

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814

May 9, 1989

To: All County Welfare Directors
All County Administrative Officers

Letter No: 89-38

SUBJECT: TRAINING FOR IMPLEMENTATION OF THE 185 PERCENT PROGRAM
(Senate Bill 2579 (Bergeson))

Reference: ACWDL 89-21

The Department of Health Services (DHS) is in the process of scheduling training in order to prepare counties for the implementation of the 185 Percent Program (Senate Bill (SB) 2579 Bergeson). As stated in ACWDL 89-21, the implementation of this legislation is a high priority to DHS. DHS will implement SB 2579 on July 1, 1989.

The purpose of this letter is to give advance information concerning implementation and to inform you of the training sessions that will be provided. These sessions will be held in May in order to give counties adequate time to prepare for this implementation date. Yvonne Lee of my staff will be conducting the training and will discuss procedures, forms and other clarifications needed regarding implementation.

ADVANCE INFORMATION

- o In determining eligibility for the 185 Percent Program, health insurance premiums are not an allowable deduction for determining net nonexempt family income. Therefore, counties will need to perform computations for the 185 Percent Program without deducting the health insurance premiums to arrive at the net nonexempt income.
- o Please begin to identify continuing cases who you know contain pregnant women who we anticipate will still be pregnant after July 1, 1989 and infants born after July 1, 1988 whose family income falls below 185% of the poverty level (see attached chart) to issue no SOC Medi-Cal cards for this group effective July 1, 1989.
- o Attached is an Eligibility Determination Chart which may be used as a reference when determining eligibility under the 185 Percent Program.

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All County Administrative Officers
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TRAINING

Also attached is a schedule of the training locations and dates. In order to accommodate each of the counties, it is necessary that you contact the Department by Friday May 5, 1989 to indicate how many people from your county will be attending and the location which will be most convenient. Please call Lisa Reagan at (916) 322-6238 or Sue Jackson at (916) 322-5298.

Thank you for your cooperation.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Expiration Date: May 9, 1990

Note: This ACWDL was sent by Electronic Mail and by Express Mail to Medi-Cal policy liaisons on May 2, 1989.

SENATE BILL 2579 (BERGESON) IMPLEMENTATION

TRAINING SCHEDULE

LOCATION	DATE AND TIME
San Francisco 170 Otis Street 1st Floor Auditorium	May 8, 1989 9:00 a.m. - 2:00 p.m.
Merced 2115 West Wardrobe Ave.	May 11, 1989 10:00 a.m. - 2:00 p.m.
Fresno 4455 East Kings Canyon Main Bldg., Third Floor	May 12, 1989 10:00 a.m. - 2:00 p.m.
Sacramento 714 P Street, Auditorium	May 15, 1989 9:30 a.m. - 2:00 p.m.
Eureka 828 7th Street Humboldt Bay Municipal Water District Board Room	May 17, 1989 10:00 a.m. - 2:00 p.m.
Redding Shasta County Welfare Department 2460 Hospital Lane, Room 55	May 18, 1989 10:00 a.m. - 2:00 p.m.
Santa Barbara 924 Anacapa Street Third Floor, Room M	May 23, 1989 10:00 a.m. - 2:00 p.m.
Orange Staff Development 1440 East 1st Street, Room 211 Santa Ana	May 24, 1989 10:00 a.m. - 2:00 p.m.

Determining Eligibility under the 185 Percent Program

Eligibility Determination Chart

* Income =	Up to Maintenance Need Level (No SOC)	Up to 185% Poverty Level (No SOC)	Over 185% Poverty Level (SOC)
	<ul style="list-style-type: none"> o no eligibility under 185% Program o issue no S.O.C. Medi-Cal card under MI/MN program 	<ul style="list-style-type: none"> o Issue restricted card under 185% program to pregnant women. Card is limited to prenatal care, labor, delivery, postpartum care and family planning. o Use same aid code for 60-day postpartum period if eligible under 185%. o Pregnant women dually eligible under MI/MN program with SOC. o Infants eligible until one year old (not inclusive) unless receiving continuous inpatient services which began before first birthday. o Health insurance premiums are not allowable deduction for determining net nonexempt family income. 	<ul style="list-style-type: none"> o no eligibility under 185% program. o Has S.O.C. under MI/MN program.

* Based on net, nonexempt family income

Poverty Level Chart
(2/16/89 - 2/15/90)

Number of Persons	185% of 2/16/89 Poverty Levels (Annual)	185% of 2/16/89 Poverty Levels (Monthly/ Rounded)	Monthly Maintenance Need Level 7/1/88	Percentage of 2/16/89 Poverty Levels	2/16/89 Poverty Level (Annual)	2/16/89 Poverty Level (Monthly Rounded)
1	\$11,063	\$922	\$575	115%	\$5,980	\$498
2	14,837	1,236	717	107%	8,020	668
3	18,611	1,551	892	106%	10,060	838
4	22,385	1,865	1,059	105%	12,100	1,008
5	26,159	2,180	1,200	102%	14,140	1,178
6	29,933	2,494	1,350	100%	16,180	1,348
7	33,707	2,809	1,484	98%	18,220	1,518
8	37,481	3,123	1,617	96%	20,260	1,688
9	41,255	3,438	1,742	94%	22,300	1,858
10	45,029	3,752	1,875	92%	*24,340	2,028

* For each additional person, add \$2,040