

## DEPARTMENT OF HEALTH SERVICES

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October 20, 1995

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 152

TO: Holders of the Medi-Cal Eligibility Procedures Manual

Enclosed is Article 5N of the Medi-Cal Eligibility Procedures Manual. These revised procedures contain changes based on guidelines that were recently released by the Health Care Financing Administration (HCFA).

Note: All County Welfare Directors Letter (ACWDL) No. 95-12 is obsoleted by these procedures.

## PROCEDURE REVISION

Article 5NDescription

Revised procedures for the Medi-Cal Tuberculosis (TB) Program

Items of change reflected in these procedures:

TB INCOME STANDARDS

The new 1995 TB income standard is reflected in these procedures as \$1,001 (whether married or not). Note: There is no income standard for a couple.

The corrected 1994 TB Income Standard is \$977 (whether married or not). Note: There is no TB income standard for a couple.

TB RESOURCE LIMIT

There is only one TB resource limit whether or not the TB applicant/beneficiary is married. The TB resource limit is \$2,000.

NOTE: The only exception to the \$2,000 limit is when determining a child's property eligibility and there are two parents present. Allow the parents a property limit of \$3,000.

SPOUSAL DEEMING OF INCOME AND RESOURCES-CHANGE IN PROCEDURES

HCFA has now specified that in certain cases where there is a married couple, each person is to be evaluated for TB eligibility separately. According to HCFA, treating spouses independently will be more inclusive in providing eligibility than if the individuals were subject to a couple's standard. However, these new federal rules allow states the option to apply this treatment in all married cases. Therefore, the following describes how this change is to be implemented in all married cases.

- A married person is defined as an "individual" in determining TB income and resource eligibility when each member of the married couple is applying for the TB program and neither has been found ineligible.
- The income of a married individual is income received in his/her own name.
- The property of a married individual is his/her separate property and one-half of community property.
- There will be no deeming from the ineligible spouse. There will be deeming from parent to child.

#### **NEW AND REVISED TB FORMS**

A new and simplified form has been developed that will accommodate the two separate income eligibility determinations for a married couple and an individual applying for the TB program. This form is the MC 282 TB TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORKSHEET. If one individual is found to be ineligible, then this process completes the TB program determination for the ineligible spouse. The MC 281 program Income Eligibility Worksheet will be discontinued when this form is available and in the warehouse.

We also will be revising other forms to delete reference to the term "couple" and "applicant with an ineligible spouse" wherever it appears. In the interim, while we are developing the new income form, counties should continue using the MC 281. The county will be required to make edit changes to forms to delete references to the word "couples" and "applicant with an ineligible spouse" wherever it appears on the current forms. The following forms will require edit changes until the new supply is available in the warehouse:

MC 275 TB Denial Notice of Action  
English and Spanish  
MC 276 TB Discontinuance Notice of Action  
English and Spanish  
MC 278 TB Property Worksheet Adult

#### **IMPLEMENTATION DATE**

Counties shall implement these changes no later than December 1, 1995. However, these changes are effective October 1, 1994 and counties should reevaluate previously held cases that were denied or discontinued due to income. These cases should be reevaluated using the corrected TB income standard and apply the new procedures, as appropriate, for married couples who need to be evaluated separately as individuals. Those found eligible should be provided retroactive eligibility back to the applicant's original application date.

**FILING INSTRUCTIONS:**

**Remove Pages**

**Article 5 Table of Contents  
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**Article 5N  
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**Insert Pages**

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**If you have questions, please contact Ms. Sharon Garcia at (916) 657-5327 or  
Ms. Mary Maestas-Sandoval at (916) 657-1248.**

**Sincerely,**

Original signed by

**Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch**

**Enclosures**



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## **MEDI-CAL ELIGIBILITY PROCEDURES MANUAL**

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**B.      Aid Codes, Programs, Definitions**

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- 3.      In-Home Supportive Services**
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### 5N--TUBERCULOSIS (TB) PROGRAM

#### A. BACKGROUND

Section 13603 of the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) establishes an optional new program for persons infected with tuberculosis whose income and resources do not exceed the maximum amount for a disabled individual. State law (Chapter 147, Statutes of 1994, (Assembly Bill 2377) specifies that this program be adopted. This program shall be implemented as of October 1, 1994.

#### B. OVERVIEW OF PROCESS

Medi-Cal clinics and Medi-Cal providers who serve TB infected persons are encouraged to assist such persons in applying for Medi-Cal. This is an alternative to the applicant applying directly at the county. These providers may help applicants complete all initial Medi-Cal forms used in the application process and may gather applicant verification. This information will then be forwarded to the county welfare department (CWD) for a Medi-Cal determination. Several clinics have advised us that they are willing to facilitate the Medi-Cal application process.

#### C. AID CODE

Individuals (both adults and children) eligible for the TB program are identified on MEDS under the new aid code of 7H.

#### D. OVERVIEW OF ELIGIBILITY REQUIREMENTS

See Part E for Details.

To be eligible for the TB Program, a person must:

- o Be infected with TB. This factor links a person to Medi-Cal.
- o Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws.
- o Be a United States citizen or a person who has satisfactory immigration status.
- o Have income and resources which do not exceed the maximum amount for a disabled individual under the Supplemental Security Income (SSI) program. Income cannot exceed an amount referred to as the TB income standard. (See details under Income--Part E below.) Property can be no more than \$2,000 for an individual including a child. However, when two parents are present when determining a child's property eligibility, the parents are allowed \$3,000 as a deduction from their property before it is deemed to the TB child.
- o Meet all other Medi-Cal requirements. This factor addresses nonlinking Medi-Cal requirements such as cooperation, verification, status reporting, etc.

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### E. DETAILS OF ELIGIBILITY REQUIREMENTS

#### 1. TB INFECTED

##### Definition

Infected with TB relates to a condition in which living tubercle bacilli are present in an individual without producing clinically active disease. A TB infection is active when it produces disease as demonstrated by clinical, bacteriologic, and/or radiographic evidence.

##### Determination of TB Infection

The determination of whether an individual is TB infected shall only be made by a Medi-Cal physician. Department of Health Services has developed a Tuberculosis Application form which includes a section for these physicians to use to certify TB infection. (See Part G for details about this form.)

#### 2. NOT BE A MEDI-CAL BENEFICIARY WHOSE COVERAGE IS MANDATED BY FEDERAL LAW.

The beneficiary cannot be eligible for Medi-Cal under one of the programs listed below. These individuals are currently eligible for full scope, zero share-of-cost Medi-Cal benefits which includes TB coverage if necessary. They do not need additional coverage under the Medi-Cal TB program. Counties will not be allowed to enter the TB aid code 7H onto the Medi-Cal Eligibility Data Systems (MEDS) if the beneficiary is eligible for one of the programs listed below.

- (1) Aid to Families with Dependent Children (AFDC)-Federal.
- (2) Supplemental Security Income/State Supplementary Program
- (3) Other Public Assistance (Other PA).
- (4) One of the federal poverty level (FPL) programs.

In addition, a beneficiary eligible for full scope, zero share-of-cost Medi-Cal under the Medically Needy or Medically Indigent program also does not need coverage under the TB program.

#### 3. BE A UNITED STATES CITIZEN OR A PERSON WHO HAS SATISFACTORY IMMIGRATION STATUS (SIS)

A person applying for the TB program must be a United States citizen or an alien who would be eligible for full scope benefits if he/she were otherwise linked to Medi-Cal.

Counties will follow the usual regulations, procedures and guidelines for determining citizenship-alien status.

**Persons who are eligible for restricted Medi-Cal as defined in Title 22 Section 50302 (b) are ineligible for this program.**

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### 4. INCOME AND PROPERTY DO NOT EXCEED A MAXIMUM AMOUNT FOR A DISABLED INDIVIDUAL

OBRA '93 specifies that the income/resources of a TB-infected individual must not exceed the maximum amount of income or property a disabled individual may have under the SSI program.

#### (A) Whose Income and Property is Used

**Unmarried Adult:** If the adult is an unmarried applicant, use only his/her own income and property.

**Married:** If the applicant is married and living with his/her spouse, use only the income received in the applicant's own name. For property, only use the applicant's separate property and one-half of community property.

**Child:** A child is defined as an unmarried person under the age of 18.

If the applicant is a child, use his or her own income and property and the income and property of any of his or her parent(s) who are not eligible for the TB program.

If more than one child is applying for the TB program, the parent's allocation to the TB applicant children is divided among the potential TB applicant children.

Each unmarried person, including a child, applying for the TB program is evaluated separately. If a married couple is applying, TB eligibility is determined separately.

#### (B) Income Methodology

##### (1) TB Income Standard

The term "TB income standard" means the maximum amount of income a person may have and still be income eligible for this program. This is the amount against which the applicant's net nonexempt income is tested.

For 1994, the TB income standard is \$977. For 1995, the TB income standard is \$1,001. The TB income standard is not changed by the presence in the home of a spouse or children of the applicant or applicant's spouse. The TB income standard is based on a computation using the federal benefit rate (FBR) which changes each January.

##### (2) Determination of Net Nonexempt Income

Net nonexempt income is determined according to Article 10, Title 22. The TB applicant is treated as if he/she were a disabled person when determining deductions and exemptions.

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

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 parent who is not eligible for the TB program before the parent's income is used to determine the TB income eligibility of his/her child.

b. Which child the parental allocation is for:

This allocation is available to any ineligible child. An ineligible child is defined as a person not applying for the TB program 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 SSI 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, likely in January.

(ii) Subtract each ineligible child's own income from the standard child allocation.

Student Deduction: Each ineligible child is allowed a student deduction for earned income of up to \$400 per month, but not to exceed \$1620 per year, if the ineligible child is regularly attending a school, college, university, or a course of vocational training to prepare him for gainful employment.

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

(iv) Total each ineligible child's parental allocation. The total is the actual parental allocation.

(v) This allocation is applied first to the ineligible parent's unearned income and then to his/her earned income.



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### Exception 2: Parental Deduction:

a. Who may have this deduction:

This deduction is available to a parent or parents whose income is being deemed to a child whose income eligibility for the TB program is being determined.

b. Amount of the Deduction:

The amount of the deduction is the federal benefit rate for one if only one ineligible parent lives in the home with the child or it is the federal benefit rate for a couple if both ineligible parents live in the home with the child.

### Exception 3: No Deeming from Ineligible Spouse:

There will be no deeming from the ineligible spouse.

(3) Income eligibility

Compare the applicant's net nonexempt income to the TB income standard. If net nonexempt income exceeds the TB standard, the person is ineligible for the TB program.

(C) Property Methodology

(1) TB Property Limits

The resource limit for an individual (including a child) is \$2,000.

The resource limits do not increase even if the applicant and/or his or her spouse have children living in the home.

(2) Determination of Net Nonexempt Property

Resources are determined according to Article 9, Title 22.

If the TB applicant is a child, property is deemed to the child as follows.

One parent in the home

If there is only one parent living in the home who is not eligible for the TB program, reduce the parent's property by the property limit for one. The remainder is deemed to the child.

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### Two parents or one parent and a stepparent in the home

If there are two parents living in the home and neither is eligible for the TB program, reduce the parents' property by the regular Medi-Cal limit for two. The remainder is deemed to the child.

