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MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 195

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

Enclosed is a revision to Article 5 Medi-Cal Programs. The revised pages reflect changes to the Percent Programs 5K and the Property Disregard Program 5F (formerly the Asset Waiver Program).

Program Revision

Description

Article 5F

This is a revision to the existing article to disregard property for children in 100 and 133 Percent Programs. The Notices of Action have also been combined with those of the Percent Programs.

Article 5K

This is a revision to the existing article to remove the requirement of being born after September 30, 1983 for eligibility under the 100 Percent Program. The Notices of Action have also been revised.

Filing Instructions

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If you have any questions concerning this article, please contact Margie Buzdas of my staff at (916) 657-0726.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

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5F--PROPERTY DISREGARD PROVISION (FORMERLY ASSET WAIVER)

A. BACKGROUND

1. 185 Percent Program

Effective July 1, 1989, Medi-Cal eligibility was extended to cover perinatal services with no share of cost (SOC) for certain pregnant women and full scope or emergency services only for infants up to one year of age. To be eligible for this program, pregnant women and infants must meet all other program eligibility criteria and have family incomes not in excess of 185 percent of the federal poverty level (FPL).

2. 200 Percent Program and Property Disregard

The 200 Percent Program was established by state legislation in 1990 as a state-only program to cover otherwise eligible pregnant women and infants up to age one whose family income was above 185 percent of the FPL but did not exceed 200 percent FPL. Infants received the same services as under the regular Medi-Cal program. Services for pregnant women, however, were limited to pregnancy-related services.

During the 1991 state legislative session, AB 99 was passed which, among other things, enacted a property disregard provision specifically for the 200 Percent Program. This meant that pregnant women and infants under one year of age whose family income would qualify them for services under the 200 Percent Program, but who were ineligible due to excess property, would now have their excess property disregarded in order to qualify for the 200 Percent Program.

Implementation of this property disregard provision for the 200 Percent Program began January 1, 1992. Those pregnant women and infants with net nonexempt family income at or below 185 percent FPL or above 200 percent FPL did not qualify for the 200 Percent Program and its property disregard provision.

3. Income Disregard Program

On February 1, 1994, SB 35 (Chapter 69, Statutes of 1993) was passed which required counties to implement a new income disregard in the 185 Percent Program. This change also impacted the 200 Percent Program.

The new income disregard reduced the income of pregnant women and infants in the 200 Percent Program to a level at or below 185 percent of the FPL. Thus, pregnant women and infants in the 200 Percent Program who did not need the 200 percent property disregard provision were now covered by the 185 Percent Program. The 185 Percent Program was renamed the Income Disregard Program and the 200 Percent Program remained available only to pregnant women and infants between 186-200 percent of the FPL with excess property.

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4. Property Disregard for Pregnant Women and Infants

On July 9, 1994, Governor Pete Wilson signed AB 2377 (Chapter 147, Statutes of 1994) which requires the Department of Health Services to implement the federal Medicaid option of asset waiver (now called Property Disregard) for all pregnant women and infants in the Income Disregard Program. In California, this option would also be extended to pregnant women and infants up to 200 percent due to the Income Disregard Program. This means that pregnant women and infants who had remained in the 200 Percent Program due to excess property are now eligible for the 185 Percent Program. Therefore, effective September 1, 1994 all eligible pregnant women and infants up to one year of age with income at or below 200 percent of the FPL are covered by the Income Disregard Program, whether or not they need the property disregard program.

Due to the implementation of this property waiver provision, there will no longer be a 200 Percent Program.

5. Property Disregard for Children

On October 3, 1997, SB 903 was chaptered into law (Chapter 624, Statutes of 1997) to allow property for children ages one to nineteen in the 133 and 100 Percent programs to be disregarded. This change was implemented to help streamline the application process and to align Medi-Cal eligibility more closely with the Healthy Families insurance program which disregards assets for low-income children. Implementation begins on March 1, 1998.

B. AFFECTED GROUPS

1. Pregnant Women

If the pregnant woman's net nonexempt family income is at or below 200 percent of the FPL and she is otherwise eligible, she is eligible for the Income Disregard program even if her property is over the Medi-Cal property limit because property is disregarded under this program. However, if her property exceeds the regular Medi-Cal program limit, she is not eligible for regular Medi-Cal.

2. Infants Under One Year of Age

Otherwise eligible infants under one year of age with family income at or below 200 percent of the FPL are eligible for the Income Disregard program even if family property exceeds the Medi-Cal limits. The infant will receive full-scope benefits until his/her first birthday unless he/she is only entitled to emergency services, e.g., undocumented alien.

3. Children Ages One to Six

Other eligible children even with family property over the Medi-Cal program limit are eligible for full-scope benefits under the 133 Percent program if their family income is at or below 133 percent of the FPL. **NOTE:** If the child is undocumented, he/she will receive only emergency services during that period.

