearned income to the applicant if the other person gives/pays for the applicant's food <u>and</u> shelter.	If VTR does not apply, count PMV as unearned income to the applicant if the other person gives/pays for any other combination of the applicant's food, shelter, or clothing.
Applicant lives throughout the whole month in the household of another person who is not his/her eligible or ineligible spouse, parent, or child.	Count VTR if the other person is giving/paying the applicant's/beneficiary's full food AND shelter.	If no VTR, then count PMV if the other person gives any other combination of food, shelter, or clothing, e.g., the applicant shares in expenses but does not pay pro rata share.

6. PREMIUM COLLECTION SYSTEM DESCRIPTION:

a. Determining Eligibility and Amount of Premiums:

Counties will determine eligibility and the amount of premiums for individuals in the 250 percent WD program and report them to MEDS.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

b. Mailing of Invoices:

When the county reports initial eligibility and the amount of premium, DHS will send an invoice and postage-paid envelope to the individual as soon as initial eligibility is reported MEDS. The invoice will be for the current month of eligibility. DHS will also send a second invoice with amount of the premiums due for all history months of eligibility (months in which eligibility is established prior to the current month of eligibility and reported to MEDS by the county).

Once the initial 250 percent WD eligibility is reported and for as long as the individual is not terminated from the program, DHS will generate and send monthly invoices and pre-addressed postage paid envelopes to program eligibles based on the monthly premium amount reported to MEDS by the counties. Invoices will be mailed approximately on the 23rd of each month after MEDS renewal and will inform the individual that premiums are due by the 10th of the following month. Notices will include the monthly premium payment amount, the total premium amount due for the current month, and will reflect any credits made to the individual's account.

c. Collection of Premiums:

Premium payments will be returned to:

The Department of Health Services
Recovery Section
P.O. Box 225, Department 155
Sacramento, CA 95812-0225

The Recovery Section will process premiums as they are received. Premiums returned in the pre-addressed, color-coded envelope, with system-generated invoice will be posted within 24 hours of receipt. Premiums returned in any other envelope or without the system generated invoice must be researched and will be posted as soon as possible. If a partial premium for a month is received, it will be deposited and reported to MEDS. MEDS' program logic will be able to recognize both full and partial premiums allowing for multiple payments to be made for each month.

d. Discontinuance for Failure to Pay Premiums:

If full payments have not been paid for two consecutive months, DHS will send a timely Notice of Action (NOA), with appeal rights, to the individual informing him/her of discontinuance from the 250 percent WD program for failure to pay the required premiums. The NOA will also inform the beneficiary that the county will automatically evaluate eligibility under other Medi-Cal programs. DHS will update the MEDS record to show ineligibility and will notify the county via a worker alert of the discontinuance.

During the two month period of non-payment, individuals will continue to be eligible under the 250 percent WD program even though full premiums for these months have not been paid. MEDS will have an eligibility status code showing exception eligibility.

If a beneficiary is discontinued from the 250 percent WD program for failure to pay full premiums for two consecutive months, there will be a six-month penalty period. Should an otherwise eligible person wish to reenroll during the six-month penalty period, he or she will be required to pay the premium for the current month and the two transition months in which he or she was eligible for covered services, but failed to pay full premiums. If an otherwise

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

eligible person wants to reenroll after the end of the penalty period, he or she is a new applicant and must prepay the premium for the first month of current eligibility.

e. **Discontinuance for Reason Other than Nonpayment of Premiums:**

If a beneficiary is discontinued from the program for reasons other than nonpayment of premiums and does not appeal the decision. He or she is again treated as a new applicant and will not receive covered services under the 250 percent WD program until eligibility is re-established and a new initial premium for one month is paid.

f. **Eligibility for History and Retroactive Months:**

History months are the months of eligibility beginning with the month of application and ending with the month prior to the month of current eligibility. These months are not a factor in determining whether a beneficiary has or has not paid premiums for two consecutive months. That is, even if the county reports eligibility for one or more history months, this coverage does not establish two months of exception eligibility nor are the nonpayment of premiums tracked to see whether the beneficiary is to be discontinued due to nonpayment of premiums.

Retroactive months are the months prior to the month of application. An individual may be eligible for three months of retroactive Medi-Cal benefits if otherwise eligible and if the applicable premium is paid for each month for which retroactive coverage is requested.

The nonpayment of premiums in one or more of the three retroactive months is not a factor in determining whether the beneficiary has failed to pay premiums for two consecutive months. Each retroactive month is a closed period on MEDS. For example, assume a beneficiary requests retroactive coverage for one or more months in the retroactive period. If the county establishes eligibility and reports this information to MEDS, DHS will generate and send invoices to the beneficiary for these retroactive months and there is no discontinuance or penalty period even if the beneficiary chooses not to enroll in these months.