If there is more than one child applying for the TB program, the parent(s)' property is divided among the potential TB applicant children. However, as soon as a child is determined ineligible for the TB program, the parent(s)' property must be redivided among the remaining children to determine their TB property eligibility, even if their eligibility had been determined already.

### (3) Resource Eligibility

Net nonexempt property is compared to the TB property limit. If net nonexempt property is less than or equal to the TB limit, the applicant is TB property eligible.

## F. SCOPE OF BENEFITS - LIMITED TO TB RELATED SERVICES

The following services are available under the TB program.

- o Physician specified clinics
- o Outpatient hospital services
- o Clinic services including specified clinics
- o Federally - qualified health centers services,
- o Case management services and
- o Services (other than room and board) to monitor prescribed drugs.

## G. MEDI-CAL PROVIDER RESPONSIBILITIES

### (A) Tuberculosis Application Form MC 274 TB

The Department of Health Services has developed a TB application form which will be available only to county welfare departments (CWDs) and Medi-Cal providers such as physicians and clinics. This form is entitled the "Application for Medi-Cal Tuberculosis Program".

This form replaces the SAWS 1 only for persons applying for the TB program at a Medi-Cal TB provider site.

On the second page Part B of this application Medi-Cal physicians or their designated staff must certify that the individual is infected with TB (by indicating this person requires preventive therapy for tuberculosis infection or that the person requires treatment for active TB) before submitting the application to the county.

### (B) Clinic Activities

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### (B) Clinic Activities

Clinics and providers (see Part N) are encouraged to help applicants complete the following forms and submit them to the county:

1. MEDI-CAL TB APPLICATION (MC 274 TB)
2. MC 210 STATEMENT OF FACTS (MEDI-CAL)
3. MC 13 STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS
4. MC 219 RIGHTS AND RESPONSIBILITIES
5. MC 210A SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE MEDI-CAL

Providers will order these forms from the DHS warehouse and must make the request on their office stationery and submit to:

**Department of Health Services' Warehouse  
North Market Boulevard, Suite 9  
Sacramento, CA 95834**

**Face-to-Face:** The required Medi-Cal application face-to-face interview can be conducted by the TB clinics or other providers acting on behalf of the CWDs. During the interview, the provider conducting the interview shall complete and explain the contents of the above described forms.

**Verification:** In addition, TB clinics and other participating Medi-Cal providers may gather necessary verifications. For example, providers may copy and forward to the CWD Social Security cards, alien registration cards, and other immigration documents for CWD verification of alien status. Providers may also forward other items such as copies of wage stubs or bank statements for CWD verification of earned and unearned income and property.

### H. COUNTY RESPONSIBILITIES

**TB Coordinator:** The counties are responsible for designating in each county a coordinator who will receive TB applications and forms from Medi-Cal providers. Upon receipt of the application and additional forms, the counties will determine eligibility under the TB Medi-Cal program. If counties receive forms that are incomplete and need additional client information, they may contact the clinic or provider for this information. If the information can be obtained by telephone, this would be the preferred method of obtaining this information. Counties at times may have to contact the clinic worker and sometimes participate in a conference call with the clinic worker and the Medi-Cal client. (Many clients will be homeless or without a phone.)

CWDS shall notify beneficiaries in writing of their Medi-Cal eligibility and of any changes made in their eligibility. This written Notice of Action shall be issued for approvals, denials, or discontinuance of eligibility.

If the CWD determines that the applicant is eligible for the TB program, the eligibility worker or county MEDS person reports their eligibility under Aid Code 7H via a transaction to MEDS through standard procedures. Eligibility under 7H will continue until the counties redetermine, continue or terminate the beneficiary from the MEDS system.

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### I. NOTICE OF ACTION (NOA)

We have developed specific NOA language for the TB program. Please use this approval, denial and discontinuance language and send them timely to the applicant (See Part N).

### J. RETROACTIVE BENEFITS

As provided in Section 50710, Title 22, up to three months of retroactive coverage is available. However, retroactive coverage is only available on or after October 1, 1994. The TB Application form asks the provider to indicate whether the applicant was infected three months prior to the date the form was completed. If the application shows the person was infected at that time and he/she is otherwise eligible, retroactive coverage is appropriate. Counties are to use the Notice of Action form, MC 239D, to approve and deny retroactive eligibility.

### K. PLASTIC BENEFITS IDENTIFICATION CARD (BIC)

Beneficiaries covered under the TB Program will use the Plastic Benefits Identification Card (BIC) for TB-related services. The message will be OUTPATIENT TB-RELATED SERVICES ONLY AT NO SHARE OF COST.

### L. EXAMPLES - TREATMENT OF INCOME AND PROPERTY

#### EXAMPLE 1:

Mr. Smith, age 47 is homeless. He is not disabled. He receives monthly unemployment insurance benefits (UIB). On June 15, 1994, Mr. Smith is diagnosed at the county Medi-Cal clinic as being TB infected. The clinic advises him of the TB program and he agrees to apply. In June, he will receive his \$207 UIB and will have no other income. He has no property.

#### Provider Activities

The clinic assists Mr. Smith in completing the TB application and the MC 210. The clinic forwards these forms to the county TB coordinator.

#### County Welfare Department (CWD) Activities

The CWD reviews the TB application. A SAWS 1 is not used since the TB application form is used for those applying at a provider site. The CWD reviews the MC 210 and needs additional information from Mr. Smith, but Mr. Smith has no address or telephone. The CWD contacts the clinic's TB contact person and the clinic worker agrees to call the CWD when Mr. Smith next comes into the clinic. The next day, Mr. Smith comes in for TB treatment at the clinic. The CWD, Mr. Smith and the clinic worker hold a telephone conference call and the CWD is satisfied with the information now provided.

Income is determined as if Mr. Smith were disabled.

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The CWD determines TB income eligibility for June as follows:

$$\begin{array}{rcl} \$ 207 & \text{UIB} & \\ -20 & \text{any income disregard} & \\ = \$ 187 & \text{net nonexempt income} & \end{array}$$

\$977.00 TB income standard in 1994

Mr. Smith's net nonexempt income does not exceed the TB income standard. He is income eligible.

If the other TB program requirements are met, the CWD will find Mr. Smith eligible for the TB program and establish Medi-Cal TB benefits under aid code 7H for June.

### EXAMPLE 2:

On July 15, 1994, Mr. Jones, who lives alone, was determined TB infected at the county Medi-Cal clinic. The clinic explained about the TB program to him and Mr. Jones agrees to apply. The clinic informs him that he cannot work until the TB is no longer active. If Mr. Jones follows the prescribed regimen, his TB should no longer be active by about August 1. Mr. Jones will be on sick leave from July 16 through the end of July. He earned \$1,205 through July 15 and will earn \$1,200 in sick leave pay through the remainder of July.

### Provider Activities

The clinic assists Mr. Jones in completing the TB application and MC 210. Mr. Jones provides the clinic with his July pay stubs. The clinic forwards the forms and a copy of his pay stubs to the CWD.

### CWD Activities

The CWD reviews Mr. Jones' TB application and needs additional information about Mr. Jones' bank account. The CWD calls Mr. Jones at his home and Mr. Jones supplies his most recent bank statement. The CWD determines Mr. Jones' eligibility. His property is determined to be less than \$2,000, the property limit for one person.

Income is determined as if Mr. Jones were disabled. His sick leave pay is earned income.

$$\begin{array}{rcl} \$ 2,405 & \text{gross earned income} & \\ -20 & \text{any income deduction (There is no unearned income to apply this against)} & \\ - 1,225 & \$65 \text{ and } 1/2 \text{ earned income deduction } (\$65 + \$1,160) & \\ = \$ 1,160 & \text{net nonexempt income} & \end{array}$$

\$977.00 TB standard in 1994

The CWD compares Mr. Jones' net nonexempt income to \$977.00, the TB income standard. Mr. Jones is ineligible due to excess income.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### EXAMPLE 3:

In August, 1994, the county Medi-Cal clinic determines Mr. Brown to be TB infected (active TB). Mr. Brown is married and lives with his wife. They have no children. Mrs. Brown is TB infected (dormant TB) and the clinic will provide her with preventive TB therapy. Although Mr. Brown cannot work until his TB is no longer active, Mrs. Brown may continue to work since she does not have active TB. The clinic worker explains about the TB program and they agree to apply.

Mr. and Mrs. Brown both work. In August, Mr. Brown will earn \$1,655 gross income and Mrs. Brown will earn \$1,001 gross income. They have one car and have a \$2,500 savings account (all community property). There is no other property.

### Provider Activities

The provider may choose to assist with the TB application or may refer Mrs. Brown to the CWD. If Mrs. Brown is referred to the CWD, the provider will have minimal activities in the TB application process. Instead of completing the TB Application and MC 210 at the provider site, Mrs. Brown will be referred to the CWD where she will apply for the TB program and be given the regular Medi-Cal application packet. The provider will complete only Part B of the TB application form entitled Medi-Cal Tuberculosis Program Referral Form for Mr. Brown and one referral form for Mrs. Brown. Mrs. Brown will take these forms to the CWD when she applies.

### CWD activities

Consider Mr. and Mrs. Brown as separate individuals. Consider each person's separate property and half of community property.

\$1,655 Gross earned income of Mr. Brown  
- 20 Any income deduction (There is no unearned income to apply this against.)  
- 850 \$65 and 1/2 earned income deduction (\$65 + 785)

\$ 785 Net nonexempt income

\$ 977 TB income standard in 1994

Mr. Brown is income eligible.

\$1,001 Gross earned income of Mrs. Brown  
- 20 Any income deduction (There is no unearned income to apply this against.)  
- 523 \$65 and 1/2 earned income deduction (\$65 + 458)

\$ 458 Net nonexempt income

\$ 977 TB income standard in 1994

Mrs. Brown is income eligible.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Mr. and Mrs. Brown each have a property limit of \$2,000. Each has a community property share of \$1,250. Consider each person's separate property and half of community property. The Browns are resource eligible.

If Mr. and Mrs. Brown are TB eligible, they will be put into aid code 7H.

### Example 4:

The CWD TB coordinator receives a TB application form and an MC 210 from the county Medi-Cal clinic for Mr. and Mrs. Green who are homeless and cannot be contacted. The CWD is unable to determine whether the Greens are citizens or have satisfactory immigration status (SIS). The CWD advises the clinic that additional information is needed. The clinic discusses this with the Greens and the Greens inform the clinic that they are undocumented aliens. Since the Greens do not meet the citizenship/SIS requirement for the TB program, they are ineligible. The CWD sends a denial notice of action to the Greens via the clinic.

### Example 5:

John Doe, aged 16, moved back into his parents' home in January, after being a runaway for 8 months. John and his two brothers are on Medi-Cal with a share of cost. Mr. and Mrs. Doe are on the County Medical Services Program. In February, John is diagnosed as TB infected. No other treatment is prescribed for the remainder of the family.

Mr. and Mrs. Doe are both employed. Mr. Doe earns \$850 gross income per month and Mrs. Doe earns \$801 gross income per month. They have one car and a \$2500 savings account. Mrs. Doe agrees to request an eligibility determination for the TB program for John. Since John already is on Medi-Cal, the provider only needs to complete Part B of the TB application form, the Medi-Cal Tuberculosis Program Referral Form which establishes TB infection. The provider calls the county TB coordinator and is told to mail the form directly to the eligibility worker.