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4. Children Ages Six to Nineteen

Otherwise eligible children even with family property over the Medi-Cal program limit are eligible for full-scope benefits under the 100 Percent program if their family income is at or below 100 percent of the FPL. **NOTE:** If the child is undocumented, he/she will receive only emergency and pregnancy-related services during that period.

C. AID CODES

There are no new aid codes specified for the person eligible for the property disregard provision. When the application process for children is simplified, there will be no questions about property; therefore, there will be no way to distinguish between the infants and children who have excess property and those who are below the property limits.

D. CHANGES IN INCOME

1. Increases in Income for Pregnant Women and Infants

Since the Continued Eligibility (CE) program disregards all increases in income for certified eligible pregnant women through the end of the 60-day postpartum period, and for infants who are deemed eligible for up to one year of age, income increases will have no effect on eligibility for the property disregard provision of the Income Disregard Program. Therefore, income increases or other changes which affect treatment of family income are disregarded for these individuals and they remain in the Income Disregard Program until eligibility ends due to the end of pregnancy (including postpartum period) or reaching one year of age.

2. Increases in Income for Children

Since the property disregard is only applicable for children in the 133 or 100 Percent programs, if the income increase makes the child ineligible for either of these programs, he/she will not be eligible for regular Medi-Cal unless the family is also property eligible.

3. Decreases in Income

Decreases in income will not affect the eligibility of pregnant women or infants, in the Income Disregard program or children in the Percent programs. They will continue in these programs until eligibility ends.

E. CHANGES IN PROPERTY

Families receiving Medi-Cal who become property ineligible must be discontinued unless they contain a pregnant woman, an infant up to age one, or a child ages one to nineteen AND whose income is at or below the appropriate level for the Income Disregard program or Percent program. Pregnant women only receive pregnancy-related benefits and should be notified of this change.

F. STATUS REPORTS

Current procedures exempt Medi-Cal Family Budget Units (MFBUs) consisting solely of pregnant women and/or an infant under one year of age from submitting a quarterly status report. Those pregnant women and infants determined eligible for Medi-Cal under the property disregard provision are treated in the same manner and need not submit a quarterly status report. However, they are still required to report changes within ten days.

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Children in the Percent programs must continue to submit quarterly status reports for reasons other than property. Unlike pregnant women and infants, they are not guaranteed continuous 12 months of eligibility under the Continued Eligibility program.

G. EXAMPLES

Example One: A pregnant woman applicant has net nonexempt family income at 195 percent FPL and a savings account valued at \$8,000 for her unborn's future education. The father of the unborn is deceased and there are no other children. The eligibility worker notifies the pregnant woman that she has excess property and must spenddown to the Medi-Cal limits if she wants to be eligible for full-scope benefits. She is also told she is eligible for pregnancy-related services through her postpartum period under the Income Disregard Program because property is disregarded in that program. She chooses to receive only pregnancy-related services in order to avoid spending down her savings account. Therefore, she is granted eligibility for the Income Disregard Program if otherwise eligible through the end of the 60-day postpartum period. At birth, the infant is eligible for full-scope benefits under the Income Disregard Program through his/her first year of life because property is disregarded.

Example Two: A married pregnant mother and her eight-month-old son are receiving benefits as Income Disregard Program eligibles. The mother is also eligible for full-scope benefits with a SOC. Her husband is ineligible for benefits (for example, due to no linkage). Mom inherits real property worth \$50,000 and reports it under her continuing responsibility to report changes within ten days. She remains eligible for pregnancy-only benefits with the same aid code under the Income Disregard program because property is disregarded, but is discontinued (with timely notice) from her full-scope eligibility program because her property is counted. She continues to be eligible for her zero SOC pregnancy-only benefits until the end of her postpartum period, at which time she will be discontinued. Counties should send a Notice of Action (NOA) to notify her of the discontinuance, and should ensure that she is again informed that her eligibility may be reinstated if she spends down her excess property and if some other basis for her eligibility exists (e.g., deprivation). As in the previous example, the newborn infant is eligible for full-scope benefits through his/her first year of life and will then be evaluated for the 133 Percent Program where property is also disregarded.

With regard to the eight-month old son, he continues to receive full-scope benefits under the Income Disregard program until the end of the month in which he reaches his first birthday.

Example Three: A fifteen-year old child applies for Medi-Cal using the simplified application without any property information. He is eligible for the 100 Percent program because his family income is determined to be under 100 percent of the FPL. Several months later, the family notifies the county that their income has risen above the 100 percent limits. The county will send a discontinuance notice informing the family that he may apply for regular Medi-Cal by completing additional forms necessary to determine property and any other required information. If the family provides the additional information and the county determines that the child is property eligible, he will be eligible for regular Medi-Cal with a share of cost. The other family members may also apply, if eligible.

