

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET

P.O. BOX 942732

SACRAMENTO, CA 94234-7320



November 21, 1989

To: All County Welfare Directors
All County Administrative Officers
All County MEDS Coordinators

Letter No.: 89-103

SUBJECT: 200 PERCENT PROGRAM FOR PREGNANT WOMEN AND INFANTS

REFERENCE: ACWDL 89-50

On October 2, 1989, the Governor signed AB 75, which allocates funds from the Cigarette and Tobacco Tax (Proposition 99) to various health related programs. One of the many provisions in AB 75 mandated a state-only funded expansion of the Medi-Cal program to provide coverage, at no share of cost, to pregnant women and infants up to one year old whose family incomes are over 185% but not in excess of 200% of the federal poverty level. This new program is called the 200 Percent program. The 200 Percent program will be implemented on January 1, 1990 with the ability to provide retroactive eligibility back to October 1, 1989. We are working with our fiscal intermediary, Electronic Data Systems (EDS), to ensure that claims submitted with the new aid codes can be paid effective January 1, 1990. Provider bulletins are planned to be released in December 1989 and copies will be provided to the counties.

Counties shall immediately begin to identify and flag the cases which were denied or discontinued due to excess income under the 185 Percent program from October 1, 1989 forward to determine if eligibility can be established under the 200 Percent program. The instructions contained in this ACWDL and the new poverty level chart (see Attachment 4) will help the counties to identify the potential 200 Percent program eligibles. The instructions on issuing retroactive 185 Percent and 200 Percent program Medi-Cal cards are forthcoming. DO NOT ISSUE THE RETROACTIVE CARDS UNTIL THESE INSTRUCTIONS ARE RECEIVED.

During this interim period prior to January 1, 1990, the counties shall continue to deny or discontinue cases under the 185 Percent program if the net nonexempt income exceeds 185 percent of the federal poverty level. The county shall also determine eligibility under the 200 Percent program. The counties shall flag and hold these cases until January 1, 1990 (unless otherwise notified). At that time the counties shall grant or deny the cases under the 200 Percent program retroactive to October 1, 1989, and report intake activity for a new case under the 200 Percent program.

All County Welfare Directors
All County Administrative Officers
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As soon as MEDS is programmed to accept the new aid codes (sometime in December 1989), the counties will be notified by E-mail and may begin to process the cases under the 200 Percent program. The Department will soon resolve the MEDS edit condition which currently prohibits the issuance of a restricted pregnancy related services card after the share of cost Medi-Cal cards have been issued. A follow-up ACWDL will soon be released to the counties on how to issue retroactive Medi-Cal cards for the 185 Percent and 200 Percent programs.

Other provisions in AB 75 appropriated funds for outreach activities to encourage pregnant women to seek early and frequent prenatal care. AB 75 also provided funding to outstation eligibility workers to expedite the Medi-Cal eligibility determination process for pregnant women. The Department is in the process of developing plans to address these provisions.

The counties' instructions for the 200 Percent program are attached. The procedures and regulations for the 200 Percent program will be incorporated with the 185 Percent program and will be issued at a later date.

If there are any questions concerning the 185 Percent and 200 Percent programs, please contact Yvonne Lee at (916) 324-4954/ ATSS 454-4954 or Marlene Ratner at (916) 324-4957/ATSS 454-4957.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, Chief
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: 7/30/91

Attachment 1

200 Percent Program

A. General

The 200 Percent program is essentially identical to the 185 Percent program. The same rules which apply to the 185 Percent program will apply to the 200 Percent program (i.e., determining MFBU composition, card issuance, income deductions, edits, scope of benefits, period of eligibility, applications, continuing coverage of inpatient services for infants over one year old, etc.). ACWDL 89-50 dated June 28, 1989 contains the basic instructions on the 185 Percent program and counties should apply them to the 200 Percent program as well. Counties may report intake activity for cases approved or denied under the 200 Percent program. However, counties may not report intake activity for the 185 Percent program if eligibility was approved or denied under the 200 Percent program and vice versa.

The basic differences between the 185 Percent and 200 Percent programs are the aid codes and the notices of action. The notices of action have been revised to incorporate both the 185 Percent and the 200 Percent programs into one set of notices. The 185 Percent program regulations and procedures will be revised to incorporate the 200 Percent program and will be placed under the general heading of "Poverty Level Programs for Pregnant Women and Babies Up to One Year Old."

B. Three-Step Eligibility Determination Process for Pregnant Women

Medi-Cal eligibility for pregnant women and infants up to one year old shall be determined in the following order: (1) regular MI/MN to verify that he/she is otherwise eligible and has a share of cost; (2) 185 Percent program limits (federal and state funds), and (3) 200 Percent program (state-only funds). The method for determining net nonexempt family income under the 200 Percent program is exactly the same as the 185 Percent program.