### CWD Activities

Because John already is a Medi-Cal beneficiary, all TB requirements are met except for the income and property determination.

Income Determination: John is treated as if he were disabled. Income of the parents is considered, but the parents' income is reduced by any allocation to ineligible children who are the other children who are not applying under the TB program. Assume the other children each have \$100 unearned income.

Determine the allocation to the ineligible children:

1. The standard SSI allocation to each ineligible child in 1994 is \$223.
2. Subtract each ineligible child's own income.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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3. The remainder is each ineligible child's allocation.
4. Total each ineligible child's allocation to determine the total allocation to ineligible children. Reduce the parent's income by this amount after the other unearned and earned deductions.

	Brother 1	Brother 2
Standard SSI allocation	\$ 223	\$ 223
Child's own income	- 100	- 100
Each child's allocation	\$ 123	\$ 123

Total allocation \$246

### Parental Income Deemed to John:

\$1,651	Mr. and Mrs. Doe's gross earned income
- 246	Allocation to ineligible children
- 20	Any income deduction (There's no unearned income to apply it against)
- 725	\$65 and 1/2 earned income deduction (\$65 + \$660)
- 669	Parental Deduction for a couple in 1994 (couple FBR)
= \$ 0	Parental income deemed to John

### John's TB Income Determination:

\$ 0	John's own income
0	Income from parents
= \$ 0	John's total income

\$ 977.00 TB income standard for one in 1994

John is income eligible.

### Property Determination:

\$ 2,500	parents' savings account
- 3,000	parents' property exclusion
= \$ 0	parents' property deemed to John

Since John has no property of his own, he is property eligible.

The CWD puts John into aid code 7H for February.

He also continues on regular Medi-Cal with a share of cost.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### Example 6

Mr. Samuels is unmarried. He lives with his 6 year old son Will and the mother of his child. Mr. Samuels and Will were diagnosed with active TB at the county Medi-Cal clinic in June 1994. The child's mother needs no TB treatment. Mr. Samuels agrees to apply for the TB program for himself and Will. Mr. Samuels will earn \$1,535 gross income in June. The mother will earn \$2,000 gross income in June. Mr. Samuels has a \$2,800 savings bond and the mother has a \$5,000 savings account. Will has \$100 per month unearned income.

Eligibility is determined first for Mr. Samuels. If he is TB eligible, none of his income or property will be deemed to Will when Will's TB eligibility is determined. If Mr. Samuels is not TB eligible, his income and property will be deemed.

Income determination for Mr. Samuels:

Mr. Samuels is unmarried. For purposes of the TB program, only his income is used and compared to the TB standard.

\$1,535 gross earned income  
- 20 any income disregard (there is no unearned income to apply it against)  
- 790 \$65 and 1/2 earned income disregard (\$65 + \$725)  
= \$ 725 net nonexempt income

\$977.00 TB income standard for one in 1994

Mr. Samuels is income eligible.

Property Determination for Mr. Samuels: Mr. Samuels' savings bond is a nonexempt resource. The savings account of the child's mother is not considered. Mr. Samuels' net nonexempt property of \$2,800 exceeds the \$2,000 TB property standard for an individual person. Mr. Samuels is ineligible for the TB program.

Income determination for Will:

Determine the income deemed to Will from his unmarried parents:

\$ 0 parents' combined unearned income  
+ 3,535 parents' combined earned income  
- 20 any income disregard  
- 669 parent deduction  
- 1,790 \$65 and 1/2 earned income disregard (\$65 + \$1,725)  
= \$ 1,056 parental income deemed to Will

Determine Will's income

\$1,056 income from parents  
+ 80 Will's own income (\$100 - \$20 any income deduction)  
= \$1,136 Will's total income

\$977.00 TB standard for one in 1994

Will is income ineligible for the TB program and is ineligible for the TB program.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### Example 7:

Mr. Ono is married. He lives with his nine-year old son, Kai, two other sons and his wife.

Mr. Ono and Kai were diagnosed with active TB at the Medi-Cal Clinic. Mrs. Ono and the other two sons need no treatment. Mr. Ono agrees to apply for the TB program for himself and Kai. Mr. Ono will earn \$1,655 gross income in June. The mother will earn \$1,649 in June. Mrs. Ono has a \$100 savings account which is her separate property.

Eligibility is determined first for Mr. Ono. If he is eligible, none of his income or property will be deemed to Kai when Kai's eligibility is determined. If Mr. Ono is not TB eligible, his income and property will be deemed. Because none of Mrs. Ono's income or property is used to determine Mr. Ono's eligibility, Mrs. Ono's income and property will be deemed to Kai to determine his eligibility.

Income determination for Mr. Ono:

For purposes of the TB program, only his income is used and compared to the TB standard.

\$1,655 gross earned income  
- 20 any income disregard (there is no unearned income to apply it against)  
- 65 \$65 Work expense exclusion  
- 785 One-half earned income disregard

---

\$ 785  
\$1,001 TB income standard for one in 1995

Mr. Ono is income eligible.  
Mr. Ono is property eligible.

Income Eligibility Determination for Kai:

Income of Mrs. Ono is considered, but her income is reduced by any allocation to ineligible children who are the other children who are not applying under the TB program.

Assume the other children each have \$100 unearned income.

Determine the allocation to the ineligible children:

1. The standard SSI allocation in 1995 is \$229.
2. Subtract each ineligible child's own income.
3. The remainder is each ineligible child's allocation.
4. Total each ineligible child's allocation to determine the total allocation to ineligible children.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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Reduce Mrs. Ono's income by this amount after the other unearned and earned deductions.

	<u>Brother 1</u>	<u>Brother 2</u>
Standard SSI allocation	\$229	\$229
Child's own income	- 100	- 100
	<hr/>	<hr/>
Each child's allocation	\$129	\$129
Total allocation	\$258	

Parental Income (Mrs. Ono) Deemed to Kai:

\$1,649.00	Mrs. Ono's gross earned income
- 258.00	Allocation to ineligible children.
- 20.00	Any income deduction (There's no unearned income to apply it against)
- 65.00	Subtract work expense exclusion
- 653.00	One-half earned income deduction
<hr/>	
\$ 653.00	Remainder
- 458.00	Parental Deduction for an individual in 1995
<hr/>	
\$ 195.00	Parental income deemed to Kai

Kai's TB income determination:

\$ .00	Kai's own income
+ 195.00	Income from Kai's mother
- 20.00	General Income Exclusion
<hr/>	
\$ 175.00	Kai's total income
\$1,001.00	TB income standard for one in 1995

Kai is income eligible.

Property Determination:

\$ 100.00	Mrs. Ono's savings account
2,000.00	Mrs. Ono's property exclusion
<hr/>	
\$ .00	Mrs. Ono's property deemed to Kai

Since Kai has no property of his own, he is property eligible.

The CWD will put Kai and Mr. Ono into Aid Code 7H.



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

**Example 1**

## TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

*Using 1994  
Income  
Standards*

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME <b>Mr. Smith</b>		CASE NUMBER
APPLICANT'S NAME <b>Mr. Smith</b>		
<b>TB INDIVIDUAL'S TOTAL COUNTABLE INCOME</b>		
	a. TB APPLICANT	b. TB SPOUSE
<b>PART A. UNEARNED INCOME</b>		
1. Applicant's Gross Unearned Income:	<b>207</b>	
2. Subtract General Income Exclusion:	<b>- 20</b>	
3. Subtract Other Unearned Income Deductions:	<b>187</b>	
4. Total Countable Unearned Income:		
<b>PART B. EARNED INCOME</b>		
5. Applicant's Earned Income:	_____	
6. Subtract Balance of General Exclusion: (If Not Offset by Unearned Income (Line 2))	_____	
7. Remaining Earned Income:	_____	
8. Subtract Work Expense Exclusion:	_____	
9. Subtract Other Earned Income Deductions:	_____	
10. Remaining Earned Income:	_____	
11. Subtract One-Half (1/2) Remaining Earned Income:	_____	
12. Total Countable Earned Income:	_____	
13. Total Countable Income (add lines 4 and 12):	<b>187</b>	
<b>PART C. TB ELIGIBILITY CALCULATION</b>		
14. Current TB Income Standard for Individual:	<b>977</b>	
15. Enter Total Countable Income (line 13):	<b>187</b>	<b>Income TB Eligible</b>
(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.)		
Eligibility Worker Signature	Worker Number	Computation Date
County Use Only		

MC 282 TB (7/95)



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

*Example 2*

*Using  
1994 Income  
Standards*

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME <b>MR. JONES</b>		CASE NUMBER
APPLICANT'S NAME <b>MR. JONES</b>		
<b>TB INDIVIDUAL'S TOTAL COUNTABLE INCOME</b>		
	a. TB APPLICANT	b. TB SPOUSE
<b>PART A. UNEARNED INCOME</b>		
1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		
<b>PART B. EARNED INCOME</b>		
5. Applicant's Earned Income:	<b>2405</b>	
6. Subtract Balance of General Exclusion: (If Not Offset by Unearned Income (Line 2))	<b>- 20</b>	
7. Remaining Earned Income:	<b>2385</b>	
8. Subtract Work Expense Exclusion:	<b>- 65</b>	
9. Subtract Other Earned Income Deductions:	<b>—</b>	
10. Remaining Earned Income:	<b>2320</b>	
11. Subtract One-Half (1/2) Remaining Earned Income:	<b>1160</b>	
12. Total Countable Earned Income:	<b>1160</b>	
13. Total Countable Income (add lines 4 and 12):	<b>1160</b>	
<b>PART C. TB ELIGIBILITY CALCULATION</b>		
14. Current TB Income Standard for Individual:	<b>977</b>	
15. Enter Total Countable Income (line 13):	<b>1160</b>	<b>Income TB Ineligible</b>
(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.)		
Eligibility Worker Signature	Worker Number	Computation Date
County Use Only		

MC 282 TB (7/94)





# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

**Example 3**

## TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

**USING Income  
1994 Standards**

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME <b>Mr. Brown</b>		CASE NUMBER	
APPLICANT'S NAME <b>Mr. Brown</b>			
<b>Mrs. Brown</b> TB INDIVIDUAL'S TOTAL COUNTABLE INCOME			
	a. TB APPLICANT	b. TB SPOUSE	
<b>PART A. UNEARNED INCOME</b>	<b>Mr. Brown</b>	<b>Mrs. Brown</b>	
1. Applicant's Gross Unearned Income:			
2. Subtract General Income Exclusion:			
3. Subtract Other Unearned Income Deductions:			
4. Total Countable Unearned Income:			
<b>PART B. EARNED INCOME</b>			
5. Applicant's Earned Income:	<b>1655</b>	<b>1001</b>	
6. Subtract Balance of General Exclusion: (If Not Offset by Unearned Income (Line 2))	<b>20</b>	<b>20</b>	
7. Remaining Earned Income:	<b>1635</b>	<b>981</b>	
8. Subtract Work Expense Exclusion:	<b>65</b>	<b>65</b>	
9. Subtract Other Earned Income Deductions:	<b>—</b>	<b>—</b>	
10. Remaining Earned Income:	<b>1570</b>	<b>916</b>	
11. Subtract One-Half (1/2) Remaining Earned Income:	<b>785</b>	<b>458</b>	
12. Total Countable Earned Income:	<b>785</b>	<b>458</b>	
13. Total Countable Income (add lines 4 and 12):	<b>785</b>	<b>458</b>	
<b>PART C. TB ELIGIBILITY CALCULATION</b>			
14. Current TB Income Standard for Individual:	<b>977</b>	<b>977</b>	
15. Enter Total Countable Income (line 13):	<b>785</b>	<b>458</b>	
(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.) <b>Both are TB Eligible</b>			
Eligibility Worker Signature	Worker Number	Computation Date	Court/Use Only

MC 282 TB (7/95)

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

*Example 3*

## TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET ADULT (18 Years of Age and Older or Married)

NAME <i>MR. BROWN</i>	CASE NUMBER	MONTH
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### STEP I

Determine net nonexempt property in accordance with Article 9.

