

DEPARTMENT OF HEALTH SERVICES

714/744 P Street
 P.O. Box 942732
 Sacramento, CA 94234-7320
 (916) 657-2941



June 3, 1996

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO: 160

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

Enclosed is Article 5P of the Medi-Cal Eligibility Procedures Manual.

All County Welfare Directors Letter (ACWDL) 96-02 which is superceded by these procedures has incorrect information on the following items:

Data Systems Branch has informed us that the Identification of the Suspended Drug Addiction and Alcoholism (DA&A) person's eligibility status code has been changed to "____ 71," rather than "____ 76 " as stated in the above letter.

In addition the status code T31 and (R) on the SDX (QX) screen for the terminated person who was in aid code 60 will now be T31 and (P) on the SDX (QX) screen.

<u>Procedures</u>	<u>Description</u>
Article 5P	Medi-Cal Drug Addiction And Alcoholism (DA&A) Program
<u>Filling Instructions:</u>	
<u>Remove Pages</u>	<u>Insert Pages</u>
Procedures Table of Contents Page PTC-6	Procedures Table of Contents Page PTC-6
Article 5 Table of Contents Pages TC - 7 and TC-8	Article 5 Table of Contents Pages TC -7 through TC -9
None to Remove	5P-1 through 5P-23

If you have any questions on this issue, please call Mary Maestas-Sandoval of my staff at (916) 657-1248.

Sincerely,

Original signed by

Tom Welch for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL ELIGIBILITY MANUAL

Article 5 -- MEDI-CAL PROGRAMS

- 5A -- AID CODES
- 5B -- FOUR- MONTH AND NINE-MONTH CONTINUING ELIGIBILITY
- 5C -- DEPRIVATION--LINKAGE TO AID TO FAMILIES WITH
DEPENDENT CHILDREN (AFDC)
- 5D -- MEDI-CAL ELIGIBILITY FOR NONFEDERAL AFDC CASH
ASSISTANCE RECIPIENTS
- 5E -- RAMOS V. MYERS PROCEDURES
- 5F -- ASSET WAIVER PROVISION PROCEDURES
- 5G -- 60-DAY POSTPARTUM PROGRAM PROCEDURES
- 5H -- CONTINUED ELIGIBILITY (CE) PROGRAM PROCEDURES
- 5I -- QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI)
PROGRAM
- 5J -- SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB)
PROGRAM
- 5K -- MEDI-CAL PERCENT PROGRAMS FOR WOMEN, INFANTS, AND
CHILDREN
- 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

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- 5M – PRESUMPTIVE ELIGIBILITY (PE) PROGRAM
- A. Background
 - B. Criteria for Determining PE
 - C. Qualified Providers
 - D. PE Application Process; Qualified Provider Responsibilities
 - E. Minor Consent Eligibles
 - F. Department Responsibilities
 - G. County Responsibilities
 - H. PE Termination
 - I. Aid Codes
 - J. MEDS Interface
 - K. Medi-Cal Determination Process for PE Participants
 - L. MEDS Alerts
 - M. Language for PE Notices
- 5N – TUBERCULOSIS (TB) PROGRAM
- A. BACKGROUND
 - B. OVERVIEW OF PROCESS
 - C. AID CODE
 - D. OVERVIEW OF ELIGIBILITY REQUIREMENTS
 - E. DETAILS OF ELIGIBILITY REQUIREMENTS
 - F. SCOPE OF BENEFITS-LIMITED TO TB-RELATED SERVICES
 - G. MEDI-CAL PROVIDER RESPONSIBILITIES
 - H. COUNTY RESPONSIBILITIES
 - I. NOTICE OF ACTION (NOA)
 - J. RETROACTIVE BENEFITS
 - K. PLASTIC BENEFITS IDENTIFICATION CARD (BIC)

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- L. EXAMPLES-TREATMENT OF INCOME AND PROPERTY
- M. MEDI-CAL TUBERCULOSIS (TB) PROGRAM QUESTIONS AND ANSWERS
- N. FORMS
 - I. MC 274 TB MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION
 - II. MC 275 TB DENIAL NOTICE OF ACTION (English and Spanish)
 - III. MC 276 TB DISCONTINUANCE OF NOTICE OF ACTION (English and Spanish)
 - IV. MC 277 TB APPROVAL OF BENEFITS NOTICE OF ACTION (English and Spanish)
 - V. MC 278 TB TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET-ADULT
 - VI. MC 279 TB TUBERCULOSIS (TB) PROPERTY WORKSHEET-CHILD
 - VII. MC 280 TB TUBERCULOSIS (TB) PROGRAM ELIGIBLES-(FINANCIAL ELIGIBILITY WORKSHEET-ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENTS)
 - VIII. MC 282 TB TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORKSHEET

50 --

NOT IN USE PRESENTLY

MEDI-CAL ELIGIBILITY MANUAL - PROCEDURES SECTION

- 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

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

5P-DRUG ADDICTION AND ALCOHOLISM PROGRAM

I. BACKGROUND

The Social Security Independence and Program Improvement Act of 1994 (Public Law 103-296) affects person receiving disability benefits due to Drug Addiction and Alcoholism (DA&A) effective March 1, 1995. A diagnosis of DA&A means that drug addiction or alcoholism is a contributing factor material to the finding of disability and that the individual would not be found disabled if the person discontinued using drugs or alcohol. The intent of these provisions is to establish barriers to using cash benefits to support an addiction.

Some of the major DA&A provisions are:

- Payments will usually be made to a preferred type of representative payee.
- The recipient must undergo and make progress in treatment, when available, at approved facilities.
- Payments will be suspended for a minimum of two months, three months, and six months respectively, for the first, second, and third or subsequent instances of noncompliance. The period of suspension continues even if the person becomes compliant during that time. A person who complies but still has suspended payment is referred to as a sanctioned person. Under federal law, Medicare and Medicaid based on SSI eligibility continue for DA&A persons if they continue to be disabled due to drug addiction or alcoholism and they would be eligible for SSI had they not been suspended or sanctioned. Non-SSI Medicaid may be provided if they state that they continue to be disabled (including continued substance addiction) and they meet all other Medicaid requirements.
- Payments will be terminated for noncompliance after 12 consecutive months of suspension for noncompliance. Medicaid may be provided to these DA&A persons if they are determined disabled and they meet all other Medicaid requirements. Medicare will cease.
- Payments will be terminated after 36 months of payment. Suspended or sanctioned months are not counted towards the 36-month limit. Months for which appropriate treatment is not available are not counted for persons receiving Social Security Disability Insurance (SSDI) but are counted for those receiving SSI. Medicaid and Medicare will continue beyond the 36-month limit for those entitled as long as the individual remains disabled, is otherwise eligible, and was not terminated for noncompliance with treatment.
- Retroactive one-time payments of past-due benefits must be paid in installments unless there is a high risk of homelessness.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

II. SUSPENDED DA&A PERSONS

A. Identification of Suspended DA&A Persons

These individuals are considered SSI recipients even though their SSI payments are suspended. They may go back to pay status depending on whether they comply with treatment. Persons in suspended payment status can be identified on the State Data Exchange (SDX) screen of MEDS with a payment status code of N10 (noncompliance with treatment requirements for substance addiction) or N11 (compliant with treatment, but must finish serving sanction months) and will have the letter "P" in the Medicaid eligibility code field on the SDX (QX) screen.

The Data Systems Branch identifies these persons on MEDS with an eligibility status code of "__71," i.e., a "7" in the second digit and a "1" in the third digit. Counties will then be able to control the record and make major changes, if required.

B. Notices for and Listings of Suspended DA&A Individuals

The SSI program's notice of planned action to suspended DA&A persons' SSI grants informs them to contact their county welfare department to report any changes which may impact their Medi-Cal eligibility.

The Department of Health Services' Data Systems Branch will be automatically sending out a notice to all these newly suspended DA&A persons. See Section VII for a copy of Notice Type 20. This notice will inform the person to contact their local county welfare department when there is a change in their income, property, or living conditions, and to contact the Social Security Administration office when there is a change in their disability. Such a change may impact their Medi-Cal eligibility which is currently based on receipt of SSI. A list of these suspended persons will also be provided to the county.

C. County Responsibilities

According to federal law, these suspended individuals remain SSI recipients and are entitled to zero share-of-cost (SOC) Medi-Cal unless there is a change which would impact such eligibility. Therefore, when a change is reported, the county must redetermine SSI property and income eligibility. The suspended DA&A recipient must complete the MC 210 and provide appropriate verification.

If the individual does not meet SSI income and property requirements, he/she must be reevaluated under Medi-Cal-only rules to determine whether he/she would be eligible for Medi-Cal with or without a SOC.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

According to the SSA, there should not be any children under the age of 18 years who are suspended DA&A recipients. Generally, any individual 18 years or older is considered an adult for SSI purposes. If the county becomes aware of a suspended DA&A who is under age 18, please inform the DA&A analyst in the Medi-Cal Eligibility Branch.

D. Determination of Eligibility

The following describes how to determine whether a suspended DA&A recipient remains SSI eligible.

