DEPARTMENT OF HEALTH SERVICES 714/744 P Street P.O. Box 942732 Sacramento, CA 94234-7320 (916) 657-0258

GRAY DAVIS, Governor



November 3, 2000

MEDI-CAL ELIGIBILITY PROCEDURES MANUAL LETTER NO.: 233

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

ARTICLE 5B-FOUR MONTHS CONTINUING ELIGIBILITY, TRANSITIONAL MEDI-CAL, AND WEDFARE

Enclosed are corrections to Page 10 of Article 5B of the Medi-Cal Eligibility Procedures Manual. Page 9 is also included because the pages are reproduced back-to-back. Page 14 and 15 will be corrected when the MC 176 TMC status report is revised. Page 14 currently has Page 22 on the back.

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Filing Instructions:

Remove Pages:

Insert Pages:

Pages 5B-9 and 5B-10

Pages 5B-9 and 5B-10

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

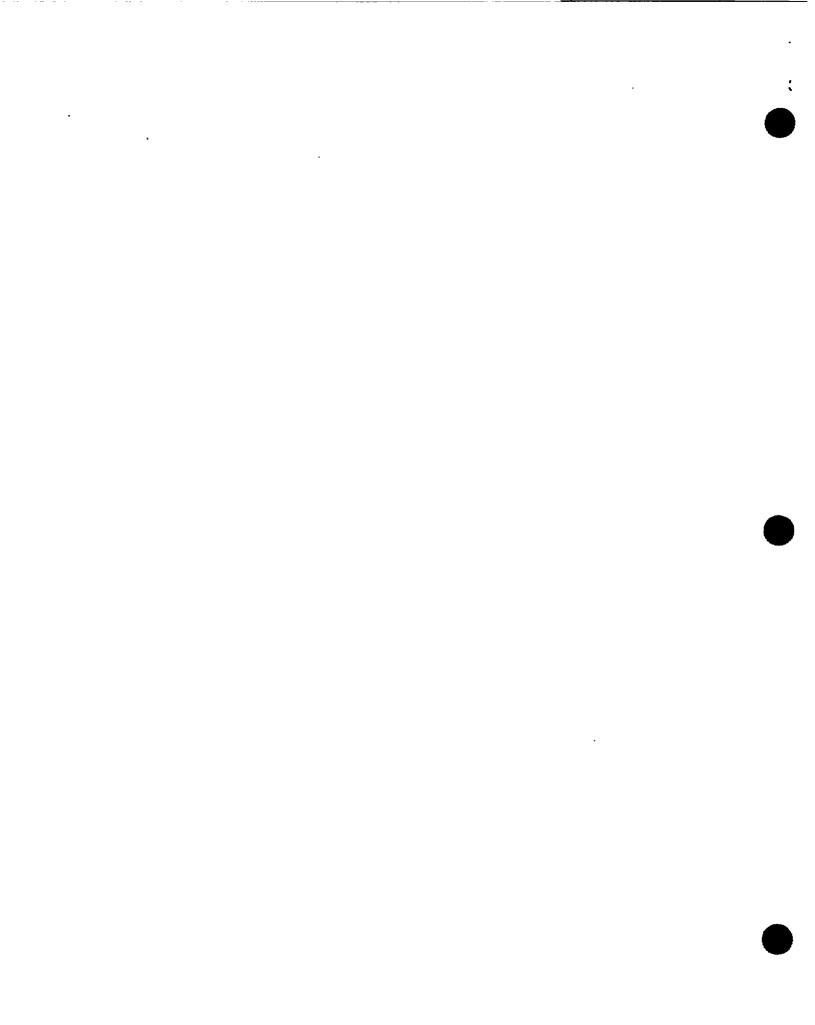
Sincerely,

Original signed by

Glenda Arellano Acting Chief Medi-Cal Eligibility Branch

Enclosure





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Month_	Gross Earned Income	Child Care Expenses
May	\$200	\$95
June	\$300	\$105
July	<u>\$400</u>	<u>\$100</u>
Total	\$900	\$300

For example: The Smith family budget (four members of the household).

