



## DEPARTMENT OF HEALTH SERVICES

744 P STREET  
SACRAMENTO, CA 95814

November 12, 1982

To: All County Welfare Directors

Letter No. 82-57

## RESTRICTED PHYSICIAN VISITS/RESTRICTED DRUG/PHYSICIAN VISITS

Recently, the Department implemented two new restricted categories for Medi-Cal beneficiaries. These two categories are Restricted Physician Visits and Restricted Drugs/Physician Visits.

Under the Restricted Physician Visits program, a beneficiary found abusing physician office visit services will receive a red Medi-Cal card printed with the words, "Restricted M.D. Visits", and a restricted status code, "11", printed on each label. The restricted message and code will indicate to the provider of service that prior authorization is required for all nonemergency outpatient physician visits.

The second outpatient physician visit restriction category will be used for Medi-Cal beneficiaries found to be abusing both scheduled drugs and outpatient physician visits. A red Medi-Cal ID card with the words, "Restricted Drug/M.D.", printed on the card and the restricted status code, "12", printed on each label will be sent to those beneficiaries under this program. Under this restriction, providers will be required to obtain prior authorization for both nonemergency outpatient physician visits and scheduled drugs.

The above restriction codes will appear on the Department-published Limited Service Status Register. Prior to producing immediate-need Medi-Cal temporary cards, the county must check this list to ensure the individual is not on restricted status.

Medi-Cal providers have been informed via a provider bulletin of the new restricted codes.

If you have any questions, please contact your Medi-Cal program consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief  
Medi-Cal Eligibility Branchcc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

MEDI-CAL ELIGIBILITY MANUAL

101 - TITLE II DISREGARD  
ELIGIBILITY DETERMINATIONS

1. Background

Public Law (PL) 94-566, passed by Congress in 1976, requires states to provide medical assistance at no cost to certain former Supplemental Security Income/State Supplementary payment (SSI/SSP) recipients without regard to the Social Security, Title II, cost of living increases which they have received. Such persons are called "Title II Disregard" persons in the Medi-Cal program.

2. Eligibility Determination

The Title II Disregard eligibility determination consists of two parts. The first part is a screening process to identify those aged, blind, or disabled (ABD) persons who have potential eligibility for no cost Medi-Cal coverage as Title II Disregard persons. The second part is a financial eligibility computation which determines actual Title II Disregard eligibility.

Part I: Title II Disregard Screening Process

If the answer to any one of the following questions is "no", the ABD person in the Medi-Cal Family Budget Unit (MFBU) does not have potential eligibility as a Title II Disregard person. Part II does not have to be completed.

If the answer to all of the following questions is "yes", the ABD person in the MFBU does have potential eligibility as a Title II Disregard person. Complete Part II in that case.

Part I Questions:

- a. Was the ABD person discontinued from SSI/SSP before July of any year from 1977 to present, i.e., was the last SSI/SSP payment received in, or before, June of any year from 1977 to present?
- b. Does the ABD person receive Social Security (Title II benefits)?
- c. Has the ABD person received an SSI/SSP payment since April 1977?

Part II: Title II Disregard Financial Eligibility Computation

If the answer to all of the questions in Part I is "yes", this part must be completed to establish Title II Disregard eligibility.

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- a. Find the appropriate block for the case, within the MFBU composition chart in this section.
- b. If the chart shows that, based upon the MFBU composition, a computation must be completed, determine the last month in which an SSI/SSP payment was received.
- c. Find the current Title II benefit amount on the Title II Benefit Table in this section.
- d. From the table, find the Title II amount received at the time the last SSI/SSP check was received.
- e. Subtract d. from c. The result is the amount of Title II increase which should be used in the completion of the appropriate Title II Disregard eligibility computation.

Example: Ms. ABD received her last SSI/SSP check on June 1, 1982. Her current Title II benefit is \$460.40. The amount to be used in the Title II Disregard eligibility computation is \$32.40 (\$460.40 - \$428.00).

Note: The MC 176-M line items which appear on the MFBU composition chart refer to the MC 176-M revision dated September 1980.

3. Aid Codes

Medi-Cal cards issued to Title II Disregard persons shall be issued using the "Twenty Percent Social Security Increase" aid codes (16, 26, 66).

