# **DEPARTMENT OF HEALTH SERVICES**

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August 20, 1997



MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO. 184

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

**5K--PERCENT PROGRAMS** 

Enclosed are an updated Table of Contents for Article 5, a correction to Example C, pages 6 and 7 of Article K (Percent Programs), and a clarification of Question 3, page 11 of Article 5K to ensure retroactive postpartum coverage when appropriate.

# Procedure Revision:

# Description:

Article 5K

Revision to the Procedures on the Percent

**Programs** 

# Filing Instructions:

# Remove Pages:

# **Insert Pages:**

Procedures Table of Contents

Page PTC-6

Procedures Table of Contents

Page PTC-6

Article 5 Table of Contents

Page TC-5 & TC-6

Article 5 Table of Contents

Page TC-5 & TC-6

Article 5K

Pages 5K-6 through 5K-33

Article 5K

Pages 5K-6 through 5K-35

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

Sincerely,

Original signed by

Frank S. Martucci, Chief Medi-Cal Eligibility Branch

**Enclosures** 

Article 5	-	MEDI-CAL PROGRAMS
5 <i>A</i>	٠	AID CODES
56	3 –	FOUR- MONTH CONTINUING ELIGIBILITY, TRANSITIONAL MEDI-CAL, AND WEDFARE
50	-	DEPRIVATIONLINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)
50	) –	MEDI-CAL ELIGIBILITY FOR NONFEDERAL AFDC CASH ASSISTANCE RECIPIENTS
5E	-	RAMOS V. MYERS PROCEDURES
5F	-	ASSET WAIVER PROVISION PROCEDURES
50	G	60-DAY POSTPARTUM PROGRAM PROCEDURES
5H	H	CONTINUED ELIGIBILITY (CE) PROGRAM PROCEDURES
51		QUALIFIED DISABLED WORKING INDIVIDUAL (QDWI) PROGRAM
5.	J	SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM
5H	<b>-</b>	PERCENT PROGRAMS
51		QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM - (To be released)
51	<b>√</b> 1 —	PRESUMPTIVE ELIGIBILITY (PE) PROGRAM
51	۰- ۱	MEDI-CAL TUBERCULOSIS (TB) PROGRAM
50	o	NOT IN USE PRESENTLY
5F	<b>-</b>	DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM

MANUAL LETTER NO.: 184 DATE: 8/20/97 PAGE: PTC-6

- D. Overview of Program
- E. Eligibility
- F. Dual Eligibility--QDWI Medi-Cal Eligibiles
- G. Card Issuance
- H. Ineligibility for Undocumented Aliens and Certain Amnesty Aliens
- I. Retroactive Medi-Cal Benefits
- J. Part A Enrollment and Benefits
- K. Initial QDWI Processing
- L. EMC2/TAO Screen
- M. QDWI Property Determination
- N. QDWI Income Determination
- O. Forms and Notices
- 5J SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM
  - A. Background
  - B. Scope of Benefits
  - C. Enrollment
  - D. Eligibility
  - E. Dual Eligibility
  - F. Retroactive Benefits
  - G. Medi-Cal Card
  - H. Aid Code
  - I. Buy In of Medicare Part B
  - J. Charts
  - K. Forms

**DATE:** 8/20/97 **PAGE:** ARTICLE 5, TC-5

5K	PER	CENT	PROC	<b>GRAMS</b>
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- A. Historical Explanation and Background
- B. Aid Codes and Benefits
- C. Period of Eligibility
- D. Eligibility Determination
- E. Multiple Medi-Cal Family Budget Units Dual Eligibility
- F. Retroactive Repayment of Share of Cost (SOC)
- G. MEDS Alerts
- H. Questions and Answers
- I. Notices
- J. Worksheet

# 5L - QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM - (To be released)

- A. Background
- B. QMB Eligibility Criteria
- C. Medicare Information
- D. Dually Eligible QMBs and QMB-Onlys
- E. Benefits
- F. Verification
- G. Enrollment
- H. QMB Processing
- I. QMB Property Determination
- J. QMB Income Determination
- K. Questions and Answers

**DATE:** 8/20/97 **PAGE: ARTICLE 5, TC-6** 

## **EXAMPLES**

## Example A

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

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

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

\$1,427 net nonexempt income under regular Medi-Cal

- + 40 health insurance premium
- \$1,467 adjusted net nonexempt income
- 1. Compare to 100 percent of the FPL for 6 persons: \$1,737 (effective April 1996). Bob is eligible for the 100 Percent Program.
- 2. Compare to 133 percent of the FPL for 6 person: \$2,310 (effective April 1996). Ryan is eligible for the 133 Percent program.
- 3. Compare to 200 percent of the FPL for 6 persons: \$3,474 (effective April 1996). Robyn, unborn, and Matthew are eligible for the Income Disregard Program.

# Example B

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

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

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

	50262				
SECTION NO.:	50262.5 50262.6	MANUAL LETTER NO.:	184	<b>DATE</b> : 8/20/97	5K-5

- \$1,115 net nonexempt income
- + 50 health insurance premium
- \$1,165 adjusted net nonexempt income
- 1. Compare to 100 of the FPL for 4 persons: \$1,300 (effective April 1996). Bryan is eligible for the 100 Percent program.
- Compare to 133 percent of the FPL for 4 persons: \$1,729 (effective April 1996). Cindy is eligible for the 133 Percent program.
- 3. Compare to 200 percent of the FPL for 4 persons: \$2,164 (effective April 1996). Pam is eligible for the Income Disregard program.