H. NOTICES OF ACTION

The former Asset Waiver NOAs for pregnant women and infants have been obsoleted. Counties should use the Income Disregard NOAs which now are to be used for pregnant women with excess property. Infants continue to be eligible regardless of changes in income and property. The NOAs for children in the 100 and 133 Percent programs have been revised as appropriate to address the issues of excess property, more property information, and information about the Healthy Families program.

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5K-PERCENT PROGRAMS

The following are the zero share-of-cost (SOC) Percent programs for pregnant women, infants, and children:

A. HISTORICAL EXPLANATION AND BACKGROUND

1. 185 Percent Program

SB 2579 amended Section 14148 of the Welfare and Institutions (W&I) Code to require the Department of Health Services (DHS) to adopt the federal Medicaid option (which is now mandatory) available under the Omnibus Budget Reconciliation Act (OBRA) of 1987 to extend Medi-Cal eligibility to all otherwise eligible pregnant women and infants up to the age of one year whose family income does not exceed 185 percent of the federal poverty level (FPL). This program was implemented on July 1, 1989 and ended in February 1994.

2. 200 Percent Program

AB 75 allocated funds from the Cigarette and Tobacco Tax (Proposition 99) to provide a state-only program for otherwise eligible pregnant women and infants up to one year old whose family income exceeds 185 percent but not in excess of 200 percent of the FPL. Assets (now referred to property) limits were also waived. This program was implemented January 1, 1990, retroactive to October 1, 1989 and ended in February 1994. The Property Disregard (formerly Asset Waiver) program continues under the Income Disregard Program. For information on property disregard, see Table of Contents under that program.

3. Income Disregard (Percent) Program

SB 35 amended Section 14148 of the W&I Code to provide an income disregard for pregnant women and infants in the 185 and 200 Percent programs effective February 1, 1994. This resulted in more persons being eligible for the 185 Percent program and allowed the DHS to claim federal financial participation for those persons who were only eligible for the state-only 200 Percent program. The amount of the income disregard is the difference between 200 and 185 percent of the FPL for the family size. Instead of calculating the amount of the income disregard and deducting it from "net" nonexempt income and comparing the remainder to the appropriate 185 percent of the FPL, counties will achieve the same results by comparing the net income to 200 percent of the FPL. Property is also waived under this program.

4. 133 Percent Program

Section 6401 of OBRA 1989 required states to provide Medi-Cal benefits at zero SOC to otherwise eligible children who have attained age one but have not attained age 6 and whose family income does not exceed 133 percent of the FPL. This program was implemented June 1990, retroactive to April 1, 1990. Effective March 1, 1998, property is disregarded under the program pursuant to SB 903 (Chapter 624, Statutes of 1997).

5. 100 Percent Program

Section 4601 of OBRA 1990 required states to provide Medi-Cal benefits at zero SOC to otherwise eligible children who have attained age 6, were born after September 30, 1983, but who have not attained age 19. The family income may not exceed 100 percent of the FPL. This program was implemented November 1, 1991, retroactive to July 1, 1991.

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Section 4732 of the Balanced Budget Reconciliation Act of 1997 amended federal law to allow states the option of choosing an earlier date of birth than September 30, 1983. On October 3, 1997, State law added Section 14005.23 of the W&I Code (Chapter 526) to allow children who have not yet attained age 19 but born prior to September 30, 1983 to be added to the 100 Percent program. Implementation begins on March 1, 1998. Effective March 1, 1998, property is also disregarded under the program pursuant to SB 903 (Chapter 624, Statutes of 1997).

B. AID CODES AND BENEFITS

| Aid Code | Benefits/Status of Person |
|--|---|
| 1. Income Disregard (Percent) Program | |
| 44 | Pregnancy related and Postpartum Services Only (Citizen/Lawful permanent resident/PRUCOL/Conditional Status) |
| 48 | Pregnancy Related and Postpartum Service Only (nonimmigrant/Undocumented Status) |
| 47 | Full benefits to infants up to one year unless continuously hospitalized beyond one year (Citizen/Lawful permanent resident/Prucol/Conditional Status) |
| 69 | Emergency Services Only to infants up to one year unless continuously hospitalized beyond one year (Nonimmigrant/Undocumented Status) |
| 2. 133 Percent Program | |
| 72 | Full benefits to children age 1 up to age 6 unless continuously hospitalized beyond age 6. (Citizen/Lawful permanent resident/PRUCOL/Conditional Status) |
| 74 | Emergency Services Only to children age one up to age 6 unless continuously hospitalized beyond age 6 (Nonimmigrant/Undocumented Status) |
| 3. 100 Percent Program | |
| 7A | Full benefits to children age 6 up to age 19 unless continuously hospitalized beyond age 19 (Citizen/Lawful permanent resident/PRUCOL) |
| 7C | Emergency and Pregnancy-Related Services Only to children age 6 to 19 unless continuously hospitalized beyond age 19 (Nonimmigrant/Undocumented Status) |

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C. PERIOD OF ELIGIBILITY

1. **Pregnant Women (Income Disregard):** Eligibility begins the first day of the month for which pregnancy is verified and continues through the 60-day period beginning on the last day of pregnancy and ending on the last day of the month in which the 60th day occurs.
2. **Infants (Income Disregard):** Eligibility begins at birth and continues to age 1 (See Exception below).
3. **Children:**
Ages 1 to 6 (133%) Eligibility begins at age 1 and continues up to age 6. (See Exception below).
Ages 6 to 19 (100%) Eligibility begins at age 6 and continues up to age 19. (See Exception below).