4. Share of Cost Procedures for MFBU's which Include a Title II Disregard Person

- a. Form MC 177-S shall not be required for an ABD person who meets the conditions specified in these procedures. Each Title II Disregard person shall be issued a Medi-Cal card with no share of cost.
- b. The remaining MFBU members with a share of cost shall have their case processed in accordance with Medi-Cal regulations. Those services received by the ABD Title II Disregard person shall not be used to meet the remaining MFBU members' share of cost.
- c. A person meeting the conditions specified in these procedures shall be identified in the case file by the notation "Title II Disregard Person" beside the person's name on the applicable MC 176 and by the aid codes designated above.

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MFBU COMPOSITION CHART FOR TITLE II DISREGARD

A. ABD individual or couple with or without child(ren) and ABD individual with MI/AFDC-MN spouse without income with or without children.

1. Enter amount from MC 176-M, column I, line 18. \_\_\_\_\_

2. Amount of Title II increase for the ABD individual(s). \_\_\_\_\_

3. Subtract line 2 from line 1. \_\_\_\_\_

4. Enter the appropriate SSI/SSP payment level for ABD individual(s). \_\_\_\_\_

5. Subtract line 4 from line 3; if less than zero, enter zero. \_\_\_\_\_

If line 5 is zero, the ABD individual(s) has Title II Disregard eligibility and receives zero share of cost Medi-Cal. The spouse and child(ren) must meet the share of cost, if any, on the MC 176-M, column III, line 15 or 17.

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MFBU COMPOSITION CHART FOR TITLE II DISREGARD

B. ABD individual with MI/AFDC-MN spouse with income with or without children.

1. Enter amount from MC 176-M, column I, line 18. \_\_\_\_\_

2. Enter \$142.10 per child less child's net income. \_\_\_\_\_

3. Enter amount of Title II increase for the ABD individual. \_\_\_\_\_

4. Add lines 2 and 3. \_\_\_\_\_

5. Subtract line 4 from line 1. \_\_\_\_\_

6. Enter for aged or disabled person \$664.20, for blind person enter \$719.20. \_\_\_\_\_

7. Subtract line 4 from line 3; if less than zero, enter zero. \_\_\_\_\_

If line 6 is zero, the ABD individual has Title II Disregard eligibility and receives zero share of cost Medi-Cal. The spouse and child(ren) must meet the share of cost on the MC 176-M, column III, line 15 or 17.

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MFBU COMPOSITION CHART FOR TITLE II DISREGARD

C. Blind or disabled child and parent(s) with or without siblings.

1. Enter amount from MC 176-M, column I, line 18. \_\_\_\_\_

2. Enter \$142.10 per sibling, less sibling's net income. \_\_\_\_\_

3. Enter amount of Title II increase for the child. \_\_\_\_\_

4. Add lines 2 and 3. \_\_\_\_\_

5. Subtract line 4 from line 1. \_\_\_\_\_

6. If only one parent in MFBU, enter \$591.20; if both parents in MFBU enter \$804.40. \_\_\_\_\_

7. Subtract line 5 from line 4. If less than zero, enter zero. \_\_\_\_\_

If line 5 is zero, the child has Title II Disregard eligibility and receives no cost Medi-Cal. The parent(s) must meet the share of cost on MC 176-M, column III, line 15 or 17.

If line 5 is greater than zero, the child does not have Title II Disregard eligibility and the entire MFBU must meet the share of cost on MC 176-M column III, line 15 or 17.

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**TITLE II BENEFIT TABLE FOR TITLE II DISREGARD  
 ELIGIBILITY DETERMINATIONS\***

Last SSI/SSP Check Received Between ...	7/81 and <u>6/82</u>	7/80 and <u>6/81</u>	7/79 and <u>6/80</u>	7/78 and <u>6/79</u>	7/77 and <u>6/78</u>	4/77 and <u>6/77</u>
<u>Current Benefit Amount</u>						
20-24.00	19	17	15	13	12	12
25-29.00	23	21	18	17	16	15
30-34.00	28	25	22	20	19	17
35-39.00	33	29	26	23	22	20
40-44.00	37	33	29	27	25	23
45-49.00	42	38	33	30	28	26
50-54.00	47	42	37	33	31	29
55-59.00	51	46	40	37	34	32
60-64.00	56	50	44	40	37	35
65-69.00	61	54	48	43	40	38
70-74.00	65	59	51	47	44	41
75-79.00	70	63	55	50	47	44
80-84.00	74	67	59	53	50	47
85-89.00	79	71	62	57	53	49
90-94.00	84	75	66	60	56	52
95-99.00	88	80	70	63	59	55
100-104.00	93	84	73	67	62	58
105-109.00	98	88	77	70	65	61
110-114.00	102	92	81	73	68	64
115-119.00	107	96	84	77	71	67
120-124.00	112	100	88	80	75	70
125-129.00	116	105	92	83	78	73
130-134.00	121	109	95	87	81	76
135-139.00	126	113	99	90	84	79
140-144.00	130	117	103	93	87	81
145-149.00	135	121	106	97	90	84
150-154.00	140	126	110	100	93	87
155-159.00	144	130	114	103	96	90
160-164.00	149	134	117	107	99	93
165-169.00	154	138	121	110	103	96