# Example C

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

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

## Example:

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

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

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

50262

SECTION NO.: 50262, 5 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-6

# B. Net Balance to MFBU

\$1,710 Sally's gross earnings

- 90 Work Deduction

\$1,620

- 510 (\$255 allocation to Sam, \$255 allocation to Steven)

\$1,110 Net balance available to MFBU from Mom

# MFBU's SOC Computation

\$1,110 Mom's income

0 Shauna's income

0 Susie's income

\$1,110 Total net nonexempt income

- 934 MNIL for 3

\$ 176 SOC

Since the MFBU has a SOC and the two girls are aged five and four, they are potentially eligible for the 133 Percent program. (Note: <u>Sneede</u> is not applicable because the girls do not have income of their own. If the girls did have income of their, <u>Sneede</u> procedures would apply before eligibility is determined for the FPL programs.)

133 Percent program eligibility for each child:

Shauna	Susie
\$1,110 Balance of Mom's net nonexempt income  O Shauna's income	\$1,110 Balance of Mom's net nonexempt income  O Susie's income
\$1,110 Total net nonexempt income	\$1,110 Total net nonexempt income

\$1,110 Total net nonexempt income compared to 133 Percent FPL for three\* = \$1,478 (April 1997).

Therefore, Susie and Shauna are eligible for the 133 Percent programs.

\*In stepparent cases when only the separate children of one of the parents want Medi-Cal, the FPL is compared to only the number of persons in the MFBU and not to the other family members even though income was allocated to the other family members.

If Shauna and Susie each had income-in-kind of \$237.50, Sneede procedures would apply. NOTE: The MFBU's SOC would also be different. The MBU's would be as follows:

MBU #1 (Sally)		MBU #2 (Shauna)		MBU #3 (Susie)	
Sally's Own Share MNIL SOC	\$600 - <u>600</u> \$ 0	Allocation from Sally Shauna's Income Total Minus SOC	\$255.00 <u>237.50</u> \$492.50 <u>375.00</u> \$117.50	Allocation from Sally Susie's Income Total Minus MNIL SOC	\$255.00 <u>237.50</u> \$492.50 <u>375.00</u> \$117.50

	50262 50262.5 50262.6	MANUAL LETTER NO.:	184	DATE:	8/20/97	5K-7	
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Compare Shauna's and Sally's total net nonexempt income (\$1,110 + \$237.50) to the 100 percent FPL for three persons (\$1,478).

Compare Susie's and Sally's total net nonexempt income (\$1,110 + \$237.50) to the 133 percent FPL for three persons (\$1,478).

Both Shauna and Suzie are eligible.

# Example D

A family of four, (mother-Jane, father-John, their mutual child-Joy age two years, and the mother's separate child-June age 17) are receiving Medi-Cal. The mother has unemployment benefits of \$750, pays a \$50 health insurance premium, for a net nonexempt income of \$700 per month. The father has unemployment benefits of \$800 per month. The children have no income. Since the family has a share of cost (SOC) based on MNIL of \$1,100, revised Sneede rules (as modified by Gamma) would apply.

	Father (John)	
\$ 700.00	Total countable income	\$800.00
\$ 600.00	Less parental/spousal (p/s) needs deduction	\$600.00
\$ 100.00	Father's income to be allocated	\$200.00
3	•	
\$33.34 each	Father's equal allocation to mother and natural/adopted children	\$100.00 each
	MBU #2	
	(June)	
\$ 600.00	Allocation from Mother	<u>\$ 33.34</u>
100.00	Total Income	33.34
600.00	Minus MNIL	375.00
33.34	SOC	\$ 0.00
33.34		
+ 100.00		
04 400 00		
\$1,466.68		
\$1,466.68 - <u>934.00</u>		
	\$ 600.00 \$ 100.00 3 \$33.34 each \$ 600.00 100.00 600.00 33.34 33.34 + 100.00	\$ 700.00 \$ 600.00 Less parental/spousal (p/s) needs deduction \$ 100.00 Father's income to be allocated  Number of persons for whom Father's responsible (Mother, mutual child)  Father's equal allocation to mother and natural/adopted children  MBU #2  (June)  \$ 600.00 Allocation from Mother Total Income 600.00 Minus MNIL 33.34 SOC 33.34 + 100.00

Since Joy is two years old and has a SOC, she is potentially eligible for the 133 percent program.

1. Compare only Mom's net nonexempt income (\$700) and Dad's net nonexempt income (\$800) (total of \$1,550 after adding back \$50 health care deductions) to 133 percent of the FPL for a family of four to determine Joy's eligibility for the 133 percent program. Joy is eligible for this program.

50262 SECTION NO.: 50262.5 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-8 50262.6

## Example E

The existing MFBU consists of a family of three: an unmarried couple and their unborn. The father does not wish to apply for Medi-Cal.

<u>MFBU</u>

Mother Unborn

Assume the MFBU is property eligible and has a SOC. Since the father does not wish Medi-Cal, <u>Sneede</u> procedures do not apply.

When determining eligibility for the Income Disregard program, use only the income of the mother. Compare her net nonexempt income to 200 percent of the FPL for two. Do not include the father of her unborn.

The father need not be included in the MFBU until the infant is age 1 due to Continued Eligibility unless he wants Medi-Cal or the mother needs him in the MFBU for linkage after her pregnancy ends.

## Example F

The MFBU consists of a family of three: a grandmother (caretaker relative) and her daughter's two children. The children are ages 2 and 5. The children each receive social security benefits.

## **MFBU**

## Caretaker Relative

Child A - \$

Child B - \$

Assume the MFBU is property eligible and has a SOC under existing regulations. The county applies revised <u>Sneede</u> procedures to the SOC determination. Assume that the children's MBUs have a SOC under <u>Sneede</u>.

MBU #1	MBU #2	MBU #3

Caretaker Relative Child A - \$ Child B - \$

(with SOC or zero SOC) (SOC) (SOC)

The two children under age 6 are now potentially eligible for the 133 Percent programs.