### STEP II

A. Only consider the net nonexempt property of the TB applicant;  
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant: .....

C. Property limit for one person: .....

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

☒ Yes. TB property requirement met.

☐ No, ineligible due to excess property.

*One half of  
community property  
\$ 1250  
\$ 2000*

*TB Property  
eligible*

>

Eligibility Worker Signature

Worker Number

MC 278 TB (7/95)

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## *EXAMPLE 3* TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET ADULT (18 Years of Age and Older or Married)

NAME <i>Mrs. Brown</i>	CASE NUMBER	MONTH
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### STEP I

Determine net nonexempt property in accordance with Article 9.

### STEP II

A. Only consider the net nonexempt property of the TB applicant;  
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant: .....

*one half community property*  
\$ 1250  
\$ 2000

C. Property limit for one person: .....

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

☐ Yes, TB property requirement met.

☐ No, ineligible due to excess property.

*TB Property eligible*

>

Eligibility Worker Signature

Worker Number

MC 278 TB (7/99)

SECTION NO.: 50268

MANUAL LETTER NO.: 152

DATE: OCT 20 1995 5N-16.0



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

*Using 1994 Income Standards*

**EXAMPLE 5**

CASE NAME <u>John Doe</u>	CASE NUMBER
APPLICANT'S NAME <u>John Doe</u>	

### PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if spouse is PA, other PA, or TB:

\$ 0

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name
<u>223</u>	<u>223</u>		
<u>-100</u>	<u>-100</u>		

- a. Standard SSI allocation (Federal Benefit Rate (FBR) for a couple minus FBR for an individual):

- b. Minus child's income:

- c. Total allocation:

123 + 123 + \_\_\_\_\_ + \_\_\_\_\_ = \$ 246

3. Remaining unearned income (subtract line I.2.c. from line I.1.):

\$ 246

### PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: \$ 1651

2. Unused portion of allocation for ineligible child(ren): \$ 246

3. Remaining earned income (subtract II.2. from II.1.): \$ 1405

IF THERE IS NO INCOME REMAINING AND I.3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.  
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION
<b>Unearned Income</b>	
1. Remaining unearned income (after allocation) or zero (from I.3.)	1. Deemed income from Part III.15.
2. A. Subtract general income exclusion	2. Eligible child's own QASDI income
3. B. Subtract other unearned income deductions	3. Other unearned income
3. Countable unearned income (to III.11.)	4. A. Subtract general income exclusion
<b>Earned Income</b>	
4. Remaining earned income (from II.3.)	4. B. Subtract other unearned income deductions
5. Subtract balance of general income exclusion	5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20)
6. Remainder	6. A. Child's countable earned income (subtract \$65 + 1/2 remainder)
7. A. Subtract work expense exclusion	6. B. Subtract other earned income deductions
7. B. Subtract other earned income deductions	7. Total countable income
8. Remainder	8. Current TB income standard
9. Subtract 1/2 remainder	If line IV-7 is less than or equal to line IV.8., this person is income eligible.
10. Countable earned income (to III.12.)	
<b>Deemed Income</b>	
11. Countable unearned income (from III.3.)	
12. Add countable earned income (from III.10.)	
13. Total countable income (from III.11. + III.12.)	
14. Subtract parent deduction*	
15. Deemed income. Enter on Line IV.1.	

\* Individual FBR if one ineligible parent lives with child; couple FBR if both ineligible parents live with child.

MC 280 TB (4/95)

*TB  
Income  
Eligible*

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET CHILD

*Example 5*

NAME <u>John Doe</u>	CASE NUMBER	MONTH
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### STEP I

- A. There is no allocation of property from an ineligible parent(s) if one or both parents is public assistance (PA), other PA, or eligible for the TB program.
- B. Determine net nonexempt property in accordance with Article 9. *(1) or exempt*

### STEP II

#### A. Ineligible Parental Allocation

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

- |   |                |
|---|----------------|
| 1. Parent(s)' net nonexempt property: .....   | \$ <u>2500</u> |
| 2. Property limit for one person (if two parents, enter property limit for two persons). .... | \$ <u>3000</u> |
| 3. Subtract line A.2. from line A.1. (enter 0 if negative). Total Allocation: .....           | \$ <u>0</u>    |
| 4. Divide line A.3. by the number of TB children in the home.<br>TB Child's Share: .....      | \$ <u>0</u>    |

#### B. TB Child's and Parent(s)' Resources

- |  |                |
|--|----------------|
| 1. Child's own net nonexempt property (as determined under Article 9): ..... | \$ <u>0</u>    |
| 2. Enter child's share of property from parent(s) (line A.4.): .....         | \$ <u>0</u>    |
| 3. Add line B.1. and B.2.: .....   | \$ <u>0</u>    |
| 4. Enter the TB property limit for one person: .....                         | \$ <u>2000</u> |
| 5. Is line B.3. less than or equal to line B.4.?                             |                |

- ☒ Yes, TB property requirement met.
- ☐ No, ineligible due to excess property. If more than one TB child in the home, proceed to Section C.

*TB  
Property  
Eligible*

#### C. More Than One TB Child in the Home

1. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the TB child's own net nonexempt property exceeds the TB property limit for one person.
2. Take the amount of property deemed from the parent(s) (line A.3.) and re-divide it among the remaining number of TB children in the home (line A.4.).
3. Repeat Section B for each of the remaining TB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (line B.3.) is within the allowable TB property limit (line B.4.).

<div style="display: flex; justify-content: space-between;"> <span>Eligibility Worker Signature</span> <span>Worker Number</span> </div>	
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MC 279 TB (2/88)

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

*Example 6*

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME <i>Mr. Searls</i>	CASE NUMBER
APPLICANT'S NAME <i>Mr. Searls</i>	
<b>TB INDIVIDUAL'S TOTAL COUNTABLE INCOME</b>	
	a. TB APPLICANT      b. TB SPOUSE
<b>PART A. UNEARNED INCOME</b>	
1. Applicant's Gross Unearned Income:	
2. Subtract General Income Exclusion:	
3. Subtract Other Unearned Income Deductions:	
4. Total Countable Unearned Income:	
<b>PART B. EARNED INCOME</b>	
5. Applicant's Earned Income:	<i>1535</i>
6. Subtract Balance of General Exclusion: (If Not Offset by Unearned Income (Line 2))	<i>20</i>
7. Remaining Earned Income:	<i>1515</i>
8. Subtract Work Expense Exclusion:	<i>65</i>
9. Subtract Other Earned Income Deductions:	<i>—</i>
10. Remaining Earned Income:	<i>1450</i>
11. Subtract One-Half (1/2) Remaining Earned Income:	<i>725</i>
12. Total Countable Earned Income:	<i>725</i>
13. Total Countable Income (add lines 4 and 12):	<i>725</i>
<b>PART C. TB ELIGIBILITY CALCULATION</b>	
14. Current TB Income Standard for Individual:	<i>977</i>
15. Enter Total Countable Income (line 13):	<i>725</i>
(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.)	
Eligibility Worker Signature	<i>TB Income eligible</i>
Worker Number	Computation Date
	County Use Only

MC 282 TB (7/95)

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET ADULT

**Example 6** (18 Years of Age and Older or Married)

NAME <i>Mr. Sanchez</i>	CASE NUMBER	MONTH
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### STEP I

Determine net nonexempt property in accordance with Article 9.

### STEP II

A. Only consider the net nonexempt property of the TB applicant;  
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant: ..... \$ 2,800

C. Property limit for one person: ..... \$ 2,000

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

☐ Yes, TB property requirement met.

☒ No, ineligible due to excess property.

Eligibility Worker Signature

Worker Number

*TB  
Property  
Ineligible*

MC 278 TB (7/95)



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

*1994 Income Standards*

**Example 6**

CASE NAME <u>Mr. Samuels</u>	CASE NUMBER
APPLICANT'S NAME <u>Will Samuels</u>	

### PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if spouse is PA, other PA, or TB: \$ \_\_\_\_\_
2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.
 

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name

  - a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual): \_\_\_\_\_
  - b. Minus child's income: \_\_\_\_\_
  - c. Total allocation: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_
3. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ 0

### PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: \$ 3535
2. Unused portion of allocation for ineligible child(ren): \$ 0
3. Remaining earned income (subtract II.2. from II.1.): \$ 3535

IF THERE IS NO INCOME REMAINING AND I.3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.  
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents		PART IV. TB ELIGIBILITY CALCULATION	
<b>Unearned Income</b>		1. Deemed income from Part III.15. <u>1056</u>	
1. Remaining unearned income (after allocation) or zero (from I.3.)		2. Eligible child's own OASDI income	<u>0</u>
2. A. Subtract general income exclusion	-20	3. Other unearned income	<u>100</u>
B. Subtract other unearned income deductions	-	4. A. Subtract general income exclusion	-20
3. Countable unearned income (to III.11.)		B. Subtract other unearned income deductions	-0
<b>Earned Income</b>		5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20)	<u>1136</u>
4. Remaining earned income (from II.3.)	<u>3535</u>	6. A. Child's countable earned income (subtract \$65 + 1/2 remainder)	-0
5. Subtract balance of general income exclusion	<u>20</u>	B. Subtract other earned income deductions	-0
6. Remainder	<u>3515</u>	7. Total countable income	<u>1136</u>
7. A. Subtract work expense exclusion	-65	8. Current TB income standard	<u>977</u>
B. Subtract other earned income deductions	-0	If line IV-7 is less than or equal to line IV.8., this person is income eligible.	
8. Remainder	<u>3450</u>	<i>TB Income Ineligible</i>	
9. Subtract 1/2 remainder	<u>1725</u>		
10. Countable earned income (to III.12.)	<u>1725</u>		
<b>Deemed Income</b>			
11. Countable unearned income (from III.3.)	<u>0</u>		
12. Add countable earned income (from III.10.)	<u>1725</u>		
13. Total countable income (from III.11. + III.12.)	<u>1725</u>		
14. Subtract parent deduction*	<u>669</u>		
15. Deemed income. Enter on Line IV.1.	<u>1056</u>		

\* Individual FBR if one eligible parent lives with child; couple FBR if both ineligible parents live with child.