NOTE: If a child or infant is eligible for a higher percent program in the month he/she becomes one, six, or nineteen, determine or continue eligibility for the higher program for that month.

EXCEPTION:

Inpatient Services

An infant or child who is receiving inpatient medical and nursing facility services during a continuous period which began before and continues beyond his/her ending period (birthday) will continue to be eligible until the end of the continuous inpatient period if otherwise eligible.

D. ELIGIBILITY DETERMINATION

1. The regular medically indigent/medically needy (MI/MN) Medi-Cal Family Budget Unit (MFBU) is the starting point for determining eligibility under the Percent programs. PLEASE NOTE: The unmarried father of an unborn or child under age one who has no other mutual or separate children living in the home who are applying for Medi-Cal is not required to be included in the MFBU until the unborn is age one unless he wishes to be aided or the mother of his child needs him for linkage after her pregnancy ends. This is due to the Sneede v. Kizer lawsuit and the Continued Eligibility program, the latter of which requires that the eligibility determination for the unborn or infant be tied only to the mother.

MFBU Has No SOC

The infant or child may have eligibility determined under the MI or MN cases as long as the family's net nonexempt income is at or below the maintenance need level and there is no SOC. There is no need for the Percent programs. Counties should issue the appropriate regular Medi-Cal card. However, should the infant or child need to be in the Income Disregard or Percent Program (e.g., there is a need for personal care service benefits), the infant or child should be converted to these programs.

REMINDER: If the family has excess resources but no SOC and contains a pregnant woman, infant under one year, or child up to age 19, evaluate for the property waiver provision of the Income Disregard or 133 percent or 100 percent program.

MFBU Has a SOC and Sneede Procedures Do Not Apply

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- A. Determine the number of persons in the MFBU.
- B. Determine the family's net nonexempt income as specified under family income determination below.
- C. Compare to the appropriate Percent program limit for the number of persons in A.
- D. If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.

MFBU Has a SOC and Sneed Procedures Apply For the Income Determination

If Sneed procedures apply to the income determination, the MFBU already has been broken down into mini budget units (MBUs). If the MBU which contains the potential Percent program eligible has no SOC, report the individual to the Medi-Cal Eligibility Data System (MEDS) under the appropriate regular aid code with a zero SOC. If the MBU has a SOC, the pregnant woman, infant, or child shall be considered for Percent program eligibility.

- A. Determine the number of people in the MFBU.
- B. Determine the potential Percent program eligible's net nonexempt income as follows:
 - (1) Use the rules described below under family income determination to determine net nonexempt income.
 - (2) Consider only the potential eligible's own net nonexempt income and that of his/her parent/spouse if they are in the MFBU. Note: If the child has his/her own income and property (is in his/her own MBU), that income/property is never used to determine his/her parent's or sibling's Percent program eligibility.
 - (3) Compare the total net nonexempt income to the appropriate Percent program limit for the number of persons in (A).
 - (4) If the family's net nonexempt income exceeds the FPL, no eligibility exists under the poverty level programs. Compute the SOC for the regular MI/MN program.
 - (5) If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.

2. Family Income Determination

- o The allowable income deductions for Aid to Families with Dependent Children-Medically Needy (AFDC-MN) families shall be considered for potential eligibility, e.g., child support, $\$30 + 1/3$
- o Health insurance premiums are not allowable deductions from the gross income when computing the adjusted net nonexempt family income.
- o Deductions which are solely applicable to those who are Aged, Blind or Disabled (ABD) are not allowable deductions

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- o The Title II Cost of Living Adjustment (COLA) in January shall not be included until the effective date of the FPL.

EXAMPLES

Example A

Regular MI/MN SOC Program - Sneede procedures do not apply

| MFBU - MN | Person | Income | SOC Determination |
|------------------------|---------|---------|-----------------------------|
| Married unemployed dad | Tom | \$1,467 | \$1,467 net unearned income |
| Married pregnant mom | Robyn | \$ 0 | - 40 health insurance |
| Unborn | ----- | \$ 0 | \$1,427 net nonexempt |
| 3-month-old | Matthew | \$ 0 | - 1,417 current M.L. for 6 |
| 5-year-old | Ryan | \$ 0 | \$ 10 SOC |
| 7-year-old | Bob | \$ 0 | |

Since the family has a SOC, Robyn, Matthew, Ryan, and Bob will be considered for the Percent programs. Since health insurance premiums and deductions solely for the ABD cannot be used to reduce the family's income for these programs, the eligibility worker (EW) will add back the health insurance premium to the family's adjusted net nonexempt income.