1. Use only Child A's income and compare it to the FPL level for three persons.

2. Use only Child B's income and compare it to the FPL level for three persons.

50262 SECTION NO.: 50262.5 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-9

## E. MULTIPLE MEDI-CAL FAMILY BUDGET UNITS - DUAL ELIGIBILITY

## Pregnant Women

Under the Income Disregard (Percent) program, the pregnant woman is only entitled to receive pregnancy-related services. However, she is also eligible under the MI/MN program (unless she requested Minor Consent services only) with a SOC for her nonpregnancy-related care. Therefore, she and her unborn will be in two MFBUs: (1) the Income Disregard program and (2) the MI/MN program with a SOC.

## **Children**

Children in the Percent programs are entitled to receive full or emergency and pregnancy-related services depending on their citizen status. They will also appear in two MFBUs if there are other members of the family receiving regular SOC Medi-Cal; however, they will be considered an ineligible (I.E.) member of the regular MFBU.

### **EXAMPLES**

## Example 1

Holly is a pregnant mom. She is applying for herself and her husband Jim who is unemployed. The family has a SOC under the MI/MN program, but their income is less than 200 percent of the FPL. The MFBUs would be as follows:

Income Disregard

MI/MN Program

Holly Unborn Holly Unborn Jim

## Example 2

Ann is a pregnant mother of three children. She is applying for herself and her unborn, her six-monthold son Mike, her four-year-old son John, and her sixteen-year-old daughter Marie who was born prior to September 30, 1983. The family is income eligible for all the percent programs; however, Marie is not eligible for the 100 Percent program because she was not born after September 30, 1983.

Income Disregard	133 Percent	MI/MN Program
Ann Unborn Mike	John	Ann Unborn <mike> I.E. <john> I.E. Marie</john></mike>

NOTE: When the pregnant woman delivers her baby, the otherwise eligible newborn will be issued a Beneficiary Identification Card (BIC) within two months under the appropriate Income Disregard program.

	50262					
SECTION NO.:	50262.5	MANUAL LETTER NO.:	184	DATE:	8/20/97	5K-10
	50262.6				•	

# F. RETROACTIVE REPAYMENT OF SHARE OF COST (SOC)

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

1. Date of Service is less than 12 months:

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

2. Date of Service is older than 12 months:

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

- 3. If the beneficiary had expenses in a past month and the SOC was <u>not met</u>, the county should issue the appropriate Percent program card.
- 4. If the beneficiary states that he/she does not wish a refund but prefers an adjustment to a future month's SOC, follow the procedures outlined in Article 12 of the Medi-Cal Eligibility Procedures Manual.

## G. <u>MEDS ALERT</u>

### **Pregnant Women**

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

## Children

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

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

50262

**SECTION NO.:** 50262.5 **MANUAL LETTER NO.:** 184 **DATE:** 8/20/97 **5K-11** 

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

## H. QUESTIONS AND ANSWERS

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

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

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

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

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

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

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

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

50262

SECTION NO.: 50262.5 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-12

4. How are excluded children treated in the MFBU?

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

5. How are stepparents treated in the MFBU?

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

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

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

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

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

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

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

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

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

50262

SECTION NO.: 50262.5 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-13

Answer: No. Infants over one year old receiving inpatient services are the only exception to the rule under which infants who would have no SOC are to receive cards under the regular MI/MN program. This exception would make it administratively easier to ensure that the otherwise eligible infant remains on the Income Disregard program should family income later increase where there would be a SOC but family income does not exceed 200 percent of the FPL.

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

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

10. Since eligibility can change from one month to the next due to income changes, will monthly status reports be required?

Answer: No, beneficiaries are still required to report changes to the counties within ten days. Counties are not mandated to change to monthly status reports. There are no restrictions to prevent counties from switching to monthly reporting for the Income Disregard program eligibles if they wish to do so.

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

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

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

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

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

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

50262 SECTION NO.: 50262.5

50262 6

MANUAL LETTER NO.:

184

DATE: 0/20/97

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

Answer: Ten-day notice is always required for adverse actions. If a ten-day notice was not sent in time and MEDS has already terminated the record, the county will need to input an ESAC code of 9 with a termination date to allow for the extra month(s) needed to issue the ten-day notice of action.

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

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

16. Are Medicare premiums considered health insurance premiums?

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

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

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

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

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

50262

**SECTION NO.:** 50262.5 MANUAL LETTER NO.: 184

DATE: 8/20/97

# . NOTICES

The Percent programs and other pregnancy forms are as follows:

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

# All are available in Spanish

50262 SECTION NO.: 50262.5 MANUAL LETTER NO.: 184 DATE: 8/20/97 5K-16 50262.6

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

WOR	KSHEET (Optional	for County Use)	
	County Code	So	cial Services Agend
		ENT PROGRAM WORKS thare of Cost Cases Only	
Case Name:		Ca	ase Number:
No. In MFBL	J Effective (Mo/Yr)	Eligibility Date	-
	et nonexemption inc Do not include ABD	come (from MC 176M): deductions)	
Health Insur	ance Premium if alre	eady allowed as a deduct	ion +
	Adju	sted Net Nonexempt Inco	ome
Povert		sted Net Nonexempt Inco	
Does adjuste	y Level \$l  ed net nonexempt in	i i	
Does adjuste poverty level	y Level \$l  ed net nonexempt in	Maintenance Need Level come exceed maintenance	
Does adjuste poverty level [ ] Yes: elig	y Level \$l  ed net nonexempt in I?  ible under pr	Maintenance Need Level come exceed maintenance	
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Does adjuste poverty level [ ] Yes: elig	y Level \$!  ed net nonexempt in I?  ible under properties for	Maintenance Need Level come exceed maintenance ogram. ercent program.  List Eligible Persons	ce need level but no
Does adjuste poverty level [ ] Yes: elig	y Level \$!  ed net nonexempt in I?  ible under properties for	Maintenance Need Level come exceed maintenance ogram. ercent program.  List Eligible Persons	ce need level but no
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Does adjuste poverty level	y Level \$!  ed net nonexempt in I?  ible under properties for	Maintenance Need Level come exceed maintenance ogram. ercent program.  List Eligible Persons	ce need level but no