7. **NOTICE OF ACTION:**

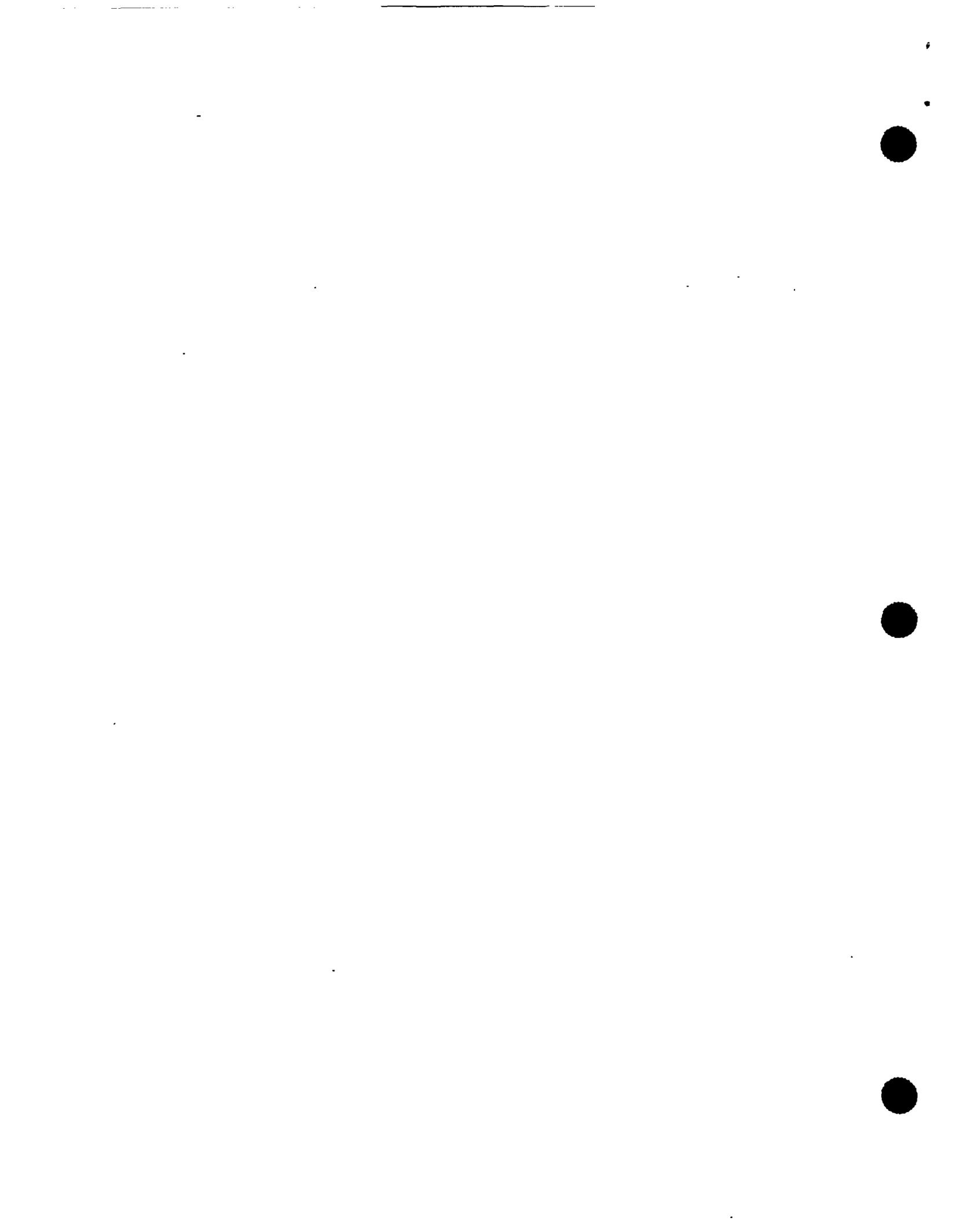
The CWD shall send notification in writing of the applicant's Medi-Cal eligibility status and notify beneficiaries of any changes in eligibility. The Notice of Action shall be issued for approvals, denials, changes in premium amounts, or discontinuance of eligibility for reasons other than nonpayment of the required premiums.

8. **BENEFITS IDENTIFICATION CARDS (BIC):**

Beneficiaries covered under the 250 percent WD program will be issued a BIC for medical services authorized by Medi-Cal

9. **FORMS:**

MC 338	250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS
MC 338.INSTR	INSTRUCTIONS 250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS
MC 338 A	SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- MC 338 B 250 PERCENT AND SSI/SSP INCOME TESTS WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)
- MC 338 C SSI/SSP PROPERTY TEST WORKSHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULT AND CHILD APPLICANTS
- MC 338 D MEDI-CAL NOTICE OF ACTION-APPROVAL FOR BENEFITS AS A 250 PERCENT WORKING DISABLED INDIVIDUAL OR COUPLE (ENGLISH AND SPANISH)
- MC 338 E MEDI-CAL NOTICE OF ACTION-CHANGE OF PREMIUM AMOUNT IN THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
- MC 338 F MEDI-CAL NOTICE OF ACTION-DISCONTINUANCE FOR FAILURE TO PAY FULL PREMIUMS IN THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
- MC 338 G 250 PERCENT WORKING DISABLED PROGRAM PREMIUM PAYMENT INFORMATION
- MC 338 H MEDI-CAL NOTICE OF ACTION-APPLICATION FOR RETROACTIVE ELIGIBILITY FOR THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
- MC 338 J PREMIUM DIFFERENTIAL WORKSHEET IN THE 250 PERCENT WORKING DISABLED PROGRAM



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Case name	Case number
-----------	-------------

Applicant(s) name(s) _____

I. Income of Potential 250 Percent Individual or Couple and Income From the Ineligible Spouse With or Without Children

	(a) Individual or Couple Applicant(s)	(b) Ineligible Spouse
A. Nonexempt Unearned Income		
1. Applicant's retirement and survivor's social security. Do not include social security disability income.		
2. Social Security (RSDI) ineligible spouse.		
3. Net income from property.		
4. Other—itemize. Exempt any other disability income of applicant(s).		
5. Add lines 1 through 4 to get subtotal(s).		

STOP HERE and complete Sections II and III for the ineligible spouse. Then complete the remainder of this section for the applicant(s) and, if spousal deeming applies, complete the remainder for the ineligible spouse.

6. Allocation to ineligible children from ineligible spouse (Section II, line 5).		
7. Subtract line 6(b) from line 5(b). If minus, enter amount, without the minus sign, on line 12(b) and zero (0) on line 7(b). Otherwise, enter amount on line 7(b).		
8. Add unearned income from line 5(a) and, if spousal deeming applies, from line 7(b).		
9. Any income deduction.	-\$20	
10. Subtract line 9 from line 8 to get countable unearned income. If minus amount, enter amount, without minus sign, in instruction box on line 17.		

B. Nonexempt Earned Income		
11. Enter gross earned income of applicant(s) and, if deeming applies, from ineligible spouse.		
12. Per line 7(b), unused portion of allocation to ineligible children.		
13. Subtract line 12(b) from line 11(b). If minus, enter zero.		
14. Add line 11(a) and line 13(b) to get combined earned income.		
15. Enter any IRWE of potential 250 percent applicant(s).		
16. Subtract line 15 from line 14.		
17. Enter \$65 earned income deduction plus \$ _____ of unused \$20.		
18. Subtract line 17 from line 16.		
19. Divide line 18 by 2 to get countable earned income.		
20. Add line 10 and line 19 to get total countable income. Also enter this amount on Section IV, line 1.		

MC 338 (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

II. Allocation to Minor Child(ren) from the Ineligible Spouse. DO NOT allocate from applicant(s). DO NOT include children on SSI/SSP or children eligible for the 250 Percent Program.