Average Monthly Gross Income = \$900 divided by 3 = \$300Average Monthly Child Care= \$300 divided by 3 = \$100Adjusted Monthly Income\$200

A family is eligible for TMC when its "adjusted" monthly income is less than or equal to 185 percent of the FPL for a family of that size. For purposes of the TMC program, adjusted monthly income is the family's average monthly gross income less the family's average monthly expenses for child care. Thus, in the above example the family is eligible for TMC because its adjusted monthly income of \$200 is less than 185 percent of the FPL for four persons. After calculating the adjusted monthly income, round it to the nearest dollar before comparing to the 185 percent of the FPL income standard. Use the usual Medi-Cal rounding rules: if the decimal number is .49 or less, round down; and if the decimal number is .50 or larger, round up. Unearned income is not counted when computing this income test. Individuals receiving TMC are not affected by excess resources.

If the family had no earnings in one or more of the months in the preceding three-month period unless the lack of earnings were due to involuntary loss of employment or illness, the family is no longer eligible for TMC.

G. Intercounty Transfer

Persons receiving TMC who move to another county are treated no differently from any other family receiving regular Medi-Cal in accordance with Section 50137.

- H. Aid Codes
 - 39 Initial TMC Full Scope

Persons who are eligible for initial TMC should be reported to MEDS under aid code 39. Persons who are added to a family already receiving initial TMC must be reported under a CalWORKs or Section 1931(b) aid code for their first TMC month of eligibility because MEDS currently will not allow counties to report persons who were not previously on CalWORKs or Section 1931(b) to MEDS under aid code 39.

- 59 Persons who are eligible for additional TMC should be reported to MEDS under aid code 59.
- 3T Initial TMC (Emergency and Pregnancy-Related Benefits Only)

This initial six-month aid code should be used for aliens who do not have SIS and who are discontinued from Section 1931(b) due to increased earnings from employment.

5T Additional TMC (Emergency and Pregnancy-Related Benefits Only)

This additional six-month aid code should be used for aliens who do not have SIS,

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who have received six months of federal initial restricted TMC under Aid Code 3T, and are eligible for an additional six months of federal additional restricted TMC.

5X Second Year State Only TMC (Zero SOC) Full Scope

This aid code should be used for citizens and aliens with SIS who are age 19 and older and who received six months of full-scope federal TMC benefits under Aid Code 59 and continue to meet the requirements of additional TMC.

Aliens with SIS receiving Medi-Cal benefits in Aid Code 5X must have their alien status tracked per instructions in ACWDL 97-42.

5Y Emergency and Pregnancy-Related Benefits Only

This aid code should be used for aliens who do not have SIS, are age 19 and older, who received six months of restricted federal TMC benefits under Aid Code 5T and continue to meet the requirements of additional TMC.

The MEDS edits have been removed which prevented counties from adding persons to TMC who were not in a CalWORKs, Edwards, or Section 1931(b) aid codes in the previous month.

I. MFBU Composition

Persons receiving TMC shall be ineligible members of the MFBU of those persons who are not eligible for TMC when determining Medi-Cal eligibility for other family members and may use their noncovered Medi-Cal health care costs to reduce other family members' or responsible relatives' share of cost in accordance with Section 50379 and the <u>Sneede</u> v. <u>Kizer</u> lawsuit settlement.

It is possible that some persons will be eligible for Section 1931(b) and some will be eligible for TMC. For example, assume unmarried parents with mutual and separate children are eligible for Section 1931(b) based on the father's incapacity. The father recovers and is determined to be the Principal Wage Earner. Since he is working over 100 hours and there has been a change in circumstances, the earned income U-Parent test is required. The family fails this test. Dad and the mutual children are eligible for TMC due to increased hours of employment, but the mother and her separate children are still income eligible for Section 1931(b) as recipients based on absence of the separate children's father. It is also possible that a family is eligible for TMC, but their 20 year old "child" is not because he/she does not meet the definition of a child for Section 1931(b) or the first year of TMC. He is aided as a MI.

Due to <u>Sneede</u> rules, some persons may continue to be eligible for Section 1931(b) even if some of the other family members are over the income or resource limits and eligible for TMC. Section 1931(b) persons may continue to receive Medi-Cal until they are no longer eligible. If they have received Medi-Cal under the Section 1931(b) program for three of the last six months, and have been terminated for increased earnings from employment, they are then entitled to TMC for the entire TMC period if they remain eligible even though other members of the family have already been receiving TMC in prior months. They will have status reporting due dates different from the other members of the family who began TMC in earlier months.