MC 280 TB (4/95)



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

**Example  
7**

## TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

**1995 Income  
Standards**

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME		CASE NUMBER	
<b>Mr. ONO</b>			
APPLICANT'S NAME			
<b>MR. ONO</b>			
<b>TB INDIVIDUAL'S TOTAL COUNTABLE INCOME</b>			
	a. TB APPLICANT	b. TB SPOUSE	
<b>PART A. UNEARNED INCOME</b>			
1. Applicant's Gross Unearned Income:			
2. Subtract General Income Exclusion:			
3. Subtract Other Unearned Income Deductions:			
4. Total Countable Unearned Income:			
<b>PART B. EARNED INCOME</b>			
5. Applicant's Earned Income:	<b>1655</b>		
6. Subtract Balance of General Exclusion: (If Not Offset by Unearned Income (Line 2))	<b>20</b>		
7. Remaining Earned Income:	<b>1635</b>		
8. Subtract Work Expense Exclusion:	<b>- 65</b>		
9. Subtract Other Earned Income Deductions:	<b>—</b>		
10. Remaining Earned Income:	<b>1570</b>		
11. Subtract One-Half (1/2) Remaining Earned Income:	<b>785</b>		
12. Total Countable Earned Income:	<b>785</b>		
13. Total Countable Income (add lines 4 and 12):	<b>785</b>		
<b>PART C. TB ELIGIBILITY CALCULATION</b>			
14. Current TB Income Standard for Individual:	<b>1001</b>		
15. Enter Total Countable Income (line 13):	<b>785</b>		
(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.)			
Eligibility Worker Signature		Worker Number	Computation Date
>			

**TB income eligible**

MC 282 TB (7/95)

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

1995  
STANDARD

CASE NAME

APPLICANT'S NAME

**Mr. QNO  
KAI QNO**

CASE NUMBER

### PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if source is PA, other PA, or TB:

\$ **0**

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name
<b>229</b>	<b>229</b>		
<b>-100</b>	<b>-100</b>		

- a. Standard SSI allocation (Federal Benefit Rate (FBR) for a couple minus FBR for an individual):

- b. Minus child's income:

- c. Total allocation:

**129 - 129 = \$ 258**

3. Remaining unearned income (subtract line I.2.c. from line I.1.):

\$ **258**

### PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income:

\$ **1649**

2. Unused portion of allocation for ineligible child(ren):

\$ **258**

3. Remaining earned income (subtract II.2. from II.1.):

\$ **1391**

IF THERE IS NO INCOME REMAINING AND I.3. AND II.3. ARE BOTH ZERO, DO NOT DEEM. GO TO PART IV.  
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION	
<b>Unearned Income</b>		
1. Remaining unearned income (after allocation) or zero (from I.3.)	1. Deemed income from Part III.1.5.	
<b>0</b>	<b>195</b>	
2. A. Subtract general income exclusion	2. Eligible child's own OASDI income	
<b>-20</b>	<b>0</b>	
3. Subtract other unearned income deductions	3. Other unearned income	
<b>-</b>	<b>0</b>	
4. Countable unearned income (to III.11.)	4. A. Subtract general income exclusion	
<b>0</b>	<b>-20</b>	
<b>Earned Income</b>		
5. Remaining earned income (from II.3.)	5. Subtract other unearned income deductions	
<b>1391</b>	<b>-</b>	
6. Subtract balance of general income exclusion	6. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20)	
<b>30</b>	<b>175</b>	
7. Remainder	7. A. Child's countable earned income (subtract \$55 + 1/2 remainder)	
<b>1361</b>	<b>- 0</b>	
8. A. Subtract work expense exclusion	8. Subtract other earned income deductions	
<b>-5</b>	<b>- 0</b>	
9. Subtract other earned income deductions	9. Total countable income	
<b>-</b>	<b>175</b>	
10. Remainder	10. Current TB income standard	
<b>1356</b>	<b>1901</b>	
11. Subtract 1/2 remainder	If line IV.7 is less than or equal to line IV.8., this person is income eligible.	
<b>678</b>		
12. Countable earned income (to III.12.)		
<b>678</b>		
<b>Deemed Income</b>		
13. Countable unearned income (from III.3.)		
<b>0</b>		
14. Add countable earned income (from III.10.)		
<b>678</b>		
15. Total countable income (from III.11. + III.12.)		
<b>678</b>		
16. Subtract current deduction		
<b>-458</b>		
17. Deemed income. Enter on Line IV.1.		
<b>195</b>		

TB Income eligible

HC 280 TB (4/93)

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### M. MEDI-CAL TUBERCULOSIS PROGRAM QUESTIONS AND ANSWERS

These questions are the most commonly asked regarding the Medi-Cal Tuberculosis (TB) program. The following are the answers.

**QUESTION 1:** The counties do not want to send out quarterly status reports but prefer to wait until the annual redetermination to evaluate continuing eligibility, discontinuance, etc. Will this suffice?

**ANSWER 1:** Counties cannot wait until the annual redetermination to evaluate continuing eligibility. Quarterly status reports must be sent out in order to capture any changes in client income or resources.

**QUESTION 2:** If the TB clinic sends an application to the county and the county finds this person eligible for full-scope benefits, can the TB application still be used in lieu of the SAWS 1 or would the actual SAWS 1 have to be completed?

**ANSWER 2:** The SAWS 1 would be required if the client is applying for full-scope Medi-Cal benefits. In addition, the face-to-face would also be required when the applicant is applying for full-scope Medi-Cal benefits. If this individual has infectious active TB, then a family member who is not infected would apply at the county welfare office for this individual.

**QUESTION 3:** Will the clinics gather all client information and complete an application for each person applying and then forward all completed information to the counties?

**ANSWER 3:** Clinics will assist TB applicants in completing the following forms AND FORWARDING THEM BY MAIL to the county welfare office:

1. MEDI-CAL TB APPLICATION (MC 274 TB)
2. MC 210 STATEMENT OF FACTS (MEDI-CAL)
3. MC 210A SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE COVERAGE/RESTORATION
4. MC 13 STATEMENT OF CITIZENSHIP, ALIENAGE, AND IMMIGRATION STATUS
5. MC 219 RIGHTS AND RESPONSIBILITIES

Clinics may also forward verification of income, property, etc.

**QUESTION 4:** Will a TB application be taken for each individual when families are applying, or will one application suffice?

**ANSWER 4:** A TB application must be completed for each individual applying for the TB Program. If there are more than one family members applying for the TB program, each member of the family must have his/her own TB application completed.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**QUESTION 5:** Are family members who are NOT actively infected with TB required to go into the county welfare office to apply for the TB program themselves and other active TB infected family members?

**ANSWER 5:** This may vary within each county. Other family members of a TB infected individual may go into the county welfare office and apply for benefits on behalf of this person or the family may apply at the clinic. However, if the individual or family desires full-scope Medi-Cal benefits, he/she or a family member must go into the county welfare office to apply. A face-to-face interview would be required.

**QUESTION 6:** Once the county receives and reviews the application and determines that additional information is necessary, how will this information be obtained?

**ANSWER 6:** If counties receive forms that are incomplete and need additional client information, they may contact the clinic or provider for this information. If the information can be obtained by telephone, this would be the preferred method of obtaining this information. Counties at times may have to contact the clinic worker and sometime participate in a conference call with the clinic worker and the Medi-Cal client. (Many clients will be homeless and without a phone.)

**QUESTION 7:** If an applicant claims to have Satisfactory Immigration Status (SIS) and then the county finds this to be incorrect, will this individual be discontinued immediately?

**ANSWER 7:** The alien verification requirements for the TB program are the same as for the full-scope Medi-Cal program. When a TB applicant meets all other eligibility requirements for the TB program, the county must grant eligibility under that program while SAVE verification is pending. If the Immigration and Naturalization Service SAVE response indicates this person does not have SIS, the counties should terminate eligibility immediately subject to all notice of action requirements.

**QUESTION 8:** Will the effective date of the TB application be the date of the application or the date the county receives it?

**ANSWER 8:** The effective date of the TB application will be the date the county receives it. (Generally, this will be the same month the client completes the application.)

**QUESTION 9:** Will faxes be appropriate to transmit client information from clinics to counties or must they be photocopies?

**ANSWER 9:** Counties may accept faxes, however clinics should subsequently forward the original document or photocopies.

**QUESTION 10:** When an applicant is homeless and he is found eligible for the TB Medi-Cal program, where should his card be sent? Can it be sent to the clinic?

**ANSWER 10:** The card may be sent wherever the client wishes it to be sent (i.e., the clinic, General Delivery, a shelter, a friend's house).

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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- QUESTION 11: a. Can a TB applicant be eligible for the TB program and County Medical Services Program (CMSP)?  
b. Can a TB applicant be eligible for the TB program and a different Medi-Cal program?

- ANSWER 11: a. Yes, the beneficiary may have dual eligibility with CMSP.  
b. Yes, as long as the beneficiary is not covered by a zero share-of-cost Medi-Cal program which covers TB services, such as the ABD-MN or AFDC-MN with zero share of cost or coverage under a federal poverty level program for pregnant women, infants or children.

QUESTION 12: What are the requirements at annual redetermination? For example, is a new physician statement required verifying the beneficiary's TB status? If not, how will beneficiaries continue to receive TB program benefits, even when no longer infected or treated? How will we know when TB treatment ceases?

ANSWER 12: At annual redetermination, a new TB certification would be required documenting TB infection and the need for additional TB-related services. Clinics may complete Part B and Part C of the TB application and forward to the county for evaluation. (Also see Question 26.)

QUESTION 13: Is the MC 274 TB (Part C) the only acceptable authorized representative (AR) form for the TB Program?

ANSWER 13: Yes. The MC 274 TB (Part C) is the only acceptable authorized representative (AR) form for the TB program. No other AR forms may be used.

- QUESTION 14: a. Is a TB application needed when a Medi-Cal beneficiary with a share of cost becomes TB infected and wishes to apply for the TB Program?  
b. What then would be the date of application for the TB Program?  
c. Could there be a retro period?

- ANSWER 14: a. Only the certification (Part B) is needed.  
b. The date the person asks for coverage.  
c. Yes. Title 22, Section 50148 applies.

- QUESTION 15: a. Can persons who are TB infected and in long-term care be dually eligible?  
b. Are there other dual eligible categories?

- ANSWER 15: a. No, persons in long-term care are already receiving care for TB.  
b. Yes. Examples of aid groups which may be dually eligible and may receive TB services are as follows:

1. A Qualified Medicare beneficiary (QMB), a specified low income Medicare Beneficiary-only (SLMB) or Qualified Working Disabled Individual (QDWI).
2. An AFDC-MN or ABD-MN with a share-of-cost.
3. Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program; Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**QUESTION 16:** Is the "Property Worksheet" (MC 176-P) to be used in determining if an applicant meets the resource requirements? Or, will there be a separate property worksheet for the TB Program?

**ANSWER 16:** A separate Tuberculosis (TB) Program Property Worksheet is currently being prepared and will be distributed upon completion. (This is modeled on the QMB property worksheet.)

**QUESTION 17:** The TB income standard is based upon computations using the Federal Benefit Rate (FBR), which changes yearly. In which month does the FBR change?

**ANSWER 17:** The FBR changes in January.

**QUESTION 18:** Will a physician's stamp be acceptable under this program?

**ANSWER 18:** Yes. A physician's stamp is acceptable. Other staff members using the stamp should countersign with their own initials.

**QUESTION 19:** What are the eligibility requirements for the Tuberculosis (TB) Medi-Cal program?

**ANSWER 19:** Section 5N of the Medi-Cal Eligibility Procedures Manual describes the following in detail. To be eligible for the TB program, a person must:

- Be infected with TB. This factor links a person to Medi-Cal.
- Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws.
- Be a United States citizen or a person who has satisfactory immigration status.
- Have income and resources which do not exceed the maximum amount for a disabled individual under the Supplemental Security Income (SSI) program. Income cannot exceed an amount referred to as the TB income standard. (See details under income in Part E of the Procedures).
- Meet all other Medi-Cal requirements. This factor addresses nonlinking Medi-Cal requirements such as cooperation, verification, status reporting etc.