(Use additional sheet if more than three children.)	(a) Child One	(b) Child Two	(c) Child Three
1. Name.			
2. Standard SSI allocation.			
3. Enter ineligible minor child's gross income. Evaluate for student deduction. Allow student a \$400 monthly disregard from earned income, up to \$1,620 per year.			
4. Subtract line 3 from line 2 to determine the allocation to each child. Enter zero if a minus.			
5. Add columns 4(a), 4(b), and 4(c) to get allocation to ineligible children. Enter here and in Section III, line 4. \$ _____			

III. Ineligible Spouse Income Exemption Determination. This section used for evaluation purposes only.

1. Enter gross unearned amount for ineligible spouse from Section I, line 5(b).	
2. Enter amount of gross earned income of ineligible spouse.	
3. Add lines 1 and 2.	
4. Allocation to ineligible children entered from Section II, line 5.	
5. Subtract line 4 from line 3 to get remainder.	
6. If line 5 is less than the current standard SSI allocation, STOP. There is no spousal deeming. Do not complete any more boxes in Section I, column (b). If there is spousal deeming, complete Section I, column (b).	Please check (✓) one <input type="checkbox"/> Spousal deeming <input type="checkbox"/> No spousal deeming

IV. 250 Percent Income Eligibility Determination

1. Enter amount from Section I, line 20, rounded to nearest dollar.	
2. List 250 percent of the current federal poverty level (FPL). NOTE: If there is spousal deeming or a couple is applying, use the FPL for two. If only the income of the applicant is used, use the FPL for one.	
3. If line 1 is less than line 2, the applicant(s) (individual or couple) are eligible. If a couple is ineligible, redo form with only one applicant and an ineligible spouse.	

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

INSTRUCTIONS 250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Form MC 338, 250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program—ADULTS, is used to determine whether the ADULT applicant (individual) or applicants (couple) meet the income requirement for coverage under the 250 Percent Working Disabled program. This form is completed at the time of a new application, restoration, redetermination, change in income, or other circumstances affecting the income or correction of the income.

Instructions for Completion

Note: The term applicant includes a recipient for whom a redetermination is being completed.

Identification Section

Enter: Case name, case number, and the name of the applicant or names of both applicants if a couple is applying.

Net nonexempt income of ineligible spouses and ineligible children is determined in accordance with the provisions outlined in Title 22, Article 5 and current All County Welfare Directors Letters, except that no in-kind or support and maintenance income is counted; there is no \$50 child support disregard; ineligible children are allowed the student deduction from earned income.

Section I. Income of Potential 250 Percent Individual/Couple and Income of Ineligible Spouse With or Without Children

Note: In Section I, Column a is used for the applicant and Column b is used for the ineligible spouse, if applicable. If a couple is applying, the amounts in Column a are a combination of the couple's income.

A. Nonexempt Unearned Income

- Line 1. Enter any social security retirement and survivors insurance income of the applicant(s). Do NOT include any Title II disability income.
- Line 2. Enter any retirement, survivors, or disability insurance income of the ineligible spouse.
- Line 3. Enter any net income from property.
- Line 4. Enter all other unearned income. If there is unearned income based on the SSI in-kind support and maintenance requirement, enter that amount here. Do not count any other kinds of disability income of the applicant(s).
- Line 5. Add the amounts in Section I, Column a, lines 1, 3, and 4. This is a subtotal of gross unearned income of the 250 Percent applicant(s). Add the amounts in Section I, Column b, lines 2, 3, and 4. This is a subtotal of the gross unearned income of the ineligible spouse. Also enter the subtotal for the ineligible spouse in Section III, line 1.
- Stop here and complete Sections II and III for the ineligible spouse to determine whether spousal deeming applies. If spousal deeming does not apply, do not complete the remainder of Column b for the ineligible spouse. Cross out boxes 6(b), 7(b), 11(b), 12(b), and 13(b) to ensure that no income of the ineligible spouse is combined with that of applicant(s).
 - Complete the remainder of this section for the applicant(s). If spousal deeming applies, complete the remainder of Column b for the ineligible spouse.
- Line 6. Enter on line 6(b) the total amount allocated to the minor child(ren) from the ineligible spouse. This amount is found in Section II, line 5. NOTE: Income can only be allocated from an ineligible spouse.
- Line 7. Subtract line 6(b) from line 5(b) and enter this amount on line 7(b). If line 7(b) is a minus figure, enter zero on line 7(b) and enter the amount (without the minus sign) on line 12(b). Otherwise, enter the actual amount onto line 7(b).
- Line 8. Add lines 5(a) and 7(b). This is the combined unearned income of the applicant(s) and if spousal deeming applies, that of the ineligible spouse.
- Line 9. No entry. This shows the \$20 any income deduction.
- Line 10. Subtract line 9 from line 8. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure without the minus sign, which is the unused portion of the \$20 any income deduction, on the blank line in the instruction box on line 17.

B. Nonexempt Earned Income

- Line 11. Enter the gross earned income.
- Line 12. This is the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income. (This amount was entered pursuant to line 7(b).)

MC 338 (1/01) Instructions

SECTION NO.:

MANUAL LETTER NO.: 257

DATE: 01/04/02

5R-13

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- Line 13. Subtract line 12(b) from line 11(b). Enter the remainder on line 13(b). Exception: Enter zero on line 13(b) if line 12(b) is greater or equal to line 11(b).
- Line 14. Add lines 11(a) and 13(b). This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if there is spousal deeming.
- Line 15. Enter any impairment related work expenses the potential applicant may have.
- Line 16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: Enter zero on line 16 if line 15 is greater than or equal to line 14.
- Line 17. Enter the \$65 of the \$65 and one-half deduction plus any unused portion of the \$20 any income deduction.
- Line 18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater than or equal to line 16, enter zero.
- Line 19. Divide line 18 by 2. The figure equals the countable earned income.
- Line 20. Add lines 10 and 19 and enter on line 20 and on line 1 of Section IV. This is the total countable income of the applicant(s).

Section II. Allocation to Minor Child(ren) from the Ineligible Spouse (Do NOT Allocate from Applicants)

- Line 1. Enter the name(s) of ineligible child(ren). Do not include any SSI/SSP child or children eligible for the 250 Percent Working Disabled program.
- Line 2. Enter the current year's standard SSI allocation which is the difference between the SSI federal benefit rate for a couple and for an individual. These amounts are sent out by DHS annually. If no child(ren), enter zero on line 5 and in Section I, line 6(b).
- Line 3. Enter the income amount for each child, excluding the student deduction (up to \$400 per month or \$1,620 per year from the student's earned income).
- Line 4. Subtract line 3 from line 2. This is the allocation to each ineligible child. Enter zero if a minus.
- Line 5. Total the allocation to each child. This is the total allocation to ineligible child(ren). Enter in Section III, line 4 and also complete all of Section III to determine whether this figure is also to be entered in Section I, line 6(b). If Section III, line 5 is less than the current year's standard SSI allocation, stop and do not enter in Section I, line 6(b). Otherwise, continue to complete Section I, Column (b).

Section III. Ineligible Spouse Income Exemption Determination

- Line 1. Enter gross unearned income of the ineligible spouse from Section I, line 5(b). Do not include public assistance.
- Line 2. Enter the gross earned income of the ineligible spouse.
- Line 3. Add and enter the total of lines 1 and 2.
- Line 4. Enter the allocation to ineligible minor children from Section II, line 5.
- Line 5. Subtract line 4 from line 3 to determine the ineligible spouse's net income.
- Line 6. If line 5 is less than the current standard SSI allocation amount, this income is exempt and there is no spousal deeming. Enter the federal poverty level (FPL) for one in Section IV, line 2. Check the box "No spousal deeming" on line 6.
- DO NOT complete the remainder of Section I, column (b) and cross out lines 6(b), 7(b), 11(b), 12(b), and 13(b). Complete Section I, column (a) for the applicant.
- If line 5 equals or is greater than the current standard SSI allocation amount, there is spousal deeming. Enter the FPL for two in Section IV, line 2. Check the box, "Spousal deeming" on line 6. Complete the remainder of Section I, including Column (b).

Section IV. 250 Percent Income Eligibility Determination

- Line 1. Enter the total countable income from Section I, line 20.
- Line 2. Enter 250 percent of the current federal poverty level (FPL). Enter the FPL for a family size of one if a single individual is applying or if there is no deeming from the ineligible spouse. If a couple is applying or there is spousal deeming, use the FPL for a family size of two.
- Line 3. If line 1 is less than line 2, the individual or couple is eligible for the 250 Percent Working Disabled Program. If line 1 is greater or equal to line 2 and the determination was for a couple, complete this form again for one member of the couple and make the other spouse an ineligible spouse.

Remaining Information

The eligibility worker must sign this form, enter his/her county number, if one exists, and the date this form was completed. Completion of the county use box is optional.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Case name	Case number
Applicant(s) name(s)	

Complete the MC 338 250 Percent Income Test Work Sheet before completing this form. Determine whether spousal deeming applies by reviewing Part III, line 6, of the MC 338. *Note: Earnings of the applicant are exempt.*

Complete Part I or Part II as appropriate.

Part I. Spousal Deeming Applies

1. Enter the amount from line 10, MC 338 to determine total countable unearned income.	
2. Enter the amount from line 13, MC 338, to determine ineligible spouse's earned income after allocation to ineligible children.	
3. Enter the amount from line 17, MC 338.	
4. Subtract line 3 from line 2. If a minus, enter zero.	
5. Divide line 4 by 2 to get ineligible spouse's net earned income.	
6. Add line 1 and line 5 to get total countable income. Enter in Part III, line 8. Enter the SSI/SSP payment level for two in Part III, line 9.	

Part II. Spousal Deeming Does Not Apply

7. Enter amount from line 10, MC 338, to get applicant(s) unearned income. Also, enter this amount in Part III, line 8.	
-------------------------------------------------------------------------------------------------------------------------	--

Part III. SSI/SSP Income Test

8. This is the total income entered pursuant to Part I, line 6, or Part II, line 7.	
9. Enter the SSI/SSP payment level for: <ul style="list-style-type: none"> ● one, if only a single applicant is applying or if an individual with an ineligible spouse is applying and spousal deeming does not apply, <li style="text-align: center;">or ● two, if a couple is applying or if an individual with an ineligible spouse is applying and spousal deeming applies. 	
10. If line 8 is less than line 9, the applicant(s) are SSI income eligible. Otherwise, the applicant(s) are ineligible. If a couple is ineligible, redo with only one applicant.	

Eligibility Worker signature	Worker number	Computation Date	County Use
------------------------------	---------------	------------------	------------

MC 338 A (1/01)



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

250 PERCENT AND SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)

Case name	Case number
Applicant(s) name(s)	

Note: There is no deeming from an ineligible parent if there also is a parent in the home who is on SSI/SSP or in the 250 Percent Working Disabled Program. Net nonexempt income of ineligible parents and ineligible children is determined in accordance with the provisions outlined in Title 22, Article 5 and current All County Welfare Directors Letters, except that no in-kind or support and maintenance income is counted; there is no \$50 child support disregard; ineligible children are allowed the student deduction from earned income.

I. Income of Ineligible Parent(s) of Potential 250 Percent Child	
A. Nonexempt Unearned Income	Ineligible Parent(s)
1. Social Security (RSDI)	
2. Net income from property	
3. Other—itemize.	
4. Add lines 1 through 3.	
5. Allocation to ineligible child(ren) entered from Section II, line 5.	
6. Remainder. Subtract line 5 from line 4. If minus amount, enter zero on line 6 and the remainder without the minus sign in the instruction box on line 10.	
7. Any income deduction.	-\$20
8. Remainder. Subtract line 7 from line 6. If minus, enter amount without minus in instruction box on line 11 and zero on this line. This is countable unearned income. Enter on line 14.	
B. Nonexempt Earned Income	Ineligible Parent(s)
9. Gross earned income.	
10. Unused portion of allocation to ineligible child(ren) _____ Subtract from line 9.	
11. Add \$65 earned income deduction plus \$ _____ amount of unused \$20 (any income deduction).	
12. Subtract line 11 from line 10.	
13. Divide by 2 to get countable earned income.	
14. This is countable unearned income from line 8.	
15. Add lines 13 and 14.	
16. Enter parental deduction. (FBR for one if one parent lives in the home or for two if both parents live in the home.)	
17. Subtract line 16 from line 15 for the Allocation to Potential 250 Percent child. If zero or negative, enter zero in Section III, line 1 and zero on this line. NOTE: If more than one child is applying, the allocation is prorated between the children.	

MC 338 B (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

II. Parental Allocation to Minor Child(ren) from Ineligible Parent(s). Do not allocate to children on SSI/SSP or children eligible for the 250 percent program. (Use additional sheets if more than three children.)

	(a) Child One	(b) Child Two	(c) Child Three
1. Name			
2. Standard SSI allocation			
3. Enter ineligible minor child's gross income. Evaluate for student deduction. Allow student a \$400 per month income, disregard from earned income, up to \$1,620 per year.			
4. Subtract line 3 from line 2 to determine the allocation to each child. Enter zero if minus.			

5. Add columns 4a, 4b, and 4c to get allocation to ineligible children. Enter in Section I, line 5.

III. Determine Whether Child Meets 250 Percent Test and SSI/SSP Test

A. Child's Net Nonexempt Unearned Income	Child
1. This is the allocation from ineligible parent(s) from Section I, line 17.	
2. Enter child's social security income (do NOT include social security disability income).	
3. Enter other unearned income, excluding any other disability income.	
4. Add lines 1 through 3.	
5. Any income deduction.	\$20
6. Subtract line 5 from line 4. If a minus, enter amount without minus in instruction box line 9 and zero on this line. Amount on line 6 is net nonexempt unearned income. Enter on line 12 and line 17.	
B. Child's Net Nonexempt Earned Income	Child
7. Child's gross earned income.	
8. Subtract dollar amount of IRWE and student deduction.	
9. Add \$65 and _____ of the unused portion of the \$20 any income deduction.	
10. Subtract line 9 from line 8. If a minus, enter zero.	
11. Divide line 10 by 2 to get net nonexempt earned income.	
12. Net nonexempt unearned income from line 6.	
13. Add line 11 and line 12 to get total net nonexempt income.	
14. List 250 percent of the current federal poverty level for one.	
C. 250 Percent Test	
15. If line 13 is less than line 14, the child meets the 250 percent income test.	
D. SSI/SSP Test—Note: Child's earnings are exempt.	
16. Enter the SSI/SSP payment level for one.	
17. Net nonexempt unearned income from line 6.	
18. If line 17 is less than line 16, the child meets the SSI/SSP income test.	

Eligibility Worker signature	Worker number	Computation date	County Use
------------------------------	---------------	------------------	------------

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

SSI/SSP PROPERTY TEST WORKSHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM ADULTS AND CHILD APPLICANTS

Case name	Case number
-----------	-------------

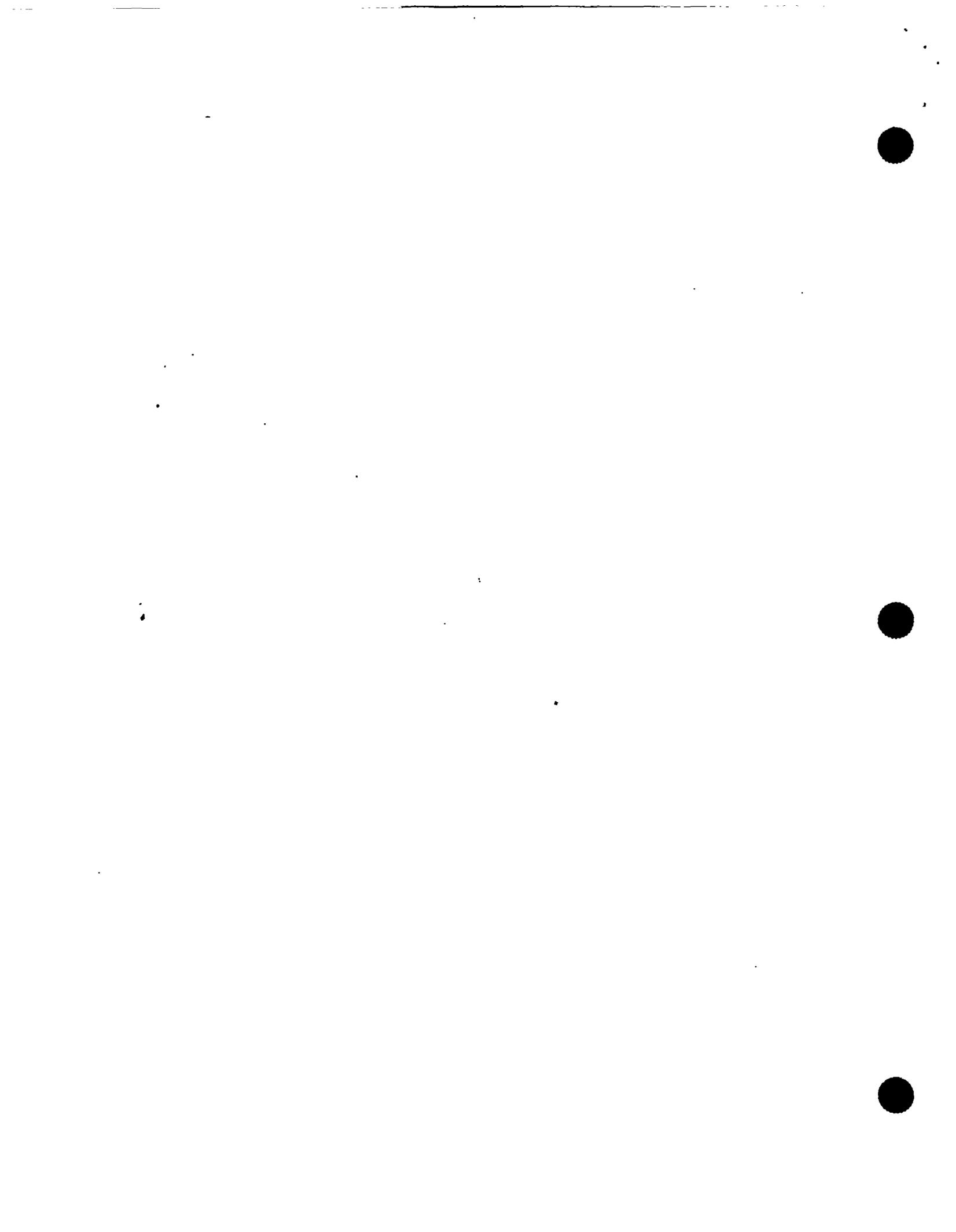
Applicant(s) name(s)

Property is defined under Article 9, Title 22, except that resources in the form of retirement arrangements of the working disabled applicant are exempted. Complete Part I or Part II as appropriate.

I. Applicant(s) Are Adults	
1. Enter only the net nonexempt property of the applicant and spouse. Do not consider the property of any other family members in the home.	\$
2. Enter the property limit for one person if there is no spouse or for two persons if there is a spouse.	\$
3. If line 1 is less than or equal to line 2, the property requirement is met.	\$
II. Applicant Is a Child Who is Unmarried and Under Age 18	
A. 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.	
4. Enter parent(s) net nonexempt property.	\$
5. Enter the property limit for one person if only one parent is in the home or for two if two parents are in the home.	\$
6. Subtract line 5 from line 4. Enter zero if a minus. This is the total allocation.	\$
7. Divide line 6 by the number of 250 percent working disabled children in the home to get each applicant child's share.	\$
B. Child's Net Nonexempt Property	
8. Enter child's own net nonexempt property.	\$
9. Enter the child's share from line 7.	\$
10. Add line 8 and line 9 to get child's net nonexempt property.	\$
11. Enter the property limit for one.	\$
12. If line 10 is less than or equal to line 11, the property requirement is met.	\$
III. Child in Section II is Ineligible (e.g., Attainment of Age 18 or There is Property Ineligibility) and There Are Additional 250 Percent Child Applicants.	
13. Take the total allocation of the property deemed from the parent(s) in line 6 and redivide it among the remaining 250 percent child applicants in the home.	\$
14. Repeat section II B for each of the remaining children.	\$

Eligibility Worker signature	Worker number	Computation date	COUNTY USE
------------------------------	---------------	------------------	-------------------

MC 338 C (1/01)



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION APPROVAL FOR BENEFITS AS A 250 PERCENT WORKING DISABLED INDIVIDUAL OR COUPLE

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

District: _____

This affects: _____

(Name)

We have reviewed your application/case to see if you are eligible for the 250 Percent Working Disabled program. This program allows eligible individuals and couples to pay premiums for full coverage under Medi-Cal.

We have determined that beginning ____/____/____, you meet the basic eligibility requirements for the 250 Percent Working Disabled program. However, before Medi-Cal can begin to cover your medical expenses under this program, you must pay the first continuous month's premium.

If you already have a plastic Benefits Identification Card (BIC), this card will be used for this program. If you do not already have a BIC card, you will receive one soon. Do not throw this card away. This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

The amount of your monthly premium is \$ _____. This is based on your net nonexempt income of \$ _____. We have not counted your disability income in making this determination.

You will receive an invoice from the California Department of Health Services (DHS) with a preaddressed, color-coded, postage-paid envelope for you to use in making this payment. **PLEASE ATTACH THE INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND YOUR CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.**

To continue your enrollment under this program, you must pay the monthly premium that is due. Each month, DHS will send you a monthly invoice with a preaddressed postage-paid envelope. Your premium payment is due by the fifth of the following month.

This action is required by All County Welfare Directors' Letter 00-16.

Si Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

Eligibility Worker

Phone

Date

MC 338 D (1/01)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

SECTION NO.:

MANUAL LETTER NO.: 257

DATE: 01/04/02

5R-19

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL APROBACIÓN DE BENEFICIOS COMO PERSONA O PAREJA INCAPACITADA QUE TRABAJA UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Distrito: _____

Esto afecta a: _____

(Nombre)

Hemos evaluado su solicitud/caso para determinar si usted reúne los requisitos para el programa de Incapacitados que Trabajan un 250 Por Ciento (*250 Percent Working Disabled program*). Este programa permite a las personas y parejas que reúnen los requisitos que paguen primas para cobertura completa bajo el programa de Medi-Cal.

Hemos determinado que a partir del ____/____/____, usted reúne los requisitos básicos de elegibilidad para el programa de Incapacitados que Trabajan un 250 Por Ciento. Sin embargo, antes de que el programa de Medi-Cal pueda comenzar a cubrir sus gastos médicos bajo este programa, usted tiene que pagar la prima del primer mes continuo.

Si usted ya tiene una Tarjeta de Identificación de Beneficios de plástico (*BIC*), esta tarjeta se utilizará para este programa. Si usted todavía no tiene una *BIC*, pronto recibirá una. No tire esta tarjeta. Esta tarjeta es válida mientras usted reúna los requisitos del programa de Medi-Cal. Lleve esta tarjeta de plástico consigo cuando solicite servicios médicos de su doctor(a) u otro proveedor de Medi-Cal.

La cantidad de su prima mensual es de \$ _____. Ésta se basa en sus ingresos netos no exentos de \$ _____. Al tomar esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

Usted recibirá una factura del Departamento de Servicios de Salud de California (*California Department of Health Services—DHS*) con un sobre de un color clave, rotulado previamente y con franqueo pagado, para que lo utilice al hacer su pago. **POR FAVOR, ADJUNTE LA FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.**

Para continuar su inscripción en este programa, usted tiene que pagar la prima mensual que se debe. Cada mes, el *DHS* le enviará una factura, con un sobre rotulado previamente con franqueo pagado. El pago de su prima se vence el quinto día del siguiente mes.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

Trabajador(a) de elegibilidad

Teléfono

Fecha

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN

MC 338 D (SP) (1/01)

SECTION NO.:

MANUAL LETTER NO.: 257

DATE: 01/04/02

5R-20

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**MEDI-CAL
NOTICE OF ACTION
CHANGE OF PREMIUM PAYMENT AMOUNT
IN THE 250 PERCENT
WORKING DISABLED PROGRAM**

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

Change in premium for: _____

(Names)

Your premium for enrollment in the 250 Percent Working Disabled program has been changed to \$ _____ per month beginning _____. The Department of Health Services (DHS) will put this new amount on your invoice.

The amount of your monthly premium is based on your net nonexempt income of \$ _____. We have not counted your disability income in making this determination.

PLEASE BE SURE TO ATTACH YOUR INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND YOUR CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.

To continue your enrollment under this program, you must pay the monthly premium that is due. Each month, DHS will send you a monthly invoice with a preaddressed, postage-paid envelope. Your premium payment is due by the fifth of the following month.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 E (1/01)

SECTION NO.:

MANUAL LETTER NO.: 257

DATE: 01/04/02 5R-21

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

**NOTIFICACIÓN DE ACCIÓN
DE MEDI-CAL
CAMBIO DE LA CANTIDAD DEL PAGO DE LA PRIMA
EN EL PROGRAMA DE INCAPACITADOS QUE
TRABAJAN UN 250 POR CIENTO**

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Cambio de prima para: _____

(nombres)

Su prima de inscripción en el programa de Incapacitados que Trabajan un 250 Por Ciento (*250 Percent Working Disabled program*) se ha cambiado a \$ _____ al mes, a partir del _____. El Departamento de Servicios de Salud de California (*California Department of Health Services—DHS*) pondrá esta nueva cantidad en su factura.

La cantidad de su prima mensual se basa en sus ingresos netos no exentos de \$ _____. Al hacer esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

POR FAVOR, ASEGÚRESE DE ADJUNTAR SU FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.

Para continuar su inscripción en este programa, usted tiene que pagar la prima mensual que se debe. Cada mes, el *DHS* le enviará una factura, con un sobre rotulado previamente con franqueo pagado. El pago de su prima se vence el quinto día del siguiente mes.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MC 338 E (SP) (1/01)

SECTION NO.:

MANUAL LETTER NO.: 257

DATE: 01/04/02

5R-22

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DISCONTINUANCE FOR FAILURE TO PAY FULL PREMIUMS IN THE 250 PERCENT WORKING DISABLED PROGRAM

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

District: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

Discontinuance from the 250 Percent Working Disabled
program for: _____

(names)

We have reviewed all information about your payment of premiums in the 250 Percent Working Disabled program and have determined that you have not paid the required premiums for two months.

Your enrollment in the 250 Percent Working Disabled program will be discontinued, effective the last day of _____.

If you have any questions about your premium payments, you may call the Department of Health Services, Third Party Liability Branch, at (916) 324-4162.

If you are eligible for Medicare, this means that _____ is the last month the

(month)

State will pay your premium for Part B Medicare supplementary insurance coverage. You will receive a written notice from the Social Security Administration, or you may call your Social Security district office if you have questions about your Medicare status.

This discontinuance action does not affect your eligibility for any other Medi-Cal program. You will receive another notice from your county Department of Social Services concerning any other Medi-Cal coverage for which you may be eligible. If you have any questions about such eligibility, please write or telephone your county eligibility worker.

DO NOT THROW YOUR PLASTIC ID CARD AWAY. You can use it again if you become eligible for Medi-Cal in the future.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 F (1/01)

SECTION NO.:

MANUAL LETTER NO.: 257

DATE: 01/04/02

5R-23

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL DESCONTINUACIÓN POR NO PAGAR LAS PRIMAS COMPLETAS EN EL PROGRAMA DE INCAPACITADOS QUE TRABAJAN UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Distrito: _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Descontinuación del programa de Incapacitados que _____

Trabajan un 250 Por Ciento de : _____

(nombres)

Hemos evaluado toda la información acerca de su pago de primas en el programa de Incapacitados que Trabajan un 250 Por Ciento (*250 Percent Working Disabled program*), y hemos determinado que usted no ha pagado las primas requeridas por **dos meses**.

Su inscripción en el programa de Incapacitados que Trabajan un 250 Por Ciento se discontinuará, a partir del último día de _____.

Si usted tiene alguna pregunta sobre los pagos de sus primas, puede llamar a la Sección de Responsabilidad de Pago de Terceros, del Departamento de Servicios de Salud, al (916) 324-4162.

Si usted reúne los requisitos del programa de Medicare, esto significa que _____ es el último (mes)

mes en que el estado pagará la prima de la cobertura de seguro suplementaria de la Parte B de Medicare. Usted recibirá una notificación por escrito de la Administración del Seguro Social, o si tiene alguna pregunta sobre su situación en lo que respecta a Medicare, puede llamar a la oficina del Seguro Social del distrito.

Esta acción de discontinuación no afecta su elegibilidad para ningún otro programa de Medi-Cal. Usted recibirá otra notificación del Departamento de Servicios Sociales de su condado, con respecto a cualquier otra cobertura de Medi-Cal para la que posiblemente usted reúna los requisitos. Si tiene alguna pregunta sobre dicha elegibilidad, por favor escriba o llame por teléfono al/a la trabajador(a) de elegibilidad de su condado.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO. Usted puede utilizarla de nuevo, si en el futuro vuelve a reunir los requisitos para el programa de Medi-Cal.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MC 338 F (SP) (1/01)

SECTION NO.:

MANUAL LETTER NO.: 257

DATE: 01/04/02

5R-24

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

250 PERCENT WORKING DISABLED PROGRAM PREMIUM PAYMENT INFORMATION

There are two steps for coverage under the 250 Percent Working Disabled program. First, you must meet the eligibility requirements, such as California residency and the income and property tests. Second, after you are determined eligible, you must pay a monthly premium payment amount to be *enrolled* so that this program can cover services. This program requires the payment of premiums just like an insurance program, even if there are no services expected to be received in a month.

Eligible couples pay a combined monthly premium to be enrolled. If a couple is enrolled, all payments are applied to each one. The payment cannot be designated for one individual.

Payments received by the Department of Health Services are to be applied to the oldest month with an unpaid balance.

The County Department of Social Services (CDSS) determines eligibility and the amount of the premium. If you are eligible, the CDSS reports this information to the California Department of Health Services (DHS). DHS will be the agency that sends the invoices (bills) to you.

Enrollment in the 250 Percent Working Disabled program does not preclude individuals from Personal Care Services program eligibility.

Here are the rules for enrolling and for staying enrolled.

Enrollment

1. **New Coverage for Current Month:** When the county reports new eligibility and the premium amount for the current month to DHS, DHS will send the newly eligible individual an invoice listing the premium amount due, along with a color-coded, preaddressed, postage-paid envelope to return the premium and invoice to DHS. A new applicant must pay the premium for the current month before he/she can be enrolled for current and future coverage. Eligible couples will have a combined premium which must be met in full before either individual is enrolled.

If a new applicant does not pay the current premium within two months, he/she will be discontinued from this program and no additional invoices will be sent to him/her. DHS will send the individual a notice of action and will alert the county to the discontinuance.

2. **Retroactive Coverage:** An individual may request an eligibility determination from the county for any or all of the three months prior to the month of application. These months are called retroactive months. If an individual is determined eligible for any or all of those months, the county will report eligibility and premium amounts to DHS. DHS will send the eligible individual an invoice listing the premium amounts and a preaddressed, color-coded, postage-paid envelope.

When the individual receives the retroactive invoice, he/she can then decide whether to submit the premium(s). If the individual wants to be enrolled for coverage in any of those retroactive months, he/she first must pay the premium for each such month.

Nonpayment of these premiums does not affect enrollment for current or future months.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

3. **History Months:** There will be instances where eligibility cannot be determined immediately by the county during the month of application, (e.g., when a disability determination is being conducted). The months between the month of application and the month in which the county approves the case are referred to as history months. Once the county completes the eligibility determination, the county will report to DHS the history months in which there is eligibility and the amount of the premiums for these months. DHS will send the individual an invoice with the premium amounts for the history months along with a preaddressed, color-coded, postage-paid envelope.

If the individual wants to be enrolled for coverage in any or all of those history months, he/she first must pay the premium for each such month. When the individual receives the net history months invoice, he/she can then decide whether to submit the premium(s). Nonpayment of these premiums does not affect enrollment for current or future months.

Payment Information

4. When making a payment, it is very important that you:
- Put your name, address, and Client Index number (which is found on the invoice) on your check or money order so DHS can immediately credit it to your account; *and*
 - Attach the invoice to the payment and return BOTH the payment and the invoice in the color-coded envelope to DHS.

This will ensure expedited processing of your premium payment.

Please do not send your payment in cash.