1. Regular MI/MN Program

Similar to the 185 Percent program, the county will continue to first determine whether a pregnant woman and/or infant up to one year old is otherwise eligible for Medi-Cal and has a share of cost under the regular MI/MN program. If the pregnant woman and/or infant up to one year is otherwise eligible and there is no share of cost, approve aid under the regular MI/MN program. If the net nonexempt family income exceeds the maintenance need level, proceed to step 2.

2. 185 Percent Program Eligibility Determination

If the applicant/beneficiary is otherwise eligible and has a share of cost, the second step is to determine if eligibility can be established under the 185 Percent program. Determine eligibility to the 185 Percent program in accordance with ACWDL 89-50 (i.e., do not deduct health insurance premiums, apply only AFDC-MN deductions, do not reduce net nonexempt income by deducting medical expenses used to meet the share of cost, etc.). If net nonexempt family income does not exceed the 185 percent income limits, approve aid under the 185 Percent program; do not proceed to step 3. If net nonexempt family income is over 185 percent of the federal poverty level, do not issue a 185 Percent program denial notice. Instead, proceed to step 3.

3. 200 Percent Program Eligibility Determination

The third step compares the net nonexempt income from Step 2 above to 200 percent of the federal poverty level (see Attachment 4). If the net nonexempt family income does not exceed the 200 percent income level, approve aid under the 200 Percent program. If the net nonexempt family income is over 200 percent of federal poverty level, deny the case under the 200 Percent program only. (Do not issue a denial notice under the 185 Percent program regardless of whether eligibility exists under the 200 Percent program).

C. 200 Percent Program Aid Codes

The following aid codes will be used for 200 Percent program eligibles:

Pregnant Women

- 70 - citizen/lawful permanent resident/PRUCOL/conditional status;
- 70 - undocumented status/temporary visa (OBRA 86);
- 75 - amnesty aliens (IRCA).

Infants Under the Age of One Year

- 79 - citizen/lawful permanent resident/PRUCOL/conditional resident.
- 07 - undocumented status/temporary visa (OBRA-86).

Minor Consent Services

Assign the appropriate 200 Percent program aid codes (see item I.C above) and the appropriate sensitive services indicator codes found in 19B Procedures.

Example: Jane is a pregnant 17-year old and eligible for Minor Consent Services with a share of cost. She would normally receive aid code 83 with a L8 sensitive services indicator. Her net nonexempt income is under 185% of the federal poverty level. She would receive aid code 44 (citizen) with a L8 indicator (to identify the Minor Consent Services) under the 185 Percent program.

The next month Jane's countable income increases but it does not exceed 200% of the federal poverty level. Her aid code would now be 70 with a L8 sensitive services indicator.

Reminder: The otherwise eligible minor must be pregnant and have a share of cost in order to qualify for minor consent services under the 185 or 200 Percent program. However, verification of pregnancy is not required for any minor applying for minor consent services, regardless of whether or not the minor has a share of cost.

II. NOTICES OF ACTION (NOAs)

The notices for the 185 Percent program have been withdrawn from the printers. They have been revised to incorporate the 200 Percent program. See Attachment 3 for the revised notices. They are summarized as follows:

- o MC 239B-1: APPROVAL FOR 60-DAY POSTPARTUM PROGRAM AND STATUS OF OTHER MEDI-CAL BENEFITS. (Use for aid code 76 cases only; not to be used for the 185 Percent or 200 Percent programs.)
- o MC 239B-2: APPROVAL FOR SPECIAL ZERO SHARE-OF-COST PROGRAM FOR PREGNANT WOMEN AND BABIES UP TO ONE YEAR OLD. Use to approve benefits for pregnant women and/or babies eligible under the 185 Percent or 200 Percent programs.
- o MC 239B-3: DISCONTINUANCE OF BENEFITS UNDER THE SPECIAL ZERO SHARE-OF-COST PROGRAM FOR PREGNANT WOMEN AND BABIES AND/OR MEDICALLY INDIGENT PROGRAM. Use to discontinue benefits for pregnant women and/or babies eligible under the 185 or 200 Percent programs. May also be used to notify MI women of discontinuance under the MI program.
- o MC 239B-4: DENIAL OF BENEFITS UNDER THE SPECIAL ZERO SHARE-OF-COST PROGRAM FOR PREGNANT WOMEN AND BABIES UP TO ONE YEAR OLD (200 PERCENT PROGRAM). If net nonexempt income exceeds 200 percent of the federal poverty level, issue this notice. May be used for both pregnant women and/or babies. DO NOT ISSUE DENIAL NOTICES IF INCOME IS AT OR BELOW 200 PERCENT OF THE FEDERAL LEVEL. An applicant/beneficiary will not receive a denial notice if net nonexempt income is over 185% but not more than 200% of the federal poverty level.