\$1,427 net nonexempt income under regular Medi-Cal
 + 40 health insurance premium
 \$1,467 adjusted net nonexempt income

1. Compare to 100 percent of the FPL for 6 persons: \$1,737 (effective April 1996). Bob is eligible for the 100 Percent Program.
2. Compare to 133 percent of the FPL for 6 person: \$2,310 (effective April 1996). Ryan is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 6 persons: \$3,474 (effective April 1996). Robyn, unborn, and Matthew are eligible for the Income Disregard Program.

Example B

Regular MI/MN SOC Program - Sneede procedures do not apply

| MFBU - MN | Person | Income | SOC Determination |
|--------------|--------|---------|-----------------------------|
| Employed mom | Jill | \$1,165 | \$1,165 net unearned income |
| 6-month-old | Pam | \$ 0 | - 50 health insurance |
| 4-year-old | Cindy | \$ 0 | \$1,115 net nonexempt |
| 6-year-old | Bryan | \$ 0 | - 1,100 M.L. for 4 |
| | | | \$ 15 SOC |

Since the family has a SOC, all will be considered for the Percent programs. Since health insurance premiums and deductions solely for the ABD cannot be used to reduce the family's income for these programs, the EW will add back the health insurance premium to the family's adjusted net nonexempt income.

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\$1,115 net nonexempt income
+ 50 health insurance premium
\$1,165 adjusted net nonexempt income

1. Compare to 100 of the FPL for 4 persons: \$1,300 (effective April 1996). Bryan is eligible for the 100 Percent program.
2. Compare to 133 percent of the FPL for 4 persons: \$1,729 (effective April 1996). Cindy is eligible for the 133 Percent program.
3. Compare to 200 percent of the FPL for 4 persons: \$2,164 (effective April 1996). Pam is eligible for the Income Disregard program.

Example C

Stepparent Case When Only the Separate Child(ren) of One Parent Wishes Medi-Cal

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

Example:

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

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

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

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

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F. RETROACTIVE REPAYMENT OF SHARE OF COST (SOC)

Beneficiaries who previously met or obligated to pay their SOC and were subsequently determined eligible in the same month of eligibility for one of the Percent programs are entitled to an adjustment (refund/reduction of the billed amount) if they had expenses that would have been covered by the Percent programs. If the FPL person is a pregnant woman and if the family met its SOC but the beneficiary had no pregnancy related expenses for that month (received no benefits), he/she would not be eligible for a refund.

1. Date of Service is less than 12 months:

The beneficiary should be given the Share-of-Cost Medi-Cal Provider Letter (MC 1054) containing the "Old Share of Cost County I.D." and the "New Non-Share of Cost County I.D." to give to the provider for processing. Once the provider's claim for services has been reimbursed by the fiscal intermediary, the provider must refund the appropriate amount to the beneficiary if the met SOC was paid. If the SOC was obligated but not paid, the provider reduces the amount billed to the beneficiary by the appropriate amount.

2. Date of Service is older than 12 months:

The beneficiary should be given retroactive Medi-Cal eligibility containing the original SOC, county, I.D., and an MC 1054. The beneficiary should follow the same procedure as noted above.

3. If the beneficiary had expenses in a past month and the SOC was not met, the county should issue the appropriate Percent program card.

4. If the beneficiary states that he/she does not wish a refund but prefers an adjustment to a future month's SOC, follow the procedures outlined in Article 12 of the Medi-Cal Eligibility Procedures Manual.

G. MEDS ALERT

Pregnant Women

Counties will receive an alert towards the end of the 11th month from which the MEDS record was established stating that the woman appears to be no longer eligible for the Percent program. The county will be responsible for terminating the MEDS record. If the woman becomes pregnant again within 12 months, the county can reactivate the MEDS record through a restoration of benefits; however, no subsequent alert will be generated.

Children

An alert (9525) will be generated every six months beginning with the last month of eligibility to remind the county to check the child's inpatient status, send a Notice of Action, or that a termination action should be taken if MEDS has no terminated date.

An alert (9526) will be sent when the child is past the appropriate age and every six months thereafter when eligibility has not been reconfirmed by the county. It will inform the county that eligibility has been terminated on MEDS.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Counties should consult their MEDS Manual for the appropriate Eligibility Status Action Codes (ESACs) in the case of continuing inpatient status.

H. QUESTIONS AND ANSWERS

1. If a pregnant woman has income of her own and is married to a man receiving disability benefits (not SSI), how is the income to be treated?