1. **Property Methodology**

(a). SSI Property Limits

The resource limit for a single person is \$2,000. The resource limit is \$3,000 for a married couple. The resource limits do not increase even if the suspended DA&A recipient and/or his/her spouse have children living in the home.

(b). Determination of Net Nonexempt Property

Resources are determined according to Article 9, Title 22.

(c). Property Eligibility

Compare the suspended DA&A recipient's net nonexempt property to the appropriate SSI property limit. If the net nonexempt property exceeds the limit, the person is ineligible for the SSI program. Eligibility should then be determined using Medi-Cal rules.

2. **Income Methodology**

(a). SSI/SSP Income Standards

These standards vary according to the living arrangement of the individual. These standards are distributed to the counties each year, usually in January, as part of the updating of the Pickle (Lynch v. Rank) handbook. This chart is found on page 16-1 of the Pickle handbook.

(b). Determination of Net Nonexempt Income

Net nonexempt income is determined according to Article 10, Title 22. The suspended DA&A recipient is a disabled person when determining deductions and exemptions.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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

Note: The term "SSI recipient" includes an individual who is a suspended DA&A recipient who still is in aid code 60, i.e., he/she has not reported any changes to the county which impacts his/her SSI eligibility.

Exception 1: Parental Allocation to Ineligible Children

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

- a. Who may have this allocation:
 - (i) A spouse (referred to as the ineligible spouse) who is not an SSI recipient, before his/her income is used for determining the SSI income eligibility of the other spouse.
- b. Which child the parental allocation is for:

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

- c. How to determine the amount of the parental allocation:
 - (i) Determine the standard allocation: This amount is the difference between the federal benefit rate (FBR) for a couple and the FBR for an individual. This amount will be provided to counties annually, most likely in January.
 - (ii) Subtract each ineligible child's own income from the standard allocation, but allow the following student deduction if appropriate.

Student deduction: Each ineligible child is allowed a student deduction for earned income of up to \$400 per month, but not to exceed \$1,620 per year, if the ineligible child is regularly attending a school, college, university or course of vocational training to prepare him/her for gainful employment.

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

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

- (iv) Total each ineligible child's parental allocation. The total is the actual parental allocation.
- (v) This allocation is applied first to the ineligible spouse's/parent's unearned income and then to his/her earned income.

Exception 2: Non-Deeming By the Ineligible Spouse:

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

Income Eligibility

Compare the suspended DA&A recipient's net nonexempt income to the appropriate SSI payment level standard. If net nonexempt income exceeds the applicable standard, the person is ineligible for the SSI program. Eligibility should then be determined using Medi-Cal rules.

E. Aid Codes for Eligible Individuals

If the suspended DA&A recipient remains eligible for SSI after the above SSI determination, he/she should remain in aid code 60 and continue to be treated as a PA recipient for Medi-Cal Family Budget Unit (MFBU) purposes. If he/she is ineligible for SSI but is eligible for a Medi-Cal-only program, he/she should be placed into the appropriate aid code such as 64 (disabled) if there is no share of cost, or 67 if there is a SOC. Regular MFBU rules for non-PA persons would then apply. The MC 309 DA&A Notice of Action (see section VII for a copy of this form) may be used in either case.

F. Examples:

Example 1:

Mr. Smith contacts the county on July 15 to tell them that his monthly income will increase from \$500 unearned income to \$1,385 gross income (\$485 earned and \$900 unearned). According to MEDS, Mr. Smith has been in aid code 60 with an eligibility status code (ESC) of _76 since April. He is therefore a suspended/sanctioned DA&A recipient. He lives alone in an independent living arrangement. He has no property. The county provides him with an MC 210 and other forms used during a redetermination.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The county will first apply SSI rules. Since he has no property, he meets SSI property requirements. The county will then apply SSI income rules.

a. SSI Income Determination:

\$ 900	unearned income
- 20	any income deduction
\$ 880	net nonexempt unearned income
\$ 485	gross earnings
- 65	\$65 earned income deduction
- 210	1/2 of remainder earned income deduction
\$ 210	net nonexempt unearned income
\$ 1,090	Total net nonexempt income (\$880 + 210)

Assume the SSI/SSP payment level is \$614.40.

Mr. Smith is income ineligible for SSI. The county will inform SSA of Mr. Smith's increase in income and then determine his eligibility for Medi-Cal only.

b. Medi-Cal Only Determination:

Assume Mr. Smith is property eligible.