**QUESTION 20:** A child is defined as an unmarried person under the age of 18. Does this mean a person living with their parents?

**ANSWER 20:** Yes, this means an unmarried person under the age of 18 living with his or her parents.

**QUESTION 21:** Are TB applicants between the ages of 18 and 21 and who are full-time students considered a child under the TB program?

**ANSWER 21:** No. These TB applicants would be considered adults for purposes of determining TB program eligibility.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**QUESTION 22:** Does the ineligible child mean an ineligible child living with his or her parents?

**ANSWER 22:** Yes.

**QUESTION 23:** Do we deem stepparent's income or resources?

**ANSWER 23:** No. We do not deem from a stepparent's income or resources. As in Sneed procedures, we use only the parent's income which is in his/her own name and his/her share of community property and separate property.

**QUESTION 24:** When a TB application is received by the county welfare department and the worker identifies potential eligibility for full-scope Medi-Cal, is the worker required to inform the TB applicant of such potential eligibility? If yes, must the county obtain a SAWS 1 and complete the face-to-face interview?

**ANSWER 24:** Yes. The county must inform the TB applicant of such potential eligibility. If the applicant wishes to pursue that determination, he/she must complete a SAWS 1 and a face-to-face interview. If the person is actively infected, a family member may go into the county to apply for this individual if he desires full-scope benefits. If the actual TB-infected person has no family member, the county may complete the SAWS 1 on his/her behalf to preserve that application date. The county should continue processing the TB application but delay the face-to-face interview until the person can come to the interview. After that interview, the county can resume the eligibility determination for full-scope Medi-Cal.

**QUESTION 25:** Is the worker required to redetermine ongoing TB eligibility (complete the TB income/property worksheets) with each Quarterly Status Report processed?

**ANSWER 25:** Yes. This is a general Medi-Cal requirement and it is not waived under the TB program.

**QUESTION 26:** Is the annual redetermination handled the same as the initial application? That is, is the face-to-face interview waived? Would the client be referred to the clinic/provider to complete the MC 274 PART C to establish that the clinic is again the client's authorized representative, and other forms such as the MC 210?

**ANSWER 26:** Annual redeterminations are handled similar to the initial application. The face-to-face may be completed by the TB provider. Part A of the MC 274 contains client information and is not needed for the annual redetermination. A new certification (MC 274 Part B) is required documenting TB infection and the need for additional TB-related services. MC 274 Part C establishes the clinic as the client's authorized representative. It is valid until a determination has been made or the hearing process is over. It is also required at the annual redetermination. Providers can line out Part A and forward completed Part B and Part C to the county.

**QUESTION 27:** Will there be training for counties on using the TB forms and determining eligibility?

**ANSWER 27:** No. However counties may submit their questions to Sharon Garcia at (916) 657-5327 or Mary Maestas-Sandoval at (916) 657-1248.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**QUESTION 28:** If the TB applicant must be otherwise eligible for Medi-Cal (linkage), does this include individuals who have been determined presumptively disabled and therefore eligible for Medi-Cal pending a State Disability Evaluation.

**ANSWER 28:** "Otherwise eligible" refers to general nonlinking requirements not specifically listed as a TB program requirement, such as cooperation requirements, the California residency requirements, etc. A person who is TB infected is linked to Medi-Cal by being TB infected. A person who is eligible for full-scope Medi-Cal without a share of cost (SOC) does not need to be covered under the TB program regardless of how he/she is linked to Medi-Cal. However, if a TB infected person is eligible for full-scope Medi-Cal with a SOC, that person should be evaluated for the TB program, regardless of how he/she is linked to the other Medi-Cal program since that person could be eligible for the TB program and not have a SOC for outpatient TB services.

**QUESTION 29:** In Example 5 in the procedures (Part L. Examples - Treatment of income and property), how do you get \$669 parental deduction for a couple in 1994 (couple Federal Benefit Rate (FBR))?

**ANSWER 29:** This amount is based on the FBR for a couple (currently \$669 for a couple in 1994.) The FBR is provided by the Social Security Administration. The FBR is also used in certain income determinations in the Qualified Medicare Beneficiary (QMB), and Pickle programs.

**QUESTION 30:** If the TB clinic/provider is to act on behalf of the applicant/beneficiary, would the TB granting/denial Notice of Action (NOA) be sent to the TB clinic or provider?

**ANSWER 30:** The choice is the client's. It may be sent to the clinic or to any address the applicant/beneficiary, chooses.

**QUESTION 31:** When working with homeless applicants via a TB clinic or provider, are counties required to meet the promptness requirements in Medi-Cal Eligibility Manual 50177 for determining eligibility for the TB program?

**ANSWER 31:** Yes.

**QUESTION 32:** How many MC 210's are required for a family applying for the TB program?

**ANSWER 32:** We are requiring only one MC 210, even if one family member is age 18-21 and is an adult for purposes of the TB program. However, the 18-21 year old has the right to complete a separate MC 210 if he/she chooses. If the 18-21 year old were the only applicant, he/she would complete the MC 210.

**QUESTION 33:** If the TB applicant has other family members who want RESTRICTED Medi-Cal benefits, will the clinic/provider refer the family to the county welfare office to apply for Medi-Cal?

**ANSWER 33:** Yes, this referral is made anytime family members want Medi-Cal other than the Medi-Cal TB program, unless the family member who will go to the county has active TB.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**QUESTION 34:** Do we check the restricted box for TB on the MC 13?

**ANSWER 34:** No. You need to check the box labeled "other" and write in "TB" in the space next to that box. If the client is requesting full-scope benefits, check the box that indicates "Full Medi-Cal benefits".

**QUESTION 35:** In determining income eligibility, is actual income used or is weekly/biweekly converted to a monthly amount according to Section 50517, Title 22, CCR: i.e., the 2.167 or 4.133 factor?

**ANSWER 35:** Actual income is used.

**QUESTION 36:** Is a couple considered married if they are "holding out" as a married couple? Holding out means the couple has been validly married, but has presented themselves to the community as a married couple.

**ANSWER 36:** No, they are not treated as a married couple under the TB program.

**QUESTION 37:** If the value of property determined as of 12:01 A.M. of the first day of the month or at the lowest point during the month.

**ANSWER 37:** Property is determined according to Title 20, Code of Federal Regulations, Section 416.1207. Property determinations are made as of the first moment of the month.

**QUESTION 38:** How many status reports are required when a person is dually eligible or has continuing eligibility under another program?

**ANSWER 38:** Section 50191 requires status reports for all Medi-Cal Family Budget Units with at least one Aid to Families with Dependent Children-Medically Needy (AFDC-MN) or Medically Indigent (MI) person. However, one status report is acceptable under the Medi-Cal program, regardless of how many "programs" or aid codes the person or family is in.

**QUESTION 39:** If the clinic conducts the face-to-face interview, who should sign the MC 219 on behalf of the EW (Rights and Responsibilities).

**ANSWER 39:** The clinic staff person or provider who initially goes over the form with the client should sign the MC 219.

**QUESTION 40:** Can the county hold a TB application for at least a month while verification of actual income is pending?

**ANSWER 40:** Applications are not "held", but there must be verification before eligibility can be approved. Counties must verify in the same manner that is used for any other Medi-Cal case according to a promptness requirement in Section 50177, Title 22.

**QUESTION 41:** Will there be separate MC 219 forms (Rights and Responsibilities) for the TB program?

**ANSWER 41:** No. The regular MC 219 (Rights and Responsibilities) will be used under the TB Program.

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**QUESTION 42:** In Procedures E-2, it states that Medi-Cal beneficiaries who coverage is mandated by federal law are not eligible for the TB program. It also states that a beneficiary eligible for full-scope, zero SOC Medi-Cal does not need coverage under the TB program. If a beneficiary had a SOC and was covered by the TB program, must the county discontinue TB program coverage if this changes to a zero-SOC full-scope aid code? For example, an individual is in another aid code such as Aid Code 87, (MI-Confirmed Pregnancy with a SOC) and is also receiving TB-benefits under 7H. If in the next month this person receives no SOC Medically Indigent-Confirmed Pregnancy under Aid Code 86, may this person still remain in Aid Code 7H?

**ANSWER 42:** Yes. This person may remain in Aid Code 7H. Counties do not have to discontinue TB program coverage if a person moves to a zero-SOC full-scope aid code unless the aid code is one of the following. In that case, the Medi-Cal Eligibility Data System would generate an Alert Message indicating these aid codes were incompatible. Aid codes that are INCOMPATIBLE WITH THE TB PROGRAM ARE AS FOLLOWS:

**03 Adoption Assistance Program (Federal)**

- 3A CAAP AFDC (FG)
- 3C CAAP AFDC (U)
- 7A Child 100 Percent Program
- 10 Aged (SSI/SSP)
- 20 Blind (SSI/SSP)
- 30 AFDC-FG (cash)
- 35 AFDC-U (cash)
- 39 Transitional Medi-Cal
- 4C Voluntary AFDC-FC
- 42 AFDC-Foster Care/Federal
- 44 Income Disregard Program (Pregnancy related/Postpartum)
- 47 Income Disregard Program (Infant-full scope)
- 48 Income Disregard Program (OBRA Pregnancy-related postpartum)
- 49 Income Disregard program (IRCA Pregnancy-related/Postpartum)
- 54 Four Month Continuation
- 59 Additional Transitional Medi-Cal
- 60 Disabled (SSI/SSP)
- 69 Income Disregard Program (OBRA Infant Emergency Services)
- 7C 100 Percent Program (OBRA) Emergency and Pregnancy-Related Services
- 72 133 Percent Program
- 74 133 Percent Program (OBRA)

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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**QUESTION 43:** Under the TB program, what is the definition of family member?

**ANSWER 43:** Family member means the following persons living in the home:

- (1) A child or sibling children.
- (2) The parents married or unmarried of the sibling children.
- (3) The stepparents of the sibling children.
- (4) The separate children of family member means a single person of a married couple.

**QUESTION 44:** Can a TB case be transferred to another county?

**ANSWER 44:** This case would be transferred the same as any other Medi-Cal case.



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### 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 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   |





# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION

If you are applying only for the Medi-Cal Tuberculosis Program, please complete this form.