Answer: To determine the family's SOC under the regular M/MN program, the ABD deductions would be allowed. However, to determine the woman's eligibility under the Income Disregard program, the AFDC-MN deductions are applied to their income. No deductions for the ABD are allowed.

2. Same situation as No. 1 except the husband is in long-term care (LTC). How are the MFBUs determined?

Answer: There are two MFBUs. The maintenance need for the mom and the unborn will be for two persons. The husband will be in his own MFBU and will receive a maintenance need amount of \$35 for his LTC status.

3. Can a woman become initially entitled to the Income Disregard program during the 60-day postpartum period or during one of the three retroactive months prior to the month of application?

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

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

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

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

4. How are excluded children treated in the MFBU?

Answer: There is no change in the treatment of excluded children; they would not show in the MFBU. These children would receive an allocation of parental income as specified in the Sneede v. Kizer rules.

5. How are stepparents treated in the MFBU?

Answer: Sneede v. Kizer changed the procedures on the treatment of stepparents when either (1) just the separate child(ren) of one parent wishes aid regardless of the SOC or (2) when more than just the separate child of one parent wishes aid and the family has a SOC before determining eligibility for the Percent programs. See Example C.

6. Is verification of the date pregnancy ended required as it is under the 60-Day Postpartum program?

Answer: No, the county may accept the client's verbal statement.

7. May a pregnant woman file an application for Medi-Cal benefits only under the Income Disregard program?

Answer: Yes, a pregnant woman may file solely for pregnancy-related benefits under the Income Disregard program. However, since dual eligibility will not exist, only one MFBU and one case will be established. It is not particularly advantageous for the counties to establish eligibility under the Income Disregard program alone. The woman must be otherwise eligible and all eligibility factors must be developed and verified whether or not she chooses to restrict her application. Even if the woman knows she cannot meet her SOC, the county may still establish dual eligibility in order to avoid the second application process should she require nonpregnancy related care later.

NOTE: Numbers 8 and 9 address the Income Disregard program; however, they also apply to children who are in the 133 and 100 Percent programs.

8. Situation A: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently exceeds the 200 percent limit and the infant is discontinued from this program. If the family's income later drops to within the 200 percent limit and there has been no change in the infant's inpatient status, may the infant reestablish eligibility under the Income Disregard program?

Answer: No. The child had a break in eligibility and cannot re-establish eligibility under the Income Disregard program beyond the age of one year. This would hold true regardless of the reason for discontinuance. However, the child should be evaluated under the 133 Percent program.

9. Situation B: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently drops to an amount which is at or below the maintenance need level. Should the county change the aid code to the regular MI/MN program or to the 133 Percent program if there is a SOC?

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

Answer: No. Infants over one year old receiving inpatient services are an exception to the rule under which infants who would have no SOC are to receive cards under the regular MI/MN program. This exception would make it administratively easier to ensure that the otherwise eligible infant remains on the Income Disregard program should family income later increase where there would be a SOC.

Example: Infant is 14 months old and has been receiving continuous inpatient services since prior to age 1. He has been eligible for benefits with no SOC under the Income Disregard program since birth. His family now has a drop in income to an amount which is below the maintenance need level. The EW shall not change the infant's aid code to the regular MI/MN program because the infant would receive the same scope of benefits with no SOC under either program.

Two months later the income rises above the maintenance need level but not over 200 percent of the FPL. The EW will not need to review the case history to verify Income Disregard program eligibility prior to age one or make any changes to the infant's record since his aid code has not been changed.

10. Pregnant women and infants are exempt from submitting a quarterly status report, but must report changes to the counties within ten days. Are children in the 100 and 133 Percent programs also exempt?

Answer: No. Children in the 100 and 133 Percent programs must submit quarterly status reports as they are not protected by the Continued Eligibility program.

11. Does this program change any existing policies on the treatment of income?

Answer: No changes have been made with respect to the treatment of income. The only changes made pertain to the allowable deductions in determining family adjusted net nonexempt income under the Income Disregard program. Health insurance premiums and deductions which are solely for the ABD are not allowable deductions under this program.

12. May services usually provided under the Income Disregard program be used instead to meet the SOC for the regular MI/MN?

Answer: Yes, but the provider may not bill Medi-Cal for those same services under both aid codes.

13. When a pregnant woman has two aid codes, one with a SOC in the regular MI/MN series and the second in the zero SOC Income Disregard program, which aid code should the provider use?

Answer: If the services she received were pregnancy related, she may use either aid code although it would be preferable to bill the services under the Income Disregard aid code so that program costs may be identified. If the services are not pregnancy related, the provider must use the regular SOC aid code.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

14. What will happen if a timely ten-day notice is not issued to terminate the infant/child due to the attainment of the maximum age (one/six/nineteen)?