TE OF CALIFORNIA - HEALTH AND WELFARE AGENCY		DEPARTMENT OF	HEALTH SERVICES
MEDI-CAL NOTICE OF ACTION	<u></u>		٦
APPROVAL FOR 60-DAY POSTPART PROGRAM AND STATUS OF OTHER MEDI-CAL BENEFITS	L	(COUNTY STAMP)	
Γ	1	E NAME:	
		TRICT:	
L		S AFFECTS:	
	***	(names)	
60-DAY Postpartum Program			
You are eligible for the 60-day Postpartum pregnancy-related and family planning services Your eligibility under this program begins	after childbirth	i, child delivery, or mis	provides scarriage.
These benefits will be provided whether or no property, share-of-cost, etc.). Your Medi-Cal spostpartum care services only.	t you meet the benefits under	other eligibility rules this program will be	(such as limited to
You will receive a plastic Benefits Identification PLASTIC CARD TO YOUR MEDICAL PROVICE or dis good as long as you are eligible for PLASTIC ID CARD.	DER WHENE	/ER YOU NEED CAI	RE. This
Other Medi-Cal Program			
Your eligibility to receive:			
☐ full Medi-Cal coverage			
restricted Medi-Cal coverage for treatment	of emergency i	medical conditions	
will continue.			
will be discontinued effective the last day discontinuance is because your pregnancy			on for this
If you have any questions or if there is any inf phone or write your eligibility worker right away.		you have not reporte	ed, please
The regulations which require this action as Sections 50260 and 50701 (d).	re California C	code of Regulations,	Title 22,
(Eligibility Worker)	(Phone)	(Date)	
C 239 B - 1 (2/94)			
CTION NO.: 50262.5 MANUAL LETTER NO	<b>0.:</b> 184	<b>DATE:</b> 8/20/9	97 <b>5K-1</b> 8

# 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 Walt For a Hearing

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- 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 A	Aid	Food	Stamp:

## 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 Weltare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

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#### **HEARING REQUEST**

of	•
☐ Cash Aid ☐ Food Stamps ☐ Me	di-Cal Child Care
Other (list)	
Check here and add a page if you need	
☐ Check here and add a page if you need ☐ I want the person named below to reprint give my permission for this person to sto the hearing for me.	esent me at this hearing.
I want the person named below to reprint give my permission for this person to a	paent me at this hearing. see my records or come
I want the person named below to reprint give my permission for this person to sto the hearing for me.	paent me at this hearing.
I want the person named below to reprint give my permission for this person to sto the hearing for me.  NAME	paent me at this hearing.
I want the person named below to reprint give my permission for this person to sto the hearing for me.  NAME	peent me at this hearing.
I want the person named below to reprint give my permission for this person to sto the hearing for me.  NAME	esent me at this hearing.
I want the person named below to reprint give my permission for this person to sto the hearing for me.  NAME	esent me at this hearing.
I want the person named below to reprint give my permission for this person to a to the hearing for me.  NAME  ADDRESS  I need a free interpreter.  My language or dialect is:  My name:  Address:	esent me at this hearing.
I want the person named below to reprint give my permission for this person to sto the hearing for me.  NAME	esent me at this hearing.
I want the person named below to reprint give my permission for this person to sto the hearing for me.  NAME	see my records or come

50262

**SECTION NO.:** 50262.5

50262.5 50262.6 MANUAL LETTER NO.:

184

**DATE:** 8/20/97

					Appeniment of Health S
A	MEDI-CAL NOTICE OF ACTION PPROVAL FOR SPECIAL ZERO SHARE- PROGRAM FOR PREGNANT WOMEN		Γ		٦
	BABIES UP TO ONE YEAR OLD		L (cou	NTY STAMP)	
Γ	-	٦	CASE NAME:		
		·	CASE NO.:		
L	_		DISTRICT:		
			THIS AFFECT	S:	
	<del>-</del>		***	(names)	
	without a share-of-cost under a special program, you can receive only pregnancy services for complications of pregnancy, planning.	-related s	ervices which	include pren	atal care,
П	You continue to be eligible for benefits wi				
	program. Under this program you may als				
		so receive aby is eligrogram for	medical servingible to receive to babies up to	ces not relate	ed to your
_	program. Under this program you may als pregnancy.  Beginning, your b without a share-of-cost under a special p	so receive aby is eligrogram for	medical servingible to receive to babies up to	ces not relate	ed to your
_	program. Under this program you may als pregnancy.  Beginning, your b without a share-of-cost under a special p this program, the baby's Medi-Cal coverage	so receive aby is eliq rogram for e will prov	medical services gible to receive to	ces not relate	ed to your
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In a pre-	program. Under this program you may als pregnancy.  Beginning, your b without a share-of-cost under a special p this program, the baby's Medi-Cal coverag full medical services.  □ services for treatment of emergency maddition to other program requirements, e gnancy and/or on your family's income. You	aby is eligited aby is eligited aby is eligibility under the court baby is on card (invided aby	medical services to receive to babies up to ide:  Inditions.  Inder this program your worker kerstill eligible up to be be be better the medical program worker with the medical program worker with the medical program worker worker kerstill eligible up the medical program worker wor	ram is basenow about inder this propail soon. TADU NEED CA	d on your come and gram.  AKE THIS ARE. This
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#### **HEARING REQUEST**

I want a hea	ring because of an a	ction by the We	itare Department
of			County about my
Cash Aid	Food Stamps	☐ Medi-Cal	Child Care
Other (its	st)		
Here's why:			
4			
		·	
☐ Check he	re and add a page if y	rou need more s	pace.
	person named below		
	permission for this pe uring for me.	1300 TO \$44 My	records or come
NAME			
☐ I need a f	ree interpreter.		
My langu	age or dialect is:		
My name:			
Address:	<		
Phone:			····
My case num	ber:		
My signature	·		·
My signature Date:			