**NOTE: You must be a U.S. citizen or have satisfactory immigration status to receive benefits under this program.**

PATIENT/APPLICANT NAME			COUNTY USE ONLY	
MAILING ADDRESS—Number/Street			City	ZIP Code
IF NO PERMANENT ADDRESS, TELL US WHERE YOU CAN BE REACHED			Case Name	
TELEPHONE NUMBER(S)—Home			Work	Message
DATE OF BIRTH			SOCIAL SECURITY NUMBER	
<div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>				
<p>THE LAW SAYS WE MUST GET YOUR ETHNIC GROUP AND PRIMARY LANGUAGE. IF YOU DO NOT WANT TO COMPLETE THESE ITEMS THE COUNTY WILL DO IT FOR YOU. THIS WILL NOT AFFECT YOUR ELIGIBILITY.</p>				
<p>a Ethnic Group</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> White</div> <div style="width: 50%;"><input type="checkbox"/> Black</div> <div style="width: 50%;"><input type="checkbox"/> Hispanic</div> <div style="width: 50%;"><input type="checkbox"/> Filipino</div> <div style="width: 50%;"><input type="checkbox"/> Chinese</div> <div style="width: 50%;"><input type="checkbox"/> Hawaiian</div> <div style="width: 50%;"><input type="checkbox"/> Asian Indian</div> <div style="width: 50%;"><input type="checkbox"/> Laotian</div> <div style="width: 50%;"><input type="checkbox"/> Cambodian</div> <div style="width: 50%;"><input type="checkbox"/> Japanese</div> <div style="width: 50%;"><input type="checkbox"/> American Indian or Alaska Native</div> <div style="width: 50%;"><input type="checkbox"/> Korean</div> <div style="width: 50%;"><input type="checkbox"/> Guamanian</div> <div style="width: 50%;"><input type="checkbox"/> Samoan</div> <div style="width: 50%;"><input type="checkbox"/> Vietnamese</div> <div style="width: 50%;"><input type="checkbox"/> Other Pacific Islander (specify) _____</div> </div>				County of Assignment  County of Residence  <input type="checkbox"/> CWD Records Cleared  Ethnic Group:  Primary Language:
<p>b Language</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> English</div> <div style="width: 50%;"><input type="checkbox"/> Cantonese</div> <div style="width: 50%;"><input type="checkbox"/> Lao</div> <div style="width: 50%;"><input type="checkbox"/> Tagalog</div> <div style="width: 50%;"><input type="checkbox"/> Spanish</div> <div style="width: 50%;"><input type="checkbox"/> Cambodian</div> <div style="width: 50%;"><input type="checkbox"/> Vietnamese</div> <div style="width: 50%;"><input type="checkbox"/> American Sign</div> <div style="width: 50%;"><input type="checkbox"/> Other (specify) _____</div> </div>				

If Applicant is Under 18 Years of Age, Parent/Spouse Information

NAME:

ADDRESS—Street Number

City

ZIP Code

### CERTIFICATION AND PERJURY STATEMENT

I certify that I understand and agree that I have to comply with eligibility rules. I understand that the statements I have made on this form may be checked and verified.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE SIGNED

➤

SIGNATURE OF INTERPRETER OR WITNESS TO APPLICANT'S MARK

➤

MC 270 TUB (Rev. 10/1/95) (Don't change)

ORIGINAL—County Welfare Department

COPY—Provider

COPY—Patient

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

## MEDI-CAL TUBERCULOSIS PROGRAM REFERRAL

COUNTY USE ONLY

EW Name \_\_\_\_\_

EW No \_\_\_\_\_

Case No \_\_\_\_\_

Case Name \_\_\_\_\_

*This form must be completed in order to determine the person's eligibility  
for the Medi-Cal Tuberculosis Program.*

Please Print Clearly.

PATIENT NAME \_\_\_\_\_

DATE OF BIRTH—Month/Day/Year \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

### PATIENT CONSENT:

I consent to this information being forwarded to the County Welfare office.

Signature of Patient or Parent/Guardian (If Patient is Under 18 Years of Age)

➤

### PROVIDER USE ONLY:

If either question is answered "Yes," the patient: \_\_\_\_\_ is Tuberculosis infected.

1. Requires Preventive Therapy for Tuberculosis infection.

☐ Yes ☐ No

2. Requires Treatment for Active Tuberculosis.

☐ Yes ☐ No

### RETROACTIVE ELIGIBILITY

This person has been under therapy for Tuberculosis within the past three months prior to application

☐ Yes—Date Tuberculosis therapy began: \_\_\_\_\_

☐ No

Provider or Clinic Staff—please complete the MC 210A if the above question is "Yes" and patient believes he/she is eligible for retroactive benefits

IF THIS PERSON IS TUBERCULOSIS INFECTED, PLEASE MAIL PART A, B, AND C OF THE MC 274 TB FORM TO THE  
LOCAL COUNTY WELFARE OFFICE FOR A MEDI-CAL DETERMINATION UNDER THE TUBERCULOSIS PROGRAM.

PHYSICIAN NAME (Please Print Name, Title, or Type) \_\_\_\_\_

TELEPHONE NO \_\_\_\_\_

PHYSICIAN TITLE \_\_\_\_\_

MEDI-CAL PROVIDER NO \_\_\_\_\_

DATE \_\_\_\_\_

PROVIDER ADDRESS—Number/Street \_\_\_\_\_

City \_\_\_\_\_

ZIP Code \_\_\_\_\_

AUTHORIZED PROVIDER SIGNATURE \_\_\_\_\_

➤

MC 274 TB FORM Part B—Referral ORIGINAL—County Welfare Department COPY—Provider COPY—Patient

SECTION: 50268 MANUAL LETTER NO.: 152

DATE: OCT 20 1995 PAGE 5N-27

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Welfare Agency

Department of Health Services

### MEDI-CAL TUBERCULOSIS PROGRAM AUTHORIZATION FOR CLINIC ASSISTANCE

I hereby designate any staff member, authorized by the clinic, to perform intake and/or treatment functions, to assist me in my application for Tuberculosis Program benefits at no cost to me.

This assignment enables the authorized staff of the clinic to:

- Submit requested verifications to the county welfare department;
- Assist me in the completion of the "Application for Medi-Cal Tuberculosis Program" and the MC 210 Statement of Facts forms; and
- Obtain information from the county welfare department regarding the status of my application.

I understand that I do not have to apply for Medi-Cal benefits under this program and that I will not be denied treatment if I choose not to apply. I also understand that I have the responsibility to complete and sign the Statement of Facts and to provide all requested verifications before my Medi-Cal eligibility can be determined.

I hereby state that I make this assignment voluntarily and that I may revoke it at any time by notifying my Medi-Cal eligibility worker and the clinic.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Authorized Clinic Staff Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Clinic

\_\_\_\_\_  
Clinic Address

\_\_\_\_\_  
Clinic Telephone Number

MSC 576 (7/8/95) Form C—Clinic Assistance Authorization

ORIGINAL—County Welfare Department

COPY—Provider

COPY—Patient



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

Medi-Cal  
Notice of Action  
Denial For  
Tuberculosis (TB) Program

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Your \_\_\_\_\_ application for the Medi-Cal Tuberculosis Program has been denied. The reason is:

- ☐ Your income is more than the income level of \_\_\_\_\_.
- ☐ Your property of \_\_\_\_\_ is more than the property limit for an individual.  
Your property used in this determination is \_\_\_\_\_.
- ☐ You are not a U.S. citizen or you do not have Satisfactory Immigration Status.
- ☐ You are eligible for Medi-Cal as a cash grant recipient under the Aid to Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.

The Tuberculosis Program provides TB-related services, without any cost, for people who:

- Are infected with TB,
- Have income and property that does not exceed the maximum amount for a disabled individual,
- Are U.S. citizens or persons who have Satisfactory Immigration Status,
- Are not eligible for Medi-Cal as a cash grant recipient under the Aid to Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

MC 275 TB (7/95)



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Fecha:

No. del Caso:

No. del Trabajador(a):

Notificación de Acción de  
Medi-Cal  
Negación para el  
Programa sobre la Tuberculosis

Se ha negado su solicitud del \_\_\_\_\_ para el Programa de Medi-Cal sobre la Tuberculosis. La razón es la siguiente:

- ☐ Sus ingresos son más que el nivel de ingresos de \_\_\_\_\_.
- ☐ Su propiedad de \_\_\_\_\_ es más que el máximo nivel de propiedad para una persona.  
Su propiedad que se utilizó para hacer esta determinación es \_\_\_\_\_.
- ☐ Usted no es ciudadano de los E.U. o no goza de una situación migratoria satisfactoria.
- ☐ Usted reúne los requisitos para recibir Medi-Cal en calidad de persona que recibe un pago mensual de asistencia monetaria bajo el Programa de Asistencia para Familias con Niños Necesitados, Necesitado bajo el Programa de Medi-Cal Solamente, Indigente bajo el Programa de Medi-Cal, bajo el Programa de Seguridad de Ingreso Suplemental o bajo el Programa de Deducciones de los Ingresos/programas federales sobre la pobreza para mujeres embarazadas, bebés y niños.

El Programa de Medi-Cal sobre la Tuberculosis proporciona servicios relacionados a la tuberculosis, sin costo alguno para las personas que:

- Están infectadas con la tuberculosis.
- Tienen ingresos y bienes que no exceden la cantidad máxima para una persona incapacitada.
- Son ciudadanos de los E.U. o gozan de una situación migratoria satisfactoria.
- No reúnen los requisitos para recibir Medi-Cal en calidad de beneficiarios de asistencia monetaria bajo el Programa de Asistencia para Familias con Niños Necesitados, como Necesitados bajo el Programa de Medi-Cal solamente, como Indigentes bajo el Programa de Medi-Cal, del Programa de Seguridad de Ingreso Suplemental, o el Programa de Deducciones de los Ingresos/programas federales sobre la pobreza para mujeres embarazadas, bebés y niños.

Ordenamientos que son pertinentes en el caso suyo: sección 14005.20 del Código de Bienestar e Instituciones. Usted puede consultarlos en el departamento local de bienestar del condado.

MC 275 TB (SP) (7/95)





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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

Notice of Action

Medi-Cal

Discontinuance

Tuberculosis (TB) Program

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As of \_\_\_\_\_ your eligibility for the following Medi-Cal Tuberculosis Program is discontinued because:

- ☐ Your income is more than the income level of \_\_\_\_\_.
- ☐ Your property of \_\_\_\_\_ is more than the property limit for an individual.  
Your property used in this determination is \_\_\_\_\_.
- ☐ You are not a U.S. citizen or you do not have Satisfactory Immigration Status.
- ☐ You are eligible for Medi-Cal as a cash grant recipient under the Aid for Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.
- ☐ You are no longer infected with TB.

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

MC 278 TB (7/85)

## 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: \_\_\_\_\_

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Fecha:

No. del Caso:

No. del Trabajador(a):

Notificación de Acción de  
Medi-Cal  
Descontinuación  
Programa sobre la Tuberculosis

A partir del \_\_\_\_\_ se discontinuará su elegibilidad para el Programa de Medi-Cal sobre la Tuberculosis por la siguiente razón:

- ☐ Sus ingresos son más que el nivel de ingresos de \_\_\_\_\_.
- ☐ Su propiedad de \_\_\_\_\_ es más que el máximo nivel de propiedad para una persona.  
Su propiedad que se utilizó para hacer esta determinación es \_\_\_\_\_.
- ☐ Usted no es ciudadano de los E.U. o no goza de una situación migratoria satisfactoria.
- ☐ Usted reúne los requisitos para recibir Medi-Cal en calidad de persona que recibe un pago mensual de asistencia monetaria bajo el Programa de Asistencia para Familias con Niños Necesitados, Necesitado bajo el Programa de Medi-Cal Solamente, Indigente bajo el Programa de Medi-Cal, bajo el Programa de Seguridad de Ingreso Suplemental o bajo el Programa de Deducciones de los Ingresos/programas federales sobre la pobreza para mujeres embarazadas, bebés y niños.
- ☐ Usted ya no está infectado(a) de tuberculosis.