EXAMPLE

The following example shows the step-by-step process that must be performed to determine eligibility for a pregnant woman and/or baby under one year old. Due to the different funding sources, eligibility must be determined in the following order:

1. regular MI/MN program
2. 185 Percent program
3. 200 Percent program

1. Regular MI/MN SOC Program

MFBU - MN

INCOME

Pregnant mom	Robyn	\$1900	net unearned income
unborn		- 40	health insurance premium
3 mo. old	Matthew	\$1860	net nonexempt income
2 yr. old	Ryan	-1100	maintenance need level for 4
		\$ 760	share-of-cost

2. Poverty Level Programs

The MFBUs of the poverty level programs (185 Percent and 200 Percent programs) consists of Robyn, the unborn, and Matthew. Since health insurance premiums, medical expenses used to meet a share of cost, and deductions solely for the aged, blind, and disabled cannot be used to reduce the family's net nonexempt income, the EW will recompute the family's net nonexempt income.

A. 185 Percent Program

\$1860	net unearned income
+ 40	health insurance premium
\$1900	adjusted net nonexempt income

135%
1341

Compare to 185% of federal poverty level for 4 persons: \$1865

Ineligible for the 185% Program. Do not send a 185 Percent denial notice for excess income at this point.

B. 200 Percent Program

- o The deductions for the 200 Percent program are the same as the 185 Percent program. Therefore, a third computation is not necessary.
- o Compare the adjusted net nonexempt income (\$1900) to 200% of the federal poverty level for four persons: \$2,016.
- o Since the adjusted net nonexempt income does not exceed 200% of the federal poverty level, Robyn (pregnant mom) and 3-month old Matthew are eligible for the new 200 Percent program.

- o The EW will send a MC 239B-2 to advise Robyn and Matthew of their eligibility to this program. When the family's SOC is met, Robyn and 2 year old Ryan may receive a full scope card under the regular MI/MN program.

Example

Attachment 2

State of California—Health and Welfare Agency

Department of Health Services

SHARE OF COST DETERMINATION — MFBU WHICH DO NOT INCLUDE LTC PERSONS

Case Name: Robyn Jones						County District		County Use	
<input type="checkbox"/> New Application <input type="checkbox"/> Redetermination <input checked="" type="checkbox"/> Change <input type="checkbox"/> Retroactive Elig. <input type="checkbox"/> Correction						Effective Eligibility Date for this Budget Mo. 02 Yr. 90			

State Number				MFBU	Pers. No.	Name — First, Middle, Last	Birthdate Mo. Day Yr.	Sex	(1) Social Security No. and (2) Health Insurance Claim No. or Railroad Retirement No.	Other Coverage
Co.	Aid	7 Digit Serial No.								
						Robyn Jones	12-7-60	F	(1) (2)	
						unborn (EDC:	8-9-90)		(1) (2)	
						Matthew Jones	12-2-89	M	(1) (2)	
						Ryan Jones	3-20-87	M	(1) (2)	
									(1) (2)	
									(1) (2)	
									(1) (2)	
									(1) (2)	

I. Income of MFBU members applying as aged, blind, or disabled plus income of spouse or parent (except PA or other PA)			II. Income of MFBU members not listed in I. (except PA or other PA)			III. Share of cost computation		
A. NONEXEMPT UNEARNED INCOME 1. OASDI 2. Net Income from Property 3. Other—Itemize 4. Total (add 1 thru 4) 5. Combined unearned income (add 5a and 5b) 6. Any Income deduction (\$20) 7. Countable unearned income (6 minus 7)			A. NONEXEMPT UNEARNED INCOME 1. OASDI 2. Net Income from Property 3. Other—Itemize 4. Total unearned income (add 1 thru 4) Trust income \$ 1900 5. Total unearned income (add 1 thru 4) 1900			1. Countable Income from I 14 1900 2. Countable Income from II 9 3. Income allocated from LTC/B&C person to family members at home (176W, Part III) 4. Combined Countable Income (add 1, 2, and 3) ALLOCATIONS AND DEDUCTIONS 5. Allocation to excluded children (176W, Part I) 6. Income to determine PA Eligibility 7. Health Insurance - 40 8. 9.		
B. NONEXEMPT EARNED INCOME 9. Gross Earned Income 10. Combined earned income (add 9a and 9b) 11. \$65 earned inc. deduction plus \$ unused \$20 12. Remainder (10 minus 11) 13. Countable earned income (divide 12 by 2) 14. Total countable income (add 8 and 13)			B. NONEXEMPT EARNED INCOME 6. Total Net Earned Income (MC 176W, Part IV, Line 11) C. TOTAL COUNTABLE INCOME 7. Subtotal (add 5 and 6) 1900 8. Child Support/Alimony Paid 9. Total Countable Income (7 minus 8) 1900			10. Total allocations/deductions (add 5 through 9) 40 11. Total net nonexempt income (4 minus 10) 1860 12. Total net nonexempt income rounded 1860 13. Maintenance need a. MFBU members not in LTC No. 4 1100 b. MFBU members in LTC • Personal needs • Upkeep of home • Needs of disabled dependents c. Total maintenance need (13a + 13b) 1100 14. Share of cost (12 minus 13c) 760 15. Underpayment adjustment 16. Adjusted Share of Cost (14 minus 15)		

NOTE:
 If there is income from which Educational Expenses are deducted (Section 50547), show calculations here. Enter net amount on line 3 or 4.

