ENHANCED FUNDING FOR THE PROPERTY DISREGARD PORTION OF THE PERCENT PROGRAMS

Ref.: All County Welfare Directors Letters No. 98-16 and 98-39

The purpose of this letter is to inform counties that cases that contain children/persons in the 100 and 133 Percent programs which have or appear to have excess property are to be reported to the Medi-Cal Eligibility Data System on December 1, 1998. Counties were previously asked to begin flagging those cases on July 10, 1998 (E-Mail No. 98096).

The Department of Health Services will claim enhanced federal funding for the expansion of the property disregard program. These aid codes are:

- 8N 133 Percent program children with excess property - emergency benefits only
- 8P 133 Percent program children with excess property - full-scope benefits
- 8T 100 Percent program children with excess property - emergency/pregnancy only
- 8R 100 Percent program children with excess property - full-scope benefits

These aid codes will be used for children in the 100 and 133 Percent programs when the county has determined that the child or the family has excess property because:

- The county has determined that the child would have been denied or discontinued due to excess property, or
- Either of the questions in the box at the bottom of Page 20 of the mail-in application (a copy of which is enclosed) “Do you have more than one car?”, or “Do you have more than $3,150 cash in bank accounts?” have been positively responded to.

These aid codes will have similar edits and messages as used for the 133 Percent aid codes (72 and 74) and the 100 Percent aid codes (7A and 7C).

Counties must identify and track all aliens who receive benefits under any of these new aid codes (see ACWDL 97-42).

We are not requiring counties to identify pregnant women or infants with excess property or who may have excess property since enhanced funding is not available for these persons.
All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors
Page 2

If you have any further questions, please contact Ms. Marge Buzdas of my staff at (916) 657-0726.

Sincerely,

Enclosure

ORIGINAL SIGNED BY

Glenda Arellano
Angeline Mrva, Chief
Medi-Cal Eligibility Branch
Your answers will not affect your eligibility.

Answers to the questions in this box will give us information that will make it possible for the Federal Government to help California pay for its health care programs.

Do you have more than 3,150 cash in bank accounts?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Do you have more than one car?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

See page 27 for acceptable examples of verification and mailing instructions.

You must send additional forms and copies of proof with your Medical Application.

Date

SECTION 5: SIGNATURES

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

Signature of Applicant

Date

SECTION 4: Certification of Applicant—Applicant Must Read and Initial Each Statement (continued)