50262

SECTION NO .:

50262.5

**MANUAL LETTER NO.:** 

184

DATE:

8/20/97

MEDI-CAL NOTICE OF ACTION DISCONTINUANCE OF BENEFITS  UNDER THE SPECIAL ZERO SHARE-OF-COST PROGRAM FOR PREGNANT WOMEN AND BABIES AND/OR MEDICALLY INDIGENT PROGRAM  CASE NAME:	ome—Heath and Wellare Agency			Department of Health
PROGRAM FOR PREGNANT WOMEN AND BABIES AND/OR MEDICALLY INDIGENT PROGRAM  CASE NAME: CASE NO: DISTRICT: DISCONTINUANCE FOR: (Names)  A special program for pregnant women and babies up to one year old provides, at no share-of-cost, pregnancy-related services and postpartum care to women, and medical care to babies under one year of age. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program continues for 60 days and ends on the last day of the month in which the 60th day falls. Since you are no longer pregnant, your eligibility for Medi-Cal under this special program ends This does not affect your eligibility under the regular Medi-Cal program. You continue to be eligible for those benefits with a share-of-cost. Your eligibility to regular Medi-Cal with a share-of-cost under the Medically Indigent program ends your or your tamily's income is over the limits for this program. You continue to be eligible for Medi-Cal with a share-of-cost under another program. You will receive a separate notice about your change in share-of-cost. Your baby's eligibility for benefits under the special program ends because he/she is over one year old. Your baby may be eligible for benefits under the regular Medi-Cal program with a share-of-cost. If there are changes in the share-of-cost, you will receive a separate notice about it.  DO NOT THROW AWAY YOUR PLASTIC ID CARD. You can use it again under another regular Medi-Cal program even if you have a share-of-cost.  IMPORTANT: If your baby was hospitalized before his/her first birthday and continues to be in the hospital after the age of one year, he/she may continue to be eligible for benefits at no share-of-cost, under the Special Zero Share-Of-Cost program. You must tell your worker about this right away.  The regulations which require this action are California Code of Regulations, Title 22 Sections 50260, 50262, and 50701 (d).	NOTICE OF ACTION	Γ		
A special program for pregnant women and babies up to one year old provides, at no share-of-cost, pregnancy-related services and postpartum care to women, and medical care to babies under one year of age. In addition to meeting other Medi-Cal eligibility rules, family income must be within certain limits to qualify for this program continues for 60 days and ends on the last day of the month in which the 60th day falls. Since you are no longer pregnant, your eligibility for Medi-Cal under this special program ends	UNDER THE SPECIAL ZERO SHARE-OF-C PROGRAM FOR PREGNANT WOMEN AND B	ABIES	(COUNTY STAMP)	
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Indigent program ends	continue to be eligible for those be	nefits with a	share-of-cost.	
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Sections 50260, 50262, and 50701(d).  (Eligibility Worker) (Phone) (Date)	in the hospital after the age of one year, he/she n share-of-cost, under the Special Zero Share-Of-	nay continue	to be eligible for be	enefits at no
95 B642°	The regulations which require this action are Sections 50260, 50262, and 50701(d).	California C	ode of Regulation	ns, Title 22,
	(Eligibility Worker)	(Phone)	(Date)	Managa pagadanan
	3 (2 <del>/8</del> 5)			95 9642"

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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

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### **HEARING REQUEST**

of		(	County about my
☐ Cash Aid ☐ Food Stam		-	
Other (list)			
Here's why:			
		<u>, , , , , , , , , , , , , , , , , , , </u>	•
☐ Check here and add a page			
	il you need	more s	pace.
I want the person named be I give my permission for this to the hearing for me.	alow to repre	sent m	at this hearing.
I want the person named by I give my permission for this	alow to repress s person to t	isent mi	e at this hearing. records or come
I want the person named by I give my permission for this to the hearing for me.	slow to repress person to s	sent mo	at this hearing. records or come
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I want the person named by I give my permission for this to the hearing for me.  NAME	slow to repress person to s	sent my	e at this hearing.
I want the person named by I give my permission for this to the hearing for me.  NAME  ADDRESS  I need a free interpreter.  My language or dialect is:  My name:	slow to repress person to s	esent my	e at this hearing.
I want the person named by I give my permission for this to the hearing for me.  NAME  ADDRESS  I need a free interpreter.  My language or dialect is:  My name:	slow to repress person to s	esent my	at this hearing.
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I want the person named by I give my permission for this to the hearing for me.  NAME	slow to repress person to s	esent mo	at this hearing.

50262

**SECTION NO.:** 50262.5 50262.6

MANUAL LETTER NO.:

184

DATE:

8/20/97 5K-23

mis—Heath and Weters Agency			Department of H
MEDICAL NOTICE OF ACTION DENIAL OF BENEFITS UNDER THE SPECIAL ZERO SHARE-O PROGRAM FOR PREGNANT WOMEN AN UP TO ONE YEAR OLD (Income Disregard Program)		Γ 	Stamp)
(weeks also specifically		<u>L.</u>	٦
Γ	٦	State No:	
I	1	Denial:	Talanti de la companya del companya de la companya del companya de la companya de
			(Marries)
The Income Disregard Program is a special p year old. It provides, at no share-of-cost, pr women, and medical care to babies under one eligibility rules, family income must be within content.	regnancy-relate year of age. ertain limits to	ted services and in addition to me qualify for this p	d postpartum care to eeting other Medi-Cal program.
year old. It provides, at no share-of-cost, pr women, and medical care to babies under one	regnancy-relate year of age. ertain limits to	ted services and in addition to me qualify for this p	d postpartum care to eeting other Medi-Cal program.
year old. It provides, at no share-of-cost, provides, and medical care to babies under one eligibility rules, family income must be within continuous of your case shows that you do not question of the continuous continuous continuous case.	regnancy-relate year of age. ertain limits to ualify for this see eligibility. Ye	ted services and in addition to me qualify for this personal program	d postpartum care to eeting other Medi-Cal program.  because your or your
year old. It provides, at no share-of-cost, provides, and medical care to babies under one eligibility rules, family income must be within continuously and the share of your case shows that you do not a family's income is over the allowable limit.  This does not affect your regular Medi-Cal	regnancy-relate year of age. ertain limits to ualify for this seligibility. Year	ted services and in addition to me qualify for this personal program our continue to	d postpartum care to eeting other Medi-Cal program.  because your or your be eligible under the
year old. It provides, at no share-of-cost, provides, and medical care to babies under one eligibility rules, family income must be within one.  A review of your case shows that you do not querily's income is over the allowable limit.  This does not affect your regular Medi-Cal regular Medi-Cal program with a share-of-cost.  The regulation which requires this action.	regnancy-relate year of age. ertain limits to ualify for this seligibility. Year	ted services and in addition to me qualify for this personal program our continue to	d postpartum care to eeting other Medi-Cal program.  because your or your be eligible under the

# PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MC 2398-4 (5/96 )						
SECTION NO.:	50262 50262.5 50262.6	MANUAL LETTER NO.:	184	DATE:	8/20/97	<b>5K-</b> 24

CALIFORNIA - MEALTH AND WELFARE AGENCY		DEPAR	
MEDI-CAL NOTICE OF ACTION DENIAL OR DISCONTINUANCE OF BEN UNDER THE 133 PERCENT (%) PROG		(County Stamp)	٦
	Ĺ		ا
Г	Case	No	
	District This at		
_			
	-	· ·	
	-	Name(s)	
A review of your case shows that your o	hild(ren) does not o:	ality for this progra	im because
A review of your case shows that your of your family's income is over the allow regular Medi-Cal eligibility.	hild(ren) does not quable limit. This doe	ality for this progra s not affect your	am because child(ren)'s
your family's income is over the allow	able limit. This doe	es <u>not</u> affect your	ecause your
your family's income is over the allow regular Medi-Cal eligibility.  Eligibility for benefits under the 133% p	able limit. This doe	es <u>not</u> affect your	child(ren)'s cause your
your family's income is over the allow regular Medi-Cal eligibility.  Eligibility for benefits under the 133% prochild(ren) is six years old.  Eligibility for benefits under the 133% prochild(ren) was hospital be in the hospital after the age of six, he/she microst. You must tell your worker about this right	able limit. This doe rogram ends ogram ends lized before his/her s ay continue to be elig away.	becasitish birthday and copible for benefits at	child(ren)'s cause your ause:
your family's income is over the allow regular Medi-Cal eligibility.  Eligibility for benefits under the 133% prochild(ren) is six years old.  Eligibility for benefits under the 133% prochild(ren) is six years old.  Important: If your child(ren) was hospitate in the hospital after the age of six, he/she missing the six of the si	able limit. This doe rogram ends ogram ends lized before his/her s ay continue to be elig away.	becasitish birthday and copible for benefits at	child(ren)'s cause your ause:
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your family's income is over the allow regular Medi-Cal eligibility.  Eligibility for benefits under the 133% prochild(ren) is six years old.  Eligibility for benefits under the 133% prochild in the hospital after the age of six, he/she micost. You must tell your worker about this right.  The regulation that requires this action is California.	rogram ends  ogram ends  lized before his/her say continue to be eligaway.  ornia Code of Regula	becasitions (CCR). Title	child(ren)'s cause your ause:

## HOW TO ASK FOR A STATE HEARING YOUR HEARING RIGHTS 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 You only have 90 days to ask for a hearing. The 90 take this page to: days started the day after we gave or mailed you this . You have a much shoner 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 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. You must ask for a hearing before the action takes place. Your Cash Aid will stay the same until your hearing. **HEARING REQUEST** Your Medi-Cai will stay the same until your hearing. I want a hearing because of an action by the Welfare Department Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is County about my 🗔 Cash Aid 🔲 Food Stamps 🔲 Medi-Cal 🔲 Chiid Care 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 Other (list) programs, your benefits will NOT stay the same until your hearing. Here's why:\_ 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. 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. 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 Other Information **ADDRESS** 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 I need a free interpreter. My language or dialect is: \_\_\_ is owed to the county. Femily Planning: Your welfare office will give you information My name: when you ask for it. Address: 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 Wellare Department, the U.S. Department of Health and Human \*\* \*\*\* epart-Phone: 10-201 My case number:\_\_\_

50262

NA BACK 1

**SECTION NO.:** 50262.5 **MANUAL LETTER NO.:** 

184

My signature:

**DATE:** 8/20/97

Callerdo—Health and We	tare Agency				Ompanment or	Health Serve
	NOTICE	EDI-CAL E OF ACTION ROVAL FOR		Γ	_	٦
Ti		ENT (%) PROGF	MAM	L (co.	INTY STAMP) -	ا
Γ			コ	CASE NAME:		
				CASE NO.:		
L			لـ		S:	
					(names)	
	ogram, the ch	nder the 133% problem the 133% problem illustrated by the 133%			e to six years of	age.
		Medi-Cal benefit	s (services fo	or treatment o	of emergency me	edical
requirements	er this progra	am is based on y t your worker know der this program.	our family's in w about any c	come, in add hanges withir	dition to other pro a 10 days to see i	gram f your
PLASTIC ID	CARD TO YO as	Benefits Identific OUR MEDICAL P you are eligible	ROVIDER WI	HEŃEVER Y	OU NEED CARE	. This
The regulation 50262.5.	n which requ	ires this action is	California Co	de of Regula	tions, Title 22, So	ection
***************************************	(Eligibility Worker)		(1	Phone)	(Date)	<del></del>
B-6 (4/85)	50262					