Total income for educational purpose _____
 Less total educational expenses _____
 Net countable income _____

185% COMPUTATION

1. Net non-exempt income **1860**
 2. Health insurance prem. + **40**
 3. Adjusted net non-exempt **1900**
 4. 185% poverty level for MFBU of **4** **1865**
 5. Eligible for 185% (line 3 is less than line 4) YES ☒ NO ☐

200% COMPUTATION

6. 200% poverty level MFBU of **4** **2016**
 7. Eligible for 200% YES ☒ NO ☐

Exempt Income
 Is there a pregnant woman or infant under "1" in MFBU?
 Does MFBU have SOC? YES ☒ NO ☐

If both are "yes" do computation for 185% program - do not allow ABD deductions on Earned Income.

ATTACHMENT 3

MEDI-CAL NOTICES OF ACTION

MEDI-CAL
NOTICE OF ACTION
 Approval For Special Zero Share-of-Cost
 Program for Pregnant Women and
 Babies Up To One Year Old

(County Stamp)

State No: _____

District: _____

Approval for: _____

(Names)

☐ Beginning _____, you are eligible to receive limited Medi-Cal services without a share-of-cost under a special program for pregnant women. Under this program, you can receive only pregnancy-related services which include prenatal care, services for complications of pregnancy, labor, delivery, postpartum care, and family planning.

☐ You continue to be eligible for benefits with a share-of-cost under the regular Medi-Cal program. When your share-of-cost is met, you will receive a regular Medi-Cal card, which may be used for services not related to your pregnancy.

☐ Beginning _____, your baby is eligible to receive Medi-Cal benefits without a share of cost under a special program for babies up to one year old. Under this program, the baby's Medi-Cal card will provide:

☐ full medical services.

☐ services for treatment of emergency medical conditions.

In addition to other program requirements, eligibility under this program is based on your pregnancy and/or on your family's income. You must let your worker know about income and other changes within 10 days to see if you or your baby is still eligible under this program.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

(Eligibility Worker)_____
(Phone)_____
(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

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

(County Stamp)

State 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.

- ☐ When pregnancy ends, coverage under this special 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 _____ as you are no longer pregnant.
- ☐ Eligibility for benefits under the special program ends _____ because your or family'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.

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).

.....
(Eligibility Worker).....
(Phone).....
(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

MEDI-CAL
NOTICE OF ACTION
 DENIAL OF BENEFITS
 UNDER THE SPECIAL ZERO SHARE-OF-COST
 PROGRAM FOR PREGNANT WOMEN AND BABIES
 UP TO ONE YEAR OLD
 (200% PROGRAM)

(County Stamp)

State No:

District:

Denial:

(Names)

The 200% Program is a special program for pregnant women and babies up to one year old. It 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.

A review of your case shows that you do not qualify for this special program because your or your family's income is over the allowable limit.

This does not affect your regular Medi-Cal eligibility. You continue to be eligible under the regular Medi-Cal program with a share-of-cost.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50262.

(Eligibility Worker)

(Phone)

(Date)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

185% AND 200% OF FEDERAL POVERTY LEVEL
FOR PREGNANT WOMEN AND INFANTS UP TO ONE YEAR OLD

Number of Persons	Monthly Maintenance Need Level (7/1/89)	185% of Poverty Levels (monthly) (2/16/89)	200% of Poverty Levels (monthly) (2/16/89)
1	\$ 600	\$ 922	\$ 996
2	750	1,236	1,336
3	934	1,551	1,676
4	1,100	1,865	2,016
5	1,259	2,180	2,356
6	1,417	2,494	2,696
7	1,550	2,809	3,036
8	1,692	3,123	3,376
9	1,825	3,438	3,716
10	1,959*	3,752**	4,056**

* For each additional person, add \$14.

** For each additional person, add \$170.

185% and 200% PROGRAM AID CODES

<u>Recipient Type</u>	<u>185%</u>	<u>200%</u>
"Citizen" Pregnant woman	44	70
"OBRA" Pregnant woman	48	70
"IRCA" Pregnant woman	49	75
"Citizen" Infant up to 1 year	47	79
"OBRA" Infant up to 1 year	69	07