Article 5 – MEDI-CAL PROGRAMS

5A – SEQUENTIAL LISTING OF AID CODE MASTER CHART

AID CODE MASTER CHART

1. Cash Grants
2. Other Public Assistance
3. Continuing Medi-Cal
4. Medically Needy No SOC
5. Medically Needy SOC
6. Medically Needy SOC and No SOC
7. Medically Needy Long-Term Care
8. Medically Indigent
9. Special Treatment Programs
10. Refugee Program
11. OBRA Aliens
12. 100 Percent Program
13. Presumptive Eligibility
14. 133 Percent Program
15. Income Disregard Program
16. 60-Day Postpartum Services
17. Qualified Medicare Beneficiaries
18. SSI/SSP Reduction Beneficiaries
19. County Medical Services
20. General Relief/Assistance
21. Other Indicators
22. Services Only-No Medi-Cal Issued
23. Food Stamp Program

24. Minor Consent

25. Cash Grants: No Medi-Cal

5B – FOUR-MONTH CONTINUING ELIGIBILITY, TRANSITIONAL MEDI-CAL, AND WEDFARE

1. Four-Month Continuing Medi-Cal Coverage

2. Transitional Medi-Cal

3. Wedfare

4. Forms

5C – DEPRIVATION–LINKAGE TO AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

1. TITLE 22 REGULATIONS PERTINENT TO ESTABLISHING LINKAGE

2. CHART-MEDI-CAL FAMILY BUDGET UNIT (MFBU) MEMBERS LINKED TO AFDC

a. Explanation of Symbols

b. Absent Parent or Deceased Parent Deprivation, Title 22, Sections 50213 and 50209

c. Incapacitated Parent Deprivation, Section 50211

d. Unemployed Parent Deprivation, Section 50215

e. Unmarried Minor Parent Living With Parents, Two MFBUs, Sections 50373 and 50379

3. EXPLANATION OF DEPRIVATION

a. Deprivation–Deceased Parent, Section 50209

b. Deprivation–Absent Parent, Section 50213

c. Deprivation–Physical or Mental Incapacity of a Parent, Section 50211

d. Deprivation–Unemployed Parent, Section 50215

e. Multiple Linkage Factors

5D – MEDI-CAL ELIGIBILITY FOR NONFEDERAL AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) CASH ASSISