(1) Amend Section 50035.5 to read:

Section 50035.5. County Cash-Based Medi-Cal Eligibility.

County cash-based Medi-Cal eligibility means eligibility for Medi-Cal benefits which is based upon a county department determination of eligibility for a cash grant ~~or IHSS~~.

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14005.1 and 14050.1 Welfare and Institutions Code.

(2) Amend Section 50145 to read:

Section 50145. Medi-Cal Application for Persons Applying for a Cash Grant ~~or In Home Supportive Services~~.

(a) A person or family applying and approved for any public assistance program as specified in Section 50227 ~~or In-Home Supportive Services~~ shall not be required to submit a separate application for Medi-Cal. Medi-Cal eligibility is established automatically.

(b) A person or family specified in (a) may also apply for retroactive Medi-Cal in accordance with Section 50148.

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections ~~12305, 12305.5,~~ 14005.1, 14019, and 14050.1 ~~and 14051.5,~~ Welfare and Institutions Code.

(3) Amend Section 50179.5 to read:

Section 50179.5. Notice of Action—County Cash Assistance Determinations or Redeterminations Which Affect County Cash-Based Medi-Cal Eligibility.

(a) Persons who are granted, denied or discontinued from county cash-based programs shall be notified by the county department, in writing, of their eligibility or ineligibility for county cash-based Medi-Cal. Additionally, persons who are discontinued shall be notified of their continued Medi-Cal eligibility status in accordance with (c).

(b) The form of notification shall be one of the following:

(1) The appropriate Notice of Action prescribed by the Department of Social Services, if the notification regarding Medi-Cal eligibility does not affect the adequacy of timeliness of the cash assistance ~~or IHSS notice~~.

(2) A Medi-Cal Notice of Action, if the notification regarding Medi-Cal eligibility would affect the adequacy of timeliness of the cash assistance ~~or IHSS notice~~.

(c) A Notice of Action of discontinuance of county cash-based Medi-Cal shall include notice that one of the following actions has been taken:

(1) A referral for determination of Medi-Cal eligibility under another program is being made and notification of that determination will follow.

(2) A Medi-Cal-only determination has been made and the specific results of that determination.

(3) County cash-based Medi-Cal is being discontinued for one of the reasons stated in Section 50183 and a determination of Medi-Cal-only eligibility will require a separate application.

(4) A cash grant ~~or IHSS~~ is being discontinued due to failure of the recipient to submit data on current status, via Monthly AFDC Eligibility and Income Report form or another approved method. An automatic reevaluation of Medi-Cal eligibility under any program will be done only if the data is provided by the effective date of the notice.

(5) Additional information is required to permit completion of a Medi-Cal-only determination. The information required may include the person's wishes concerning continued Medi-Cal eligibility. The county department may require that the person provide the information by a specific date.

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 11004, Welfare and Institutions Code.

(4) Amend Section 50183 to read:

Section 50183. Transfer Between Programs.

(a) A person or family who has been receiving Medi-Cal under any program other than SSI/SSP and whose eligibility is discontinued shall be evaluated by the county department to determine if Medi-Cal eligibility exists under any other program. If it appears that eligibility would exist for:

(1) AFDC, regulations pertaining to the appropriate AFDC program shall be followed in transferring the case and establishing eligibility.

(2) SSI/SSP, the person shall be referred to the Social Security Administration. This referral shall be documented in the case file. Pending the SSI/SSP determination, the county department shall determine eligibility under any other program for which the person may be eligible.

(3) Only Medi-Cal-only, the county department shall initiate an intraprogram status change or interprogram transfer to the appropriate aid category and shall determine eligibility under that aid category. A new application form is not required.

(b) The county shall not be required to evaluate Medi-Cal eligibility under another program when a beneficiary has:

(1) Been discontinued due to any of the following:

(A) A move out of state.

(B) A move with loss of contact.

(C) Death.

(2) Established Medi-Cal eligibility simultaneously in two or more different counties or under two or more different programs or identities, and eligibility was discontinued in all but one county or under all but one program or identity.

(3) Been discontinued from the program due to noncooperation in supplying information needed to meet cash grant ~~or IHSS~~ eligibility requirements, and those same requirements exist for all Medi-Cal-only programs for which the person may be eligible.

(c) Persons whose SSI/SSP eligibility has been discontinued may apply for Medi-Cal at the county department.

(1) A new application shall be completed, unless the family of the person discontinued from SSI/SSP is currently receiving Medi-Cal. In this case, the request for aid shall then be treated as a request to add a family member to the Medi-Cal case.

(2) The date of the application shall be the date the completed application form is received by the county department.

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725 and 14124.5, Welfare of Institutions Code. Reference: Sections 14005 and 14016, Welfare and Institutions Code.

(5) Repeal Section 50245:

Section 50245. In-Home Supportive Services (IHSS).

~~(a) A person shall be eligible under the In-Home Supportive Services (IHSS) category if the person is receiving IHSS as defined in the social services regulations of the Department of Social Services and all of the requirements in either (1) or (2) are met:~~

~~(1) The person:~~

~~(A) Is eligible for SSI/SSP but does not wish to apply or would be eligible for SSI/SSP except that the person's income is in excess of the SSI/SSP payment level.~~

~~(B) Is paying all of his or her net non-exempt income in excess of the SSI/SSP payment level toward the cost of IHSS.~~

~~(2) The person:~~

~~(A) Was once determined to be disabled in accordance with Section 1614, Part A,~~

~~Title XVI, Social Security Act.~~

~~(B) Was eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations.~~

~~(C) Continues to suffer from the physical or mental impairments which were the basis of the disability determination.~~

~~(D) Has been determined by the county social services staff to require assistance in one or more of the areas specified under the definition of severely impaired in the social services regulations of the Department of Social Services.~~

~~(E) Is paying all of his or her net non-exempt income in excess of the SSI/SSP payment level toward the cost of IHSS.~~

~~(b) The provisions of this regulation shall also apply to eligibility determinations or redeterminations made retroactively to January 1, 1979.~~

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 12305, 12305.5, Welfare and Institutions Code.

(6) Amend Section 53845 to read:

Section 53845. Enrollment Criteria.

(a) Enrollment in plans shall be mandatory for eligible beneficiaries who meet all of the following criteria:

(1) Are eligible to receive Medi-Cal services that are not limited in scope;

(2) Have been determined to have a share of cost equal to zero;

(3) Do not meet the criteria for exemption from plan enrollment, specified in section 53887;

(4) Have been determined by their county welfare department to be eligible for one of the following programs:

(A) The section 1931(b) Program, which consists of the services described in Welfare and Institutions Code section 14005.30, including persons whose Medi-Cal eligibility is based upon their receipt of benefits under the California Work Opportunity and Responsibility to Kids (CalWORKS) Program.

(B) The Medically Indigent program for children under age 21, as specified in section 50251(a).

(C) The Medically Needy Program for families and caretaker relatives, specified in sections 50203(a)(2) and (3).

(D) The Other Public Assistance Program as specified in section 50237~~, but excluding those in the In-Home Supportive Services category, section 50245~~.

(E) The Special Zero Share of Cost Program for infants, as specified in section 50262; for children of age one to age six, as specified in section 50262.5; and for children of age six to age nineteen, as specified in section 50262.6.

(F) The Transitional Medi-Cal Program as established in accordance with Section 1931 of the federal Social Security Act (Title 42, United States Code, section 1396u-1) and described in Welfare and Institutions Code sections 14005.8 and 14005.81.

(b) Enrollment in a plan shall be voluntary for eligible beneficiaries who meet all of the following criteria:

(1) Are eligible to receive Medi-Cal services that are not limited in scope;

(2) Have been determined to have a share of cost equal to zero; and

(3) Have been determined by their county welfare department to be eligible for one of the following programs:

(A) The federal Supplemental Security Income for the Aged, Blind, and Disabled Program (Title 42, United States Code, section 1382 et seq.) or who are deemed by the county welfare department to be Supplemental Security Income recipients in accordance with section 4913 of the federal Balanced Budget Act of 1997.

(B) The Medically Indigent Program for pregnant women, as specified in section 50251(b)(3).

(C) Foster Care Program as described in Article 5 (commencing with section 11400) Chapter 2, Part 3, Division 9 of the Welfare and Institutions Code.

(D) Adoption Assistance Program as described in Chapter 2.1 (commencing with section 16115) Part 4, Division 9 of the Welfare and Institutions Code.

(E) The Medically Needy Program for aged, blind and disabled beneficiaries, specified in section 50203(a)(1).

(F) The receipt of health care services through an Indian Health Service facility as defined in section 55100(j).

(G) The In-Home Supportive Services ~~category, as specified in section 50245~~ program.

(c) Children receiving services under either the Foster Care or Adoptions Assistance Programs may be enrolled voluntarily if:

(1) The county Director of Social Services, or his or her delegated representative, determines that it is in the best interest of the child;

(2) The child's caretaker agrees to the enrollment; or

(3) The probation officer in the case of a foster child who is a ward of the court approves the enrollment.

(d) Where the department determines that it is feasible, and the conditions of subsection (c) are met, a child receiving services under the Foster Care or Adoptions Assistance Programs who physically resides in a designated region, but whose county of residence for the purpose of determining eligibility for the Medi-Cal program is part of another designated or nondesignated region, may be permitted to enroll in either of the two plans in the designated region in which the child physically resides.

(e) Beneficiaries enrolled in one of the following form of other health coverage shall not be enrolled in a Medi-Cal managed care plan:

(1) Medicare HMO,

(2) CHAMPUS Prime HMO,

(3) Kaiser HMO or

(4) Any other HMO or prepaid health plan in which the enrollee is limited to a prescribed panel of providers for comprehensive services.

(f) Beneficiaries with other coverage in an HMO, as specified in (e)(1), (3) or (4) above, may be enrolled in the Medi-Cal plan, as specified in section 53889, if:

(1) The Medi-Cal plan in which the eligible beneficiary is enrolling is the same as the HMO in which the beneficiary is enrolled, and

(2) Such enrollment is allowed in the contract between the plan and the department.

NOTE: Authority cited: Section 20, Health and Safety Code; and Sections 10725, 14105 and 14124.5, Welfare and Institutions Code. Reference: Sections 14087.3 and 14087.4, Welfare and Institutions Code.