All planers			

### 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-Cai 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

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# Other Information

NA BACK 7

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95 95725

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# HEARING REQUEST I want a hearing because of an action by the Welfare Department

of_				County about my
	Cash Aid	☐ Food Stamps	☐ Medi-Cal	Child Care
	Other (list	)		
He	re's why:_			
	•			
-				
$\overline{\Box}$	Check her	e and add a page II	vou need more	50000.
		e and add a page if	•	•
	I want the I give my p	person named belo permission for this p	w to represent п	ne at this hearing.
	I want the I give my p to the hea	person named below permission for this puring for me.	w to represent merson to see my	ne at this hearing.
□ NA	I want the I give my I to the hea	person named below permission for this paring for me.	w to represent m	ne at this hearing.
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NA AD	I want the I give my p to the hea	person named below permission for this paring for me.	w to represent m	ne at this hearing. records or come
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50262

SECTION NO.: 50262.5

MANUAL LETTER NO.:

184

DATE:

8/20/97 **5K-29** 

		DEPARTMENT OF HEALTH SERVICE
MEDI-CAL NOTICE OF ACTION APPROVAL FOR THE 100 PERCE	NT (%)	
PROGRAM	L	(COUNTY STAMP)
Г	CASE	NAME:
•	CASE	NO.:
L		RICT:
	THIS	AFFECTS:
		(names)
Beginning, your without a share-of-cost under the 100% Propand were born after 9/30/83.		to receive Medi-Cal benefits o are at least six years of age
You will receive a plastic Benefits Identifica child. TAKE THIS PLASTIC CARD TO YOU CHILD(REN) NEEDS CARE. This card is g NOT THROW AWAY YOUR PLASTIC ID CA	OUR MEDICAL PROPOSED AS YOU	OVIDER WHENEVER YOUR
NOT THROW AWAT TOUR PLASTIC ID CA	ARD.	
Under this program, Medi-Cal will provide:	ARD.	
	ARD.	
Under this program, Medi-Cal will provide:		lated services only).
Under this program, Medi-Cal will provide:  Full Medi-Cal benefits.	cy and pregnancy-re	
Under this program, Medi-Cal will provide:  Full Medi-Cal benefits.  Restricted Medi-Cal benefits (emergence)  The regulation which requires this action is	cy and pregnancy-re	
Under this program, Medi-Cal will provide:  Full Medi-Cal benefits.  Restricted Medi-Cal benefits (emergence)  The regulation which requires this action is	cy and pregnancy-re	
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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.
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☐ Cash Aid ☐ Food Stamps

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# Other information

NA BACK 7

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### **HEARING REQUEST**

I want a hearing because of an action by the Welfare Departmen
ofCounty 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.
Check here and add a page if you need more space.
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.
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.
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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
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
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
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
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:
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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
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

50262

**SECTION NO.:** 50262.6

50262.5

MANUAL LETTER NO.:

95 88827

184

DATE:

8/20/97

State of Castons	a	•			Osperateurs of	Heath Services
	MEDI-CAL NOTICE BENEFITS RESTR	IICTED TO			(County Stamp)	
	EMERGENCY MED					
	PREGNANCY-RELATI	ED SERVICES		I		ı
_	San		_	Case Name:_		
i			i	Case Number	:	
	And the second s					
				District:		
				Restriction of	Benefits For:	
L	<b>.</b>					
					(Piarrana)	
Card (BIC) MEDICAL An emerge including s	nergency medical and pregnant in the mail. This card is good PROVIDER WHENEVER YOU ency medical condition is a me evere pain, which in the abserte following: placing the patie	d as long as you are NEED CARE. DO N dical condition mani- nce of immediate me	You will soon eligible for Me OT THROW A esting itself by ical attention (	receive a pla idi-Cal. TAK WAY YOUR acute symptoould reason	astic Benefits Ide E THIS CARD T PLASTIC ID CA toms of sufficient ably be expected	Intification FO YOUR RD. It severity, It to result
serious dys medical p Department follow-up to Pregnancy	sfunction to any bodily organ or rovider (in accordance with S at of Health Services may rev reatment services were medica -related care means services care may be provided prenata	r part. The emergeric Section 51056 of Tit riew the provider's d Illy justified. required to assure th	must be certified 22 of the (ecision that anderection that anderection) must be the state of the certified and the certi	lied by a phy California Co n emergency	sician or other a ode of Regulation existed and the	opropriate ons). The at certain
O Your a	pplication for restricted benefits	s has been approved.				
	application for full benefits is one entitle and pregnancy-related senting the senting of the senting and pregnancy and the senting of the se	_	inted you, inst	ead, eligibili	ty for emergenc	y medical
	ting this action because you an			***		
	not have satisfactory immigra ilization Service.	ition status according	g to information	on received	from the Immigr	ation and
☐ Lacks	documentary proof of satisfact	ory immigration status	for Medi-Cal	ourposes	;;•- ;;:	
☐ Has be	een admitted to the United Stat	es as a nonimmigrant	for a limited p	eriod of time	•	
pay of	your income was more than the obligate to pay toward the ching	osts of medical care	received. Yo	our share of	cost is \$	you must
Gross	Income	s				**
	onexempt Income	\$				
	enance Need	\$				
V	s Income/Share of Cost	\$	-			
MC 239 P (9/96)			-			· 

SECTION NO.: 50262.5 50262.5 50262.6

Take your plastic card with you each time you receive medical care. The amount that you must pay or obligate to pay to the providers will be automatically computed. After your total share of cost has been paid or obligated, you will not have to pay for medical services received that month from Medi-Cal providers.

This action is required by Section 14007.5 of the Welfare and Institutions Code and California Code of Regulations. Title 22, Section(s):

If you have questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone. We will answer your questions or make an appointment to see you. You must report all changes in your immigration status to us. A change in status may qualify you to receive full Medi-Cal benefits rather than just restricted services.