\*Note: This table should be used for Title II Disregard eligibility determinations only.

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Last SSI/SSP  
Check Received  
Between ...

Current Benefit Amount	7/81 and 6/82	7/80 and 6/81	7/79 and 6/80	7/78 and 6/79	7/77 and 6/78	4/77 and 6/77
170-174.00	158	142	125	113	106	99
175-179.00	163	147	128	117	109	102
180-184.00	168	151	132	120	112	105
185-189.00	172	155	136	123	115	108
190-194.00	177	159	139	127	118	111
195-199.00	182	163	143	130	121	113
200-204.00	186	167	147	133	124	116
205-209.00	191	172	150	137	127	119
210-214.00	196	176	154	140	131	122
215-219.00	200	180	157	143	134	125
220-224.00	205	184	161	147	137	128
225-229.00	209	188	165	150	140	131
230-234.00	214	193	168	153	143	134
235-239.00	219	197	172	157	146	137
240-244.00	223	201	176	160	149	140
245-249.00	228	205	179	163	152	143
250-254.00	233	209	183	167	155	145
255-259.00	237	214	187	170	159	148
260-264.00	242	218	190	173	162	151
265-269.00	247	222	194	177	165	154
270-274.00	251	226	198	180	168	157
275-279.00	256	230	201	183	171	160
280-284.00	261	234	205	187	174	163
285-289.00	265	239	209	190	177	166
290-294.00	270	243	212	193	180	169
295-299.00	275	247	216	197	183	172
300-304.00	279	251	220	200	187	175
305-309.00	284	255	223	203	190	177
310-314.00	289	260	227	207	193	180
315-319.00	293	264	231	210	196	183
320-324.00	298	268	234	213	199	186
325-329.00	303	272	238	217	202	189
330-334.00	307	276	242	220	205	192
335-339.00	312	280	245	223	208	195
340-344.00	317	285	249	227	211	198

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Last SSI/SSP  
 Check Received  
 Between ...

<u>Current Benefit Amount</u>	<u>7/81 and 6/82</u>	<u>7/80 and 6/81</u>	<u>7/79 and 6/80</u>	<u>7/78 and 6/79</u>	<u>7/77 and 6/78</u>	<u>4/77 and 6/77</u>
345-349.00	322	289	253	230	215	201
350-354.00	326	293	256	233	218	204
355-359.00	331	297	260	237	221	207
360-364.00	335	301	264	240	224	209
365-369.00	340	306	267	243	227	212
370-374.00	344	310	271	247	230	215
375-379.00	349	314	275	250	233	218
380-384.00	354	318	278	253	236	221
385-389.00	358	322	282	257	239	224
390-394.00	363	327	286	260	242	227
395-399.00	368	331	289	263	246	230
400-404.00	372	335	293	267	249	233
405-409.00	377	339	297	270	252	236
410-414.00	382	343	300	273	255	239
415-419.00	386	347	304	277	258	241
420-424.00	391	352	308	280	261	244
425-429.00	396	356	311	283	264	247
430-434.00	400	360	315	287	267	250
435-439.00	405	364	319	290	270	253
440-444.00	410	368	322	293	274	256
445-449.00	414	373	326	297	277	259
450-454.00	419	377	330	300	280	262
455-459.00	424	381	333	303	283	265
460-464.00	428	385	337	307	286	268
465-469.00	433	389	341	310	289	271
470-474.00	438	394	344	313	292	273
475-479.00	442	398	348	317	295	276
480-484.00	447	402	352	320	298	279
485-489.00	452	406	355	323	301	282
490-494.00	456	410	359	327	305	285
495-499.00	461	414	363	330	308	288