Ordenamientos que son pertinentes en el caso suyo: sección 14005.20 del Código de Bienestar e Instituciones. Usted puede consultarlos en el departamento local de bienestar del condado.

MC 278 TB (SP) (7/95)



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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Date:

Case No.:

Worker No.:

Medi-Cal  
Notice of Action  
Approval for Benefits  
Under the Tuberculosis (TB) Program

Your application for the Medi-Cal Tuberculosis Program has been approved. You are entitled to receive TB-related services at no share-of-cost beginning \_\_\_\_\_.

Carry your Medi-Cal card with you at all times. Present it to your doctor or any other health care provider when you are requesting TB-related services.

For additional information, contact your case worker.

You may be eligible to receive up to three months retroactive TB Medi-Cal from the date your application was received by the county. If you need this, contact your case worker.

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

You will get a plastic Benefits Identification Card (BIC) in the mail soon. Take this plastic card to your medical provider when you need outpatient Tuberculosis care. This card is good as long as you are eligible for the TB Medi-Cal Program. *Do not throw away your plastic ID card.*

Rules that apply to your case: Section 14005.20 of the Welfare and Institutions Code. You may review them at your local welfare office.

## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

### YOUR HEARING RIGHTS

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- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

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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

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☐ Cash Aid ☐ Food Stamps

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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: \_\_\_\_\_

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)

Fecha:

No. del Caso:

No. del Trabajador(a):

Notificación de Acción de  
Medi-Cal

Aprobación de Beneficios del  
Programa sobre la Tuberculosis

Se ha aprobado su solicitud para el Programa de Medi-Cal sobre la Tuberculosis. Comenzando el \_\_\_\_\_ usted tendrá derecho a recibir beneficios relacionados a la tuberculosis sin tener que pagar parte del costo.

Lleve siempre consigo su tarjeta de Medi-Cal. Preséntesela a su doctor o a cualquier otro proveedor de cuidado de la salud cada vez que solicite servicios relacionados a la tuberculosis.

Comuníquese con su trabajador(a) si necesita más información.

Es posible que usted reúna los requisitos para recibir hasta tres meses de Medi-Cal relacionado a la tuberculosis comenzando en la fecha en que el condado recibió su solicitud. Si necesita esto, comuníquese con su trabajador(a).

Usted tiene que decirle al condado en un plazo de diez días acerca de cualesquier cambios en ingresos, bienes, u otra información que usted nos dio.

Pronto recibirá por correo una tarjeta de identificación de plástico de beneficios (BIC). Lleve esta tarjeta de plástico a su proveedor de servicios médicos cuando necesite cuidado sobre la tuberculosis fuera de un hospital. Esta tarjeta es válida siempre y cuando usted reúna los requisitos para recibir beneficios del Programa de Medi-Cal sobre la Tuberculosis. *No tire (bote) su tarjeta de identificación de plástico.*

Ordenamientos que son pertinentes en el caso suyo: sección 14005.20 del Código de Bienestar e Instituciones. Usted puede consultarlos en el departamento local de bienestar del condado.





# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET 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 TB applicant;  
do not consider the property of any other family members in the home.

B. Net nonexempt property of TB applicant: \$ \_\_\_\_\_

C. Property limit for one person: \$ \_\_\_\_\_

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

- ☐ Yes, TB property requirement met.
- ☐ No, ineligible due to excess property.

>

Eligibility Worker Signature

Worker Number

MC 276 TB (7/89)



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET CHILD

NAME	CASE NUMBER	MONTH
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### STEP I

- A. There is no allocation of property from an ineligible parent(s) if one or both parents is public assistance (PA), other PA, or eligible for the TB program.
- B. Determine net nonexempt property in accordance with Article 9.

### STEP II

#### A. Ineligible Parental Allocation

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

1. Parent(s)' net nonexempt property: ..... \$ \_\_\_\_\_
2. Property limit for one person (if two parents, enter property limit for two persons). ..... \$ \_\_\_\_\_
3. Subtract line A.2. from line A.1. (enter 0 if negative). Total Allocation: ..... \$ \_\_\_\_\_
4. Divide line A.3. by the number of TB children in the home.  
TB Child's Share: ..... \$ \_\_\_\_\_

#### B. TB Child's and Parent(s)' Resources

1. Child's own net nonexempt property (as determined under Article 9): ..... \$ \_\_\_\_\_
2. Enter child's share of property from parent(s) (line A.4.): ..... \$ \_\_\_\_\_
3. Add line B.1. and B.2.: ..... \$ \_\_\_\_\_
4. Enter the TB property limit for one person: ..... \$ \_\_\_\_\_
5. Is line B.3. less than or equal to line B.4.?  
☐ Yes, TB property requirement met  
☐ No, ineligible due to excess property. If more than one TB child in the home, proceed to Section C.

#### C. More Than One TB Child in the Home

1. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the TB child's own net nonexempt property exceeds the TB property limit for one person.
2. Take the amount of property deemed from the parent(s) (line A.3.) and re-divide it among the remaining number of TB children in the home (line A.4.).
3. Repeat Section B for each of the remaining TB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (line B.3.) is within the allowable TB property limit (line B.4.).

Eligibility Worker Signature	Worker Number
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(HC 278 TB (3/90))



# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM FINANCIAL ELIGIBILITY WORK SHEET—ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENT(S)

CASE NAME	CASE NUMBER
APPLICANT'S NAME	

### PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income.  
Do not include parent's income if spouse is PA, other PA, or TB: \$ \_\_\_\_\_
  
2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.
 

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name

  - a. Standard SSI allocation (Federal Benefit Rate (FBR) for a couple minus FBR for an individual):
  - b. Minus child's income: \_\_\_\_\_
  - c. Total allocation: \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \$ \_\_\_\_\_
  
3. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ \_\_\_\_\_

### PART II. INELIGIBLE PARENT'S EARNED INCOME

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

IF THERE IS NO INCOME REMAINING AND I.3 AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.  
IF THERE IS INCOME, PROCEED WITH PART III.

PART III. COMBINED INCOMES—Ineligible Parents		PART IV. TB ELIGIBILITY CALCULATION	
Unearned Income			
1. Remaining unearned income (after allocation) or zero (from I.3.)		1. Deemed income from Part III.15.	
2. A. Subtract general income exclusion	-20	2. Eligible child's own OASDI income	
B. Subtract other unearned income deductions	-	3. Other unearned income	
3. Countable unearned income (to III.11.)		4. A. Subtract general income exclusion	-20
Earned Income		B. Subtract other unearned income deductions	-
4. Remaining earned income (from II.3.)		5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20)	
5. Subtract balance of general income exclusion		6. A. Child's countable earned income (subtract \$65 + 1/2 remainder)	-
6. Remainder		B. Subtract other earned income deductions	-
7. A. Subtract work expense exclusion	-65	7. Total countable income	
B. Subtract other earned income deductions	-	8. Current TB income standard	
8. Remainder		If line IV.7 is less than or equal to line IV.8, this person is income eligible.	
9. Subtract 1/2 remainder			
10. Countable earned income (to III.12.)			
Deemed Income			
11. Countable unearned income (from III.3.)			
12. Add countable earned income (from III.10.)			
13. Total countable income (from III.11. + III.12.)			
14. Subtract parent deduction*	-		
15. Deemed income. Enter on Line IV.1.			

\* Individual FBR if one ineligible parent lives with child; double FBR if both ineligible parents live with child

MC 280 TB (4/95)

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## MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

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### INSTRUCTIONS FINANCIAL ELIGIBILITY WORK SHEET FOR MC 280 TB (TB CHILD)

There is no deeming from any parent if one or both parents is public assistance (PA), other PA, or eligible for the TB program.

#### PART I. INELIGIBLE PARENT'S UNEARNED INCOME

Line I.1. Enter the ineligible parent's unearned income.

Line I.2. (If no ineligible siblings, enter zero in I.2.c.) Enter the first name of any ineligible child(ren) in the box provided. On line 2.a., enter the allocations for any ineligible child(ren) not on PA or not applying for or eligible for the TB program. On line 2.b., enter any income for each of the children, excluding up to \$400 per month but no more than \$1,620 per year if student income. Subtract line 2.b. from 2.a., enter the remainder for each child and total the allocations for all siblings on line 2.c.

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. (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 PARENT'S EARNED INCOME

Line II.1. Enter the parent's earned income.

Line II.2. Enter the amount of any allocation for ineligible children that is not offset by unearned income (line I.2.c. minus line I.1.). If line I.1. is 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.

NOTE: If, at this point (after the allocation for ineligible children), there is no income remaining either earned or unearned, there is no income available for deeming to the eligible child(ren). In this case, enter zero on line III.15. and proceed to Part IV. If there is earned and/or unearned income remaining, complete both Parts III and IV.

#### PART III. COMBINED INCOMES

Enter any remaining unearned income from line I.3. on line III.1. and any remaining earned income from line II.3. on line III.4. Follow the instructions on each line.

The entry on the last line of Part III (i.e., the "Deemed Income" line) is carried over to the first line (also titled "Deemed Income") on Part IV, "TB Eligibility Calculation."

#### PART IV. TB ELIGIBILITY CALCULATION

Line IV.1. Enter the deemed income from the last line in Part III. The deemed income is treated as unearned income.

Line IV.2. Enter the applicant's OASDI income.

Line IV.3. Enter any other unearned income of applicant.

Line IV.4. A. Enter the \$20 any income exclusion.

Line IV.4. B. Subtract any other unearned income deductions.

Line IV.5. Add together the amounts in lines IV.1., IV.2., and IV.3., and then subtract the \$20 any income exclusion (line IV.4.) to obtain the total countable unearned income amount.

Line IV.6. A. Enter the applicant's countable earned income (i.e., earned income after exclusions including the \$65 expense exclusion and 1/2 the remainder).

Line IV.6. B. Subtract other earned income deductions.

Line IV.7. Add the amounts in lines IV.5. and IV.6. to obtain the total countable income.

Line IV.8. Enter the current TB income standard.

If line IV.7. is less than or equal to line IV.8., the child applicant is income eligible.

MC 280 TB (4/89)

# MEDI-CAL ELIGIBILITY PROCEDURES MANUAL

State of California—Health and Welfare Agency

Department of Health Services

## TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible then this process completes the determination for the ineligible spouse.

CASE NAME		CASE NUMBER
APPLICANT'S NAME		
<b>TB INDIVIDUAL'S TOTAL COUNTABLE INCOME</b>		
	a. TB APPLICANT	b. TB SPOUSE
<b>PART A. UNEARNED INCOME</b>		
1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		
<b>PART B. EARNED INCOME</b>		
5. Applicant's Earned Income:		
6. Subtract Balance of General Exclusion: (If Not Offset by Unearned Income (Line 2))		
7. Remaining Earned Income:		
8. Subtract Work Expense Exclusion:		
9. Subtract Other Earned Income Deductions:		
10. Remaining Earned Income:		
11. Subtract One-Half (1/2) Remaining Earned Income:		
12. Total Countable Earned Income:		
13. Total Countable Income (add lines 4 and 12):		
<b>PART C. TB ELIGIBILITY CALCULATION</b>		
14. Current TB Income Standard for Individual:		
15. Enter Total Countable Income (line 13):		
(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.)		
Eligibility Worker Signature	Worker Number	Computation Date
		County Use Only

HC 282 TB (7/95)