50262 SECTION NO.: 50262.5 50262.6

MANUAL LETTER NO.: 184

DATE: 8/20/97

OF CALIFORMA - HEALTH AND W	ELFARE AGENCY			DEPARTMENT OF	HEALTH SETWICE
	MEDI-CAL NOTICE OF ACTION FROM RESTRICTED SERVICE		-		一
CHANGE	TO FULL BENEFITS	:s L	- (00	UNTY STAMP)	
			•		
Γ		i			
L			-		
•		T	HIS AFFEC	TS:	
and the state of t		•		(names)	
condition or pregr	n rather than the services restr nancy-related care. This change alien otherwise eligible for	icted to tre e in benefit:	atment of s results fr	an emergend om the fact th	cy medica at:
	status for Medi-Cal purposes. alien otherwise eligible for Medi	Cal who h	aa saadd	nd reseasable	, evidence
	y immigration status for Medi-Ca			an leganistic	Sealdello
Immigration	alien legalized in accordance and Nationality Act who has p g for amnesty or you are aged ( tian Entrant.	assed you	r five-yea	r disqualificat	ion period
	NT YOUR PLASTIC CARD TO				HENEVE
Since your in cost to pay of beginning	ncome exceeds the amount allow or obligate toward your medical of	wed for livir care. Your	ng expens share-of-	es, you have a	a share-o
	st was computed as follows:				
	Gross income	;	\$		
	Net nonexempt income	:			
	Maintenance need	1	\$		
	Excess income/share-of-c	cost	5		
This action is re California Code	equired by the Welfare and Insof Regulations, Section(s):	stitutions C	ode, Sect	ion 14007.5	
This action is re California Code	equired by the Welfare and Ins	stitutions C	ode, Sect		
California Code o	equired by the Welfare and Ins	etitutions C		(Date)	
California Code o	equired by the Welfare and Insof Regulations, Section(s):				

ITATE OF CAL	FORMA - MEALTH AND WELFARE AGENCY		DEPARTMENT OF HEAL	TH SERVICES
	MEDI-CAL NOTICE OF ACTION CHANGE FROM RESTRICTED SERVICES	Γ	-	
	TO FULL BENEFITS	1		ł
		<b></b>	(COUNTY STAMP)	
Г	_	CASE	NAME:	
•		CASE	NO.:	
		DISTR	ICT:	
L	<del>-</del> ,	 This a	AFFECTS:	
<del></del>	_		(names)	
con	dition or pregnancy-related care. This change in You are an alien otherwise eligible for Mainmigration status for Medi-Cal purposes.			actory
	You are an alien otherwise eligible for Medi-C of satisfactory immigration status for Medi-Cal		rovided reasonable ev	idence
	You are an alien legalized in accordance of immigration and Nationality Act who has passafter applying for amnesty or you are aged (65 a Cuban/Haitian Entrant.	with Section ssed your five	e-year disqualification	period
	WAYS PRESENT YOUR PLASTIC CARD TO Y U NEED CARE. This card is good as long as yo			NEVER
	Since your income exceeds the amount allowe cost to pay or obligate toward your medical cabeginning	d for living ex	penses, you have a sh	
You	or share-of-cost was computed as follows:			
	Gross income	\$		
	Net nonexempt income	\$		
	Maintenance need	\$		
Thi Ca	Excess income/share-of-cos is action is required by the Welfare and Instit lifornia Code of Regulations, Section(s):		Section 14007.5 and	by the
	(Eligibility Worker)	(Phone)	(Date)	•
AC 239 Q	(2/94)			
ECTION	50262 N NO.: 50262.5 MANUAL LETTER NO.:	184	DATE: 8/20/97	5K-34

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				DEPARTMENT	
	MEDI- NOTICE OF		Γ		
	APPLICATION FOR EMERGENCY M PREGNANCY-REL	EDICAL AND	1		
				(COUNTY STAMP) E NAME:	
Г	-			E NO.:	
				TRICT:	
L	_		- 1	ROVAL/DENIAL FOR:	
			APP	HOVADDENIAL FOR:	
	_		***************************************	(name:	s)
	ave reviewed all the information in				
• •	cation for retroactive emergency me mergency medical condition is a me			•	
	nancy-related care means services i may be provided prenatally and up t		h of the pregna	nt woman or the unborn c	hild. Pregnan
-			• •	•	
	You are entitled to receive Me for	edi-Cal benefits restrict	ed to emerge	ncy and pregnancy-re	lated servic
			_		
	for		ing expenses, y	ou must pay or obligate t	
	Since your income was more than the cost of your medical care.  Gross Income	the amount allowed for liv	MON	OU must pay or obligate to	o pay a share
0	Since your income was more than the cost of your medical care.  Gross Income  Net Nonexempt Income	the amount allowed for liv	MON. \$	OU must pay or obligate to MC	o pay a share
_	Since your income was more than the cost of your medical care.  Gross Income	MONTH 1  \$ \$	MON. \$	OU must pay or obligate to TTH 2 MC	o pay a share
	Since your income was more than the cost of your medical care.  Gross Income  Net Nonexempt Income  Maintenance Need  Excess Income/Share-of-Cost	MONTH 1  S  S  S  S  and (BIC) will be sent to you rou RECEIVED SERVICE re-of-cost to pay. The arr	MON \$ \$ in the mail soon IN THE ABOV	TH 2 MC  \$	o pay a share  ONTH 3  CARD TO EA
0	Since your income was more than the cost of your medical care.  Gross Income  Net Nonexempt Income  Maintenance Need  Excess Income/Share-of-Cost  A plastic Benefits Identification Ca MEDICAL PROVIDER WHERE Your provider if you have a share	MONTH 1  S  S  S  ard (BIC) will be sent to your OU RECEIVED SERVICE re-of-cost to pay. The annumber of the power of the pay of the pay of the mount of the pay of th	MON \$ \$ in the mail sool in THE ABOV hount that you AWAY YOUR P	S S S S S S S S S S S S S S S S S S S	ONTH 3  CARD TO EAC Card will show the med
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