5. Payments will be due by the fifth of the next month.
6. There will be a \$25 charge if a check is returned for such reasons as insufficient funds in the individual's checking account.
7. A beneficiary will be discontinued from this program for failure to pay full premiums for two months. If you are discontinued, your CDSS will evaluate you for other Medi-Cal programs.
8. If a beneficiary is discontinued for failure to pay full premiums for two months, the following occurs:
- The individual will be treated as a new applicant if he/she wants to reenroll and must contact the county for this to occur. The county will have to redetermine/reestablish eligibility and report to DHS.
 - He/she will have a six-month penalty period as follows:
 - If the individual wants to reenroll during the six-month penalty period, he/she will have to pay the premium for the first month of current coverage, the past due premiums for the two months when full premiums were not paid.
 - If the beneficiary wants to reenroll after the six-month penalty period, he/she will have to pay the premium for the first month of current coverage.

Individuals with questions about their eligibility or the amount of their premium should call their county eligibility worker. Questions about the payments that have been made should be directed to the DHS Premium Collection Unit at (916) 322-0019.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION APPLICATION FOR RETROACTIVE ELIGIBILITY FOR THE 250 PERCENT WORKING DISABLED PROGRAM

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

This affects: _____

(names)

We have reviewed all information available to us about your circumstances and find that effective for the month(s) of _____, you meet the basic eligibility requirements for retroactive coverage under the 250 Percent Working Disabled program. You are responsible for making premium payments for each month in which you want to be enrolled for retroactive coverage.

The amount of your monthly premium for _____ is \$ _____.

The amount of your monthly premium for _____ is \$ _____.

The amount of your monthly premium for _____ is \$ _____.

This is based on your net nonexempt income of \$ _____. We have not counted your disability income in making this determination.

You will receive an invoice for these months from the Department of Health Services (DHS) with a pre-addressed, color-coded, postage-paid envelope for you to use in returning your premium payment to DHS.

You may choose to be enrolled for any or all of these retroactive months. You must indicate which month(s) you wish to be enrolled in and pay that month's premium before you are covered for that month(s).

PLEASE ATTACH THE INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.

Take your plastic card to each medical provider where you received services in the above month(s). If you have paid your premium(s) for these retroactive months, your plastic card will show your provider that you are enrolled.

This action does not affect your application for current and ongoing Medi-Cal. If you have any questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone us at _____.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 H (1/01)

SECTION NO.:

MANUAL LETTER NO.:257

DATE: 01/04/02

5R-27

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL SOLICITUD PARA LA ELEGIBILIDAD RETROACTIVA PARA EL PROGRAMA DE INCAPACITADOS QUE TRABAJAN UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Esto afecta a: _____

(nombres)

Hemos evaluado toda la información a nuestra disposición acerca de sus circunstancias, y hemos determinado que a partir del/de los mes(es) de _____, usted reúne los requisitos básicos de elegibilidad para cobertura retroactiva bajo el programa de Incapacitados que Trabajan un 250 Por Ciento (*250 Percent Working Disabled program*). Usted es responsable de hacer los pagos de las primas de cada mes durante el cual usted desea estar inscrito(a) para cobertura retroactiva.

La cantidad de su prima mensual para _____ es de \$ _____.

La cantidad de su prima mensual para _____ es de \$ _____.

La cantidad de su prima mensual para _____ es de \$ _____.

Esto se basa en sus ingresos netos no exentos de \$ _____. Al tomar esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

Usted recibirá una factura del Departamento de Servicios de Salud de California (*California Department of Health Services—DHS*) con un sobre de un color clave, rotulado previamente y con franqueo pagado, para que lo utilice al enviar su pago al DHS.

Usted puede elegir estar inscrito(a) para cualquier o todos estos meses retroactivos. Usted tiene que indicar qué mes(es) desea estar inscrito(a), y pagar la prima de ese mes, antes de que esté cubierto(a) para ese(os) mes(es).

POR FAVOR, ADJUNTE LA FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.

Lleve su tarjeta de plástico a cada proveedor médico de donde recibió servicios en el/los mes(es) indicado(s) anteriormente. Si usted ha pagado su(s) prima(s) por estos meses retroactivos, su tarjeta de plástico le demostrará a su proveedor que usted está inscrito(a).

Esta acción no afecta su solicitud para recibir beneficios actuales o continuos de Medi-Cal. Si usted tiene alguna pregunta sobre esta acción, o si hay más información sobre sus condiciones, que usted no nos ha reportado, por favor escríbanos o llámenos al _____.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MC 338 H (SP) (1/01)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Human Services Agency

Department of Health Services

PREMIUM DIFFERENTIAL WORK SHEET IN THE 250 PERCENT WORKING DISABLED PROGRAM

Case name	Case number
Applicant(s) name(s)	

This form is used to determine the impact of spousal or parental deeming on the premium being charged a 250 Percent Working Disabled (WD) beneficiary. Any increase in premium due to such deeming is an income deduction against the income of the spouse or parent(s) in computing their eligibility or share-of-cost in other Medi-Cal programs.

This determination is not completed if there is no spousal or parental deeming. NOTE: Parental deeming stops in the month after a child turns age 18.

I. Premium Based on Spousal or Parental Deeming

If the 250 Percent beneficiary is an adult, complete the MC 338 with spousal deeming. If the beneficiary is a child under age 18 or in the month of his/her 18th birthday, complete the MC 338 B with parental deeming.

1. Enter total countable income from Section I, line 20 of the MC 338 or Section III, line 13 of the MC 338 B. _____
2. Enter the amount of the premium based on income on line 1. _____

II. Premium Without Spousal or Parental Deeming

Complete the following for only the beneficiary:

3. Enter amount of retirement and survivors social security. Do not include any disability income. _____
4. Enter any other unearned income, including net income from property. _____
5. Add lines 3 and 4. _____
6. Subtract the \$20 any income deduction to get *net nonexempt unearned income*. (-\$20) _____
7. Enter gross earned income. _____
8. Subtract \$ _____ of IRWE. _____
9. Add \$65 and \$ _____ of any unused portion of the any income allocation and enter. _____
10. Subtract line 9 from line 8. Enter zero (0) if a minus. _____
11. Divide line 10 by 2 to get *net nonexempt earned income*. _____
12. Add amount from line 6 to get *total net nonexempt income*. _____
13. Enter premium amount based on line 12. _____

Premium Differential

Subtract line 13 from line 2. Enter zero (0) if a minus. _____

This is the amount of the income deduction to be applied against the income of the deemor(s).

MC 338 J (1/01) (250% WD Program Premium Differential)