Answer: Ten-day notice is always required for adverse actions. If a ten-day notice was not sent in time and MEDS has already terminated the record, the county will need to input an ESAC code of 9 with a termination date to allow for the extra month(s) needed to issue the ten-day notice of action. If the child will have a share of cost or if the infant/child only used a simplified application and more information is required to determine property or other eligibility requirements, additional information should be requested. An additional month of continuous eligibility must be given.

15. If a woman already on Medi-Cal with a SOC reports to the county that she is five months pregnant and she is income eligible under the Income Disregard program, how far back should the county issue retroactive Medi-Cal?

Answer: If the pregnant woman reported her pregnancy timely with the date of medical confirmation, the county would follow Section 50653.3 of the Medi-Cal Eligibility Procedures Manual which described how to process changes which would decrease a beneficiary's SOC. If she did not report timely, she would not be eligible for the Income Disregard program until the following month. See Section F.

16. Are Medicare premiums considered health insurance premiums?

Answer: Yes, parts A and B of Medicare are considered health insurance premiums. Therefore, under the Percent programs no deductions are allowed for Medicare premiums regardless of whether the beneficiary is paying it directly or if the State is paying the premium.

17. When a pregnant woman who is eligible under the Income Disregard program delivers her baby and the newborn will be the only person left on the MFBU as a Medi-Cal eligible, how soon after delivery must the county obtain a new application?

Answer: Infants born to Medi-Cal eligible women are automatically deemed eligible for one year (Continued Eligibility), provided certain criteria are met. In this case, a separate application form, MC 13, and Social Security number are not required until the infant attains age one. NOTE: Providers may use the mother's BIC card for the newborn during the first two months of birth.

18. Will the counties be required to verify continuous inpatient status for the infant/child over one/six/nineteen?

Answer: The counties are not required to verify continuous inpatient services for infants/children over one year old. The counties will continue with their current verification procedures. However, the counties are cautioned that the potential for an overpayment exists if verification is not done. Remember, MEDS will send out alerts at six-month intervals to remind the counties to verify continuing eligibility. Therefore, if the county does not verify continuing eligibility, a potential overpayment situation may exist for six months or longer.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

I. NOTICES

The Percent programs and other pregnancy forms are as follows:

| Form Number | TYPE | PROGRAM | BENEFICIARY |
|-------------|-------------|--------------------|--------------------|
| Worksheet | Apprv/Deny | Percent | Women/Children |
| MC 239B - 1 | Approval | 60 Day Postpartum | Women* |
| MC 239B - 2 | Approval | Income Disregard | Women & Infants |
| MC 239B - 3 | Discontn. | Income Disregard | Women & Infants** |
| MC 239B - 4 | Denial | Income Disregard | Women & Infants |
| MC 239B - 5 | Denial/Dis. | 133 Percent | Children 1 to 6 |
| MC 239B - 6 | Approval | 133 Percent | Children 1 to 6 |
| MC 239G | Denial/Dis | 100 Percent | Children 6 to 19 |
| MC 239H | Approval | 100 Percent | Children 6 to 19 |
| MC 239P | Approval | Emergency/Preg. | Undocumented Women |
| MC 239Q | Change | Regular/Full | Women |
| MC 239S | Approval | Regular/Restricted | Undocumented Women |

All are available in Spanish

*The 60 Day Postpartum notice is used for aid code 76 and should not be used for the women eligible under the Percent programs. There is no separate discontinuance notice.

**This form is obsolete and was combined with B-4 effective March 1, 1998.

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE INCOME DISREGARD PROGRAM FOR PREGNANT WOMEN AND INFANTS

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone number: _____

Notice for: _____

(Name)

The Income Disregard Program is a special program for pregnant women and infants up to one year old with family income at or below 200 percent of the federal poverty level. It provides zero share-of-cost pregnancy-related services and postpartum care to women and medical care to infants under one year of age. A review of your case shows that:

- Your child does not qualify for this program because your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- You do not qualify for this program because your family's income is over the allowable limit.
 - This does not affect your regular Medi-Cal eligibility.
 - You will receive a separate notice about regular Medi-Cal.
- You do not qualify for this program because your family's income is over the allowable limit. You are not eligible for regular Medi-Cal because your family's property is above the limit.
- Your child does not qualify for this program because your family's income is over the allowable limit. Enclosed are forms that you need to complete and return to us to determine if he/she is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- Your child has reached age one.
 - You will receive a separate notice about his/her eligibility for other Medi-Cal programs. If your child is hospitalized, let your worker know right away.
 - Enclosed are forms that you need to complete and return to us to determine if he/she is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- You are no longer pregnant and your 60-day postpartum period has ended. If you are eligible for regular Medi-Cal, you will receive a separate notice.
- Eligibility for benefits under the 200 Percent Program ends _____ because:

The regulations which require this action are California Code of Regulations, Title 22, Section 50260, 50262, and 50401. If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. DO NOT THROW AWAY YOUR BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible for Medi-Cal.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION.

MC 239 B-4 (12/97)

SECTION NO.:

50 262

50 262 . 6

MANUAL LETTER NO.:

195

DATE: MAR 6 1998 5K-22

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

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

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BENEFITS UNDER THE 133 PERCENT PROGRAM

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone number: _____

Notice for: _____
(Name)

The 133 Percent Program provides Medi-Cal benefits at no share-of-cost for children who are at one year of age up to age six whose family income is at or below 133 percent of the federal poverty level. A review of your case shows that:

- Your child(ren) does not qualify for this program because your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- Your child(ren) does not qualify for this program because your family's income is over the allowable limit. Enclosed are forms that you need to complete and return to us to determine if he/she is eligible for regular Medi-Cal with a share of cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- Eligibility for benefits under the 133 Percent Program ends because your child has reached age six.
 - A separate notice will be sent to you about regular Medi-Cal. If your child is hospitalized, let your worker know right away.
 - Enclosed are forms that you need to complete for us to determine if he/she is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days. If we do not receive this, your child's benefits will end _____.
- Eligibility for benefits under the 133 Percent Program ends _____ because:

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.5.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. DO NOT THROW AWAY YOUR CHILD'S BENEFITS IDENTIFICATION CARD (BIC). Your child can use it again under another regular Medi-Cal program even if your child has a share-of-cost.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION.

MC 239 B-6 (12/97)

SECTION NO.: 50 262 . 5 MANUAL LETTER NO.: 195 DATE: MAR 6 1998 5K-25
50 262 . 8

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

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

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services, or the Department of Social Services (Welfare Services, 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NA BACK 7

SECTION NO.: 50262 MANUAL LETTER NO.: 195 DATE: MAR 6 1998 5K-26
50262.5
50262.6

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION Denial or Discontinuance of Benefits Under the 100 Percent Program

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone number: _____

Notice for: _____

(name)

The 100 Percent Program provides Medi-Cal benefits at no share-of-cost for children who are at least 6 years of age up to age 19 whose family income is at or below 100 percent of the federal poverty level. A review of your case shows that:

- Your child(ren) does not qualify for this program because your family's income is over the allowable limit. You will receive a separate notice about regular Medi-Cal.
- Your child(ren) does not qualify for this program because your family's income is over the allowable limit. Enclosed are forms that you need to complete and return to us to determine if he/she is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days. If we do not receive this information, your child(ren)'s benefits will end _____.
- Eligibility for benefits under the 100 Percent Program ends because your child has reached age 19.
 - A separate notice will be sent to you about regular Medi-Cal. If your child is hospitalized, let your worker know right away.
 - Enclosed are forms that you need to complete for us to determine if he/she is eligible for regular Medi-Cal with a share-of-cost. Please return this information within ten days. If we do not receive this information, your child(ren)'s benefits will end _____.
- Eligibility for benefits under the 100 Percent Program ends _____ because:

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.6.

If you have any questions about this action, please write or telephone. We will answer your questions or make an appointment to see you. You may reapply for Medi-Cal at any time. **DO NOT THROW AWAY YOUR CHILD'S BENEFITS IDENTIFICATION CARD (BIC).** Your child can use it again under another regular Medi-Cal program even if your child has a share-of-cost.

PLEASE READ THE REVERSE SIDE OF THIS NOTICE FOR APPEAL INFORMATION

MC 228 G (12/87)

SECTION NO.: 50262 . 5 MANUAL LETTER NO.: 195 DATE: MAR 6 1998 5K-28
50262 . 6

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

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

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- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

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HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL NOTICE OF ACTION Approval for the 100 Percent Program

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone number: _____

Notice for: _____
(name)

Beginning _____, your child(ren) is eligible to receive Medi-Cal benefits without a share-of-cost under the 100 Percent Program for children who are at least 6 years of age up to age 19.

You will receive a plastic Benefits Identification Card (BIC) in the mail soon for each eligible child. TAKE THIS BIC CARD TO YOUR MEDICAL PROVIDER WHENEVER YOUR CHILD(REN) NEEDS CARE. This card is good as long as your child(ren) is eligible for Medi-Cal. DO NOT THROW AWAY YOUR CHILD(REN)'S PLASTIC BIC CARD(S).

Under this program, Medi-Cal will provide:

- Full Medi-Cal benefits.
- Restricted Medi-Cal benefits (emergency and pregnancy only).

The regulations which require this action are California Code of Regulations, Title 22, Section 50262.6.

If you have any questions about this action, please write or telephone.

MC 239 H (12/97)

SECTION NO.: ⁵⁰²⁶²50262 . 5 MANUAL LETTER NO.: 105 DATE: MAR 6 1998 5K-30
~~50262.6~~

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
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To Keep Your Same Benefits While You Wait For a Hearing

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You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____

Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____