Medi-Cal Share of Cost Determination

\$ 900	unearned income
- 20	any income deduction
\$ 880	net nonexempt unearned income
\$ 485	gross earnings
- 65	\$65 earned income deduction
- 210	1/2 of remainder earned income deduction
\$ 210	net nonexempt income
\$ 1,090	Total net nonexempt income (880 + 210)

Medi-Cal maintenance need income level (MNIL): \$600

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Mr. Smith has a share of cost of \$490 and the county puts him in aid code 67 with a \$490 share of cost.

Example 2:

Mr. Brown contacts the county to tell them he just got married. Based on his current aid code, the county determines he is a suspended/sanctioned DA&A recipient. Mrs. Brown works and earns \$1,655 (gross). Mr. Brown has no income. They have one car and a \$2,500 savings account. There is no other property.

The county will first determine whether Mr. Brown remains SSI eligible.

a. SSI Property Determination:

The car is exempt and the remaining property (savings account) is under the \$3,000 property limit for a couple. Mr. Brown is property eligible.

b. SSI Income Determination:

There are no ineligible children for Mrs. Brown to allocate to. Since Mrs. Brown's income of \$1,655 is greater than the SSI standard allocation (\$229 in 1995), Mrs. Brown's income is deemed.

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

Assume the SSI payment level for this couple is \$1,101.71. Mr. Brown is income eligible. Mr. Brown remains SSI eligible. He remains in aid code 60.

G. Changes Reported By the Beneficiary

Counties are currently able to change an address or make other changes, e.g. name change using the EW 55 transaction. Should the person report changes in family circumstances, income, resources, living circumstances which require the completion of an MC 210 and a face-to-face interview, the county also has the capability to change the current aid code of 60 to a 64, 67, 30, or other appropriate aid code if they do not meet SSI requirements. The changes which affect SSI eligibility should be reported to SSA via the SSA 1610 under Item No. 5 "Remarks" or any form that a county has developed to report such changes. See Section VII for copy of the SSA 1610.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

NOTE: An allegation of another or additional disability also should be reported by counties to SSA via the SSA 1610 so that SSA may change the classification of disability to something other than DA&A if applicable.

H. Pickle Persons

SSA has advised us that a DA&A person who is in SSA's suspended status will not be reported to DHS as a potential Pickle person. That is, even if a DA&A person would have been discontinued from SSI due to the SSA cost of living adjustment (COLA), he/she will not be on the Pickle 503 Leads Report. However, should such a DA&A person be inadvertently reported as a potential Pickle person, he/she should be treated as any other potential Pickle person, including having eligibility established for zero share of cost Medi-Cal under the Pickle program for January and ongoing as appropriate even if the county has previously changed them into another aid code due to increased income.

III. PERSON TERMINATED FROM SSI AFTER 12 MONTHS OF SUSPENSION

Persons who have been suspended or sanctioned SSI payment status for 12 consecutive months will be terminated from SSI by SSA. If the person was in aid code 60, MEDS will show a payment status code of T31 and will usually have a "P" on the SDX (QX) screen. These persons will receive the same "Ramos" notice (Type 7), forms, and instructions as any SSI recipient in this status code who is terminated for "other" reasons. Counties will receive a list of these persons. NOTE: This process is not applicable if the county has previously determined that they were income ineligible for SSI and placed them in aid code 64, 67, or another Medi-Cal Only aid code.

For those terminated SSI person in aid code 60, the county will apply regular "Ramos" procedures specified in Article 5E of the Medi-Cal Eligibility Procedures Manual (MEPM). If application forms are received timely, the county will place these persons in an appropriate aid code such as aid code 64 or 67, if otherwise eligible.

IV. PERSONS TERMINATED AFTER 36 MONTHS OF SSI PAYMENT FOR DA&A

Beginning March 1995, SSA began limiting those persons receiving SSI or SSDI to 36 months of payments for DA&A. Months of suspension will not be counted in the 36 months for either program. Medi-Cal and Medicare will continue for those beneficiaries if their disability continues, even though the SSI and SSDI payments are stopped.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

SSA has not identified the termination status codes for these persons. It is probable that these persons will receive certain "Ramos" notices and forms to complete for continued Medi-Cal. More information will be provided on this group in the future. The earliest date payments can be terminated by SSA under this provision is March 1998 unless Congress amends this provision.

V. CASE COUNT

Counties will receive a new case count for suspended, sanctioned, or terminated persons if the beneficiary indicates a change in circumstances that require a redetermination of eligibility (MC 210) even if there is no aid code change. Counties will not receive a case count for simple changes such as a change of address.

VI. STATE ADMINISTRATIVE HEARING

Applicants shall have the right to a state hearing if dissatisfied with any action of the DHS. In accordance with California Code of Regulations, Title 22, Section 50995, those persons receiving denial notices who desire a fair hearing will be assisted by the county in the process of filing the hearing request, if the individual requests such assistance.

VII. THE FOLLOWING NOTICE AND FORMS ARE CONTAINED IN THIS SECTION:

- | | |
|-------------------|---|
| A. MC 307 | DRUG ADDICTION AND ALCOHOLISM (DA&A)
PROPERTY WORK SHEET ADULT |
| B. MC 308 | DRUG ADDICTION AND ALCOHOLISM (DA&A)
INCOME ELIGIBILITY WORK SHEET |
| C. MC 309 (DA&A) | CONTINUATION OF NOTICE OF ACTION
(English and Spanish) |
| D. MC 310 (DA&A) | DISCONTINUANCE OF NOTICE OF ACTION
(English and Spanish) |
| E. NOTICE TYPE 20 | SUSPENSION OF SSI/SSP;
EXTENDED MEDI-CAL ELIGIBILITY (DA&A) |
| F. NOTICE TYPE 7 | DISCONTINUANCE OF SSI/SSP MEDI-CAL
OTHER |

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM INCOME ELIGIBILITY WORK SHEET (Individual or couple, applicant with an ineligible spouse)

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

Applicant's name _____

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income. \$ _____
2. Allocation for ineligible children (if no children, enter zero in Part 1.2.c.).
Do not include PA- or DA&A-eligible children or children applying for the DA&A program \$ _____

CHILD NO. 1	CHILD NO. 2	CHILD NO. 3	CHILD NO. 4
Name	Name	Name	Name

- a. Standard SSI allocation (couple Federal Benefit Rate (FBR) minus individual FBR) _____
- b. Subtract child's income (evaluate for student deduction) _____
- c. Total allocation _____ + _____ + _____ + _____ = \$ _____
3. Remaining unearned income (subtract line 1.2.c. from 1.1.) \$ _____

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

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

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

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

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

Unearned Income

1. Applicant's gross unearned income. \$ _____
2. Ineligible spouse's unearned income (line I.3.) \$ _____
3. Combined unearned income (add lines IV.1. and IV.2.) \$ + _____
4. Subtract general income exclusion \$ _____
5. Combined countable unearned income \$ -20 _____
Total Unearned

Earned Income

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

PART V. DA&A ELIGIBILITY CALCULATION

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

If line V.2 is less than or equal to V.1., the applicant is DA&A income eligible.

Eligibility worker signature	Worker number	Compassion rate	County use only
------------------------------	---------------	-----------------	-----------------

MC 307 (12/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

INSTRUCTIONS INCOME ELIGIBILITY WORK SHEET MC 307 DA&A (Individual or couple, applicant with an ineligible spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

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

- Line I.1. Enter the ineligible spouse's unearned income.
- Line I.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the DA&A program. On line 2.b., enter any income for each of the children excluding \$400 per month, up to \$1,260 per year of student income. On line 2.c., enter the remainder for each child and total the allocation for each child.
- Line I.3. Subtract line I.2.c. from line I.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1. (Countable unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

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

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines I.3. and II.3. to determine the total income after allocations.

NOTE: If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate (FBR) for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current SSI/SSP payment level for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines I.3. and II.3. in Part IV and the current SSI/SSP payment level for a couple in Part V.

PART IV. COMBINED INCOME

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

PART V. DA&A ELIGIBILITY CALCULATION

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

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

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

DRUG ADDICTION AND ALCOHOLISM (DA&A) PROPERTY WORK SHEET ADULT (18 Years of Age and Older or Married)

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

STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the DA&A applicant (and spouse);
do not consider the property of any other family members in the home.

B. Net nonexempt property of DA&A applicant (and spouse): \$ _____

C. Property limit for one person (or two persons if there is a spouse): \$ _____

D. Is line II.B. less than or equal to line II.C.?

Yes, DA&A property requirement met.

No, ineligible due to excess property.

➤ _____ Eligibility Worker Signature _____ Worker Number

MC 308 (12/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION CONTINUATION OF BENEFITS SUSPENDED SSI RECIPIENT

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

(Name)

Your redetermination for the Medi-Cal Program has been approved. You will continue to receive Medi-Cal services at no share-of-cost.

Carry your Benefits Identification Card (BIC) with you at all times. Present it to your doctor or any other health care provider when you are requesting services.

For additional information, contact your case worker.

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

Eligibility Worker

Phone

Date

MC 309 DA&A (12/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California-Health and Welfare Agency

Department of Health Services

NOTICIA DE ACCION DE MEDI-CAL
CONTINUACION DE BENEFICIOS
EX-RECIPIENTE DE BENEFICIOS DE SSI

(County Stamp)

Apellido: _____

Número: _____

Zona: _____

Esto afecta a: _____

Su solicitud para beneficios de Medi-Cal fue aprobada de nuevo. Usted seguirá recibiendo servicios de Medi-Cal sin parte del costo (share-of-cost).

Siempre tiene que llevar su Tarjeta de Identificación para Beneficios (tarjeta BIC). Preséntela a su doctor o cualquier otro proveedor de cuidados médicos cuando necesite atención médica.

Para más información, póngase en contacto con su trabajador(a) de casos.

Dentro de 10 días, tiene que notificar el condado de cualquier cambio en relación con sus ingresos, sus bienes, u otros datos que nos suministró.

Trabajador(a) de elegibilidad

Teléfono

Fecha

HC 709 DA&A, Sp. 112-95

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DISCONTINUANCE FROM AUTOMATIC SSI CASH-BASED MEDI-CAL

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

(Name)

As of _____ your eligibility for Medi-Cal, including the zero share-of-cost Medi-Cal you received because of your receipt of Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits, is discontinued. This is because your property of _____ is more than the property level of \$2000 for an individual or \$3000 for a couple.

As of _____ your eligibility for the zero share-of-cost Medi-Cal you received because of your receipt of Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits is discontinued because your income is more than the SSI/SSP income level of _____.

HOWEVER, YOU ARE ELIGIBLE FOR MEDI-CAL WITH A SHARE-OF-COST.

You will receive a separate notice of action about your share-of-cost.

Your share-of-cost was computed as follows:

Gross income	\$ _____
Net nonexempt income	\$ _____
Maintenance need	\$ _____
Excess income/share-of-cost	\$ _____

Keep your Benefits Identification Card (BIC). Your card will show your provider the amount of your share-of-cost. This is the amount you must pay or obligate to the provider.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50653 and 50420.

Eligibility Worker

Phone

Date

MC 310 OASA (12/95)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California-Health and Welfare Agency

Department of Health Services

NOTICIA DE ACCION DE MEDI-CAL TERMINACION DE BENEFICIOS AUTOMATICOS DE MEDI-CAL BASADOS EN EL RECIBO DE ASISTENCIA MONETARIA/SSI

[_____]

[_____]

County Stamp

[_____]

Apellido: _____

Número: _____

Zona: _____

Esto afecta a: _____

Empezando el _____, fue cancelada su elegibilidad para los beneficios de Medi-Cal que usted recibía, incluyendo la Parte de Costo de 0 dólares que le había sido otorgada, debido al hecho que también recibía beneficios de Seguridad de Ingreso Suplemental/ Programa Suplementario del Estado (SSI/SSP). Esta decisión fue tomada porque sus bienes de _____ superan el nivel de bienes que está autorizado para una persona sola (\$2,000) o para una pareja (\$3,000).

Empezando el _____, fue cancelada su elegibilidad para la Parte de Costo de 0 dólares que le había sido otorgada, debido al hecho que también recibía beneficios de Seguridad de Ingreso Suplemental/ Programa Suplementario del Estado (SSI/SSP). Esta decisión fue tomada porque sus ingresos superan el nivel permitido para poder ser elegible para beneficios de SSI/SSP.

SIN EMBARGO, ES ELEGIBLE PARA BENEFICIOS DE MEDI-CAL, CON UNA PARTE DEL COSTO.

Recibirá otro noticia respecto a su Parte del Costo.

Así fue calculada su Parte del Costo:

Ingresos Brutos	\$ _____
Ingresos Netos no Exentos	\$ _____
Ingresos Necesarios para Mantenerse	\$ _____
Exceso Ingreso/Parte del Costo	\$ _____

Conserve su Tarjeta de Identificación para Beneficios (tarjeta BIC). Esta tarjeta indicará a su proveedor de cuidados médicos el valor de su Parte del Costo. Es la cantidad que usted debe pagar a su proveedor de cuidados médicos.

La regulación que requiere esta acción se encuentra en el Código de Reguaciones de California, Título 22, Secciones 50653 y 50420.

Trabajadora de Elegibilidad

Numero de teléfono

Fecha

MC 110 DA&A (5a) (12/91)

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 20
NOTICE PREPARATION DATE:
March 21, 1996

MEDI-CAL
NOTICE OF ACTION

SUSPENSION OF SSI/SSP
EXTENDED MEDI-CAL ELIGIBILITY
(Drug Addiction and Alcoholism)

DA00002

PUBLIC JOAN Q
JOAN Q PUBLIC
C/O JOHN Q PUBLIC
9876 MAIN ST
CARMEL CA

Social Security Number:
222-22-2222

Beneficiary ID Number:
27-50-9222222-222

93901

The Social Security Administration (SSA) has informed us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check because you did not comply with your treatment program; however, you will not lose your free Medi-Cal benefits. You will continue to get FREE Medi-Cal unless your income, property, or living conditions change.

If you have changes such as your address, income, property, marital status, etc., please inform the county contact listed below.

Monterey County
Department of Social Services
1000 So. Main Street,
Salinas, CA 93901
408-755-4400

IF YOUR DISABLING CONDITION CHANGES OR YOU NOW HAVE A NEW DISABLING CONDITION, YOU SHOULD ALSO REPORT IT TO YOUR LOCAL SSA OFFICE. IF YOU HAVE NO CHANGES, YOU DO NOT NEED TO CONTACT THE COUNTY.

If you have contacted SSA and have been told that you will once again receive an SSI/SSP check, please disregard this notice.

If you are Medicare eligible, the state will continue to pay your Medicare Part B premiums and Part A and B coinsurance and deductibles. If you are a Qualified Medicare Beneficiary (QMB), the state will also continue to pay your Part A premiums.

DO NOT THROW AWAY YOUR PLASTIC CARD! YOU MAY CONTINUE TO USE IT FOR YOUR MEDI-CAL BENEFITS.

KEEP THIS NOTICE.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 7
NOTICE PREPARATION DATE:
February 6, 1996

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL
OTHER

OT00001

GREENE NATHANIEL M
NATHANIEL M GREENE

Social Security Number:
333-33-3333

20767 COWPENS BLVD
CAMDEN CA

93333

Beneficiary ID Number:
36-10-9333333-333

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because of this, you will not be eligible for an SSI/SSP Medi-Cal card after February 29, 1996.

The regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO RESUME ISSUANCE OF YOUR MEDI-CAL CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR MEDI-CAL CARD BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT AND OBTAIN ANY MEDI-CAL CARDS TO WHICH YOU ARE ENTITLED"

Even though you are no longer eligible for an SSI/SSP Medi-Cal card, you may still be eligible for Medi-Cal benefits under another Medi-Cal category. If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office will advise you regarding how you can get a refund or get the bill paid for by Medi-Cal. IF YOU ARE INTERESTED IN CONTINUING TO RECEIVE MEDI-CAL BENEFITS, COMPLETE THE APPLICATION AND STATEMENT OF FACTS FORMS THAT ARE ATTACHED. Mail them IMMEDIATELY to the county welfare department at the following address:

San Bernardino County
Dept of Public Social Services
Attn: SSI/SSP Disc
Telephone (714) 387-5040
464 North E. Street
San Bernardino, CA 92415

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

The county will contact you to set up an appointment for you to come in for an interview with a county worker. This interview and the completion of the forms are necessary to establish your ongoing Medi-Cal eligibility.

If you do not return the forms and participate in the interview, your Medi-Cal eligibility cannot be determined and your Medi-Cal benefits will end in the month shown above.

If you have questions on how to complete the forms, or if you need help with them, contact the county at the address or phone number listed above.

Keep this letter to show the county welfare department. It will help them to determine your Medi-Cal status.

(05/90)

PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

PROGRAM : XVI017T
REPORT NO: RS-XVI017T-R029

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

RUN DATE: 02/06/96
PAGE: 1

BARBARA BARANSKI
ORANGE COUNTY
SOCIAL SERVICES AGENCY

NOTICES OF DISCONTINUANCE -- SSI/SSP
REGISTER OF DISCONTINUED BENEFICIARIES
*** SUSPENDED DA&A ***
ELIGIBILITY MONTH -- MARCH 1996

SANTA ANA, CA 92701
(714) 541-7736
(714) 541-7811 FAX

BENEFICIARY ID SSN

BENEFICIARY NAME AND ADDRESS

3060911111111111 111-11-1111

JONES JOHN PAUL
JOAN T JONES
JOAN T JONES FOR
10612 BONHOMME RICHARD AVE
INDEPENDENCE CA

COMMENTS:

91111

TOTAL FOR THIS COUNTY

1

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

PROGRAM : XV1017
REPORT NO: RS-XV1017T-R030

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

RUN DATE: 02/07/96
PAGE: 1

RAQUEL REDEH
SAN BERNARDINO COUNTY
PUBLIC SOCIAL SVC DEPT
SAN BERNARDINO, CA 92401
(909) 387-4735 FAX
(909) 387-6750
BENEFICIARY ID SSM
36109030147049 030-14-7049

NOTICES OF DISCONTINUANCE -- SSI/SSP
REGISTR OF DISCONTINUED BENEFICIARIES
*** TERMINATED DATA ***
ELIGIBILITY NORTH -- MARCH 1996

BENEFICIARY NAME AND ADDRESS
FIGLIOLI LEHA C
LEHA C FIGLIOLI
20767 SITTING BULL
APPLE VALLEY CA 92308

TOTAL FOR THIS COUNTY

1

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

VIII. MEDI-CAL DRUG ADDICTION OR ALCOHOLISM PROGRAM QUESTIONS AND ANSWERS

Question 1: We understand that a list will be sent to the counties informing them about those DA&A recipients whose SSI payments are either sanctioned, suspended or terminated. When will that list be sent to the counties? How often will the counties receive an updated list? When will the suspended DA&A recipients receive the proposed notice telling them to report changes to their county welfare office?

Answer 1: a) The counties will receive a list of the suspended and terminated DA&A recipients. Section 5P-2 addresses the suspended DA&A list and Section 5P-8 addresses the terminated DA&A list. These lists will be generated by the Department of Health Services Data System Branch (DSB) approximately on the 22nd of every month.

b) DSB will send each county a DA&A list on a monthly basis. There will be some months where counties may not receive a list because there is no one on the suspended or terminated list.

c) The Department of Health Services (DHS) Data System Branch (DSB) receives an SDX tape from the Social Security Administration (SSA) that provides the names of persons who have been suspended from SSI for noncompliance with treatment or terminated for 12 consecutive months of suspension for noncompliance. DSB will update their system with the SDX tape and send out this notice within the month of suspension. This notice uses the same schedule as the Ramos process.

Question 2: If the specialist determines that the sanctioned or suspended DA&A recipient remains eligible to Medi-Cal under the SSI program, does the specialist deny the client regular Medi-Cal due to the client receiving Medi-Cal from SSI?

Answer 2: The county must send a notice of action. This notice must inform the DA&A individual that either (1) the reported change has had no impact on Medi-Cal and his/her SSI-cash-based Medi-Cal will continue or (2) because his/her SSI-cash-based Medi-Cal will continue, Medi-Cal under a different program is denied.

Question 3: Notice of Action Type 20 has a section to list the county worker for the DA&A recipient. If the DA&A recipient continues to receive Medi-Cal benefits under the SSI program, their case, cash benefits and MEDS records will still be controlled by SSA. How do we clarify the situation to help the DA&A recipient understand that they should still be contacting their worker at SSA?

Answer 3: Since the suspended DA&A recipient is not receiving SSI cash, any change in circumstances (except for an allegation of a new disability) only has the potential to impact Medi-Cal. Therefore, the DA&A recipient is not to report changes to SSA. All changes are to be reported to the county welfare department. The county is

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

responsible for determining whether SSI-cash-based Medi-Cal continues, or there is Medi-Cal-Only eligibility or there is no eligibility for any Medi-Cal program. If the DA&A recipient reports a change which concerns his/her disability, the counties should advise him/her to contact the SSA. Also we are adding a statement to the Notice of Action Type 20 advising the DA&A recipient to report any disability changes to the SSA office.

Question 4: When determining continued eligibility for an individual that is also a member of an otherwise eligible PA family (AFDC/MC), do we look at just the SSI/SSP individual's income/property separate from the family's income/property or along with the rest of the family which could result in the entire family being ineligible to PA assistance?

Answer 4: Section 5P-3 describes how determination of eligibility is done. If the county is determining whether there is continuing SSI eligibility for a suspended DA&A recipient whose family is on AFDC cash and AFDC cash-based Medi-Cal, only the income and resources of the DA&A recipient are considered. If the county already determined the suspended DA&A recipient is not eligible for SSI cash-based Medi-Cal and the county is determining his/her eligibility for Medi-Cal only, the Medi-Cal worker would treat the DA&A individual as it does any Medi-Cal beneficiary with an AFDC cash family. In addition, the Medi-Cal worker should advise the AFDC worker that the DA&A individual is no longer an SSI recipient.

Question 5: Is SSP impacted by the DA&A program?

Answer 5: Yes. If the individual is not eligible for SSI, then he/she is not eligible for SSP.

Question 6: How will SSA know when a suspended individual has a change in property or income?

Answer 6: The county will notify SSA of these changes by completing the form 1610 and mailing the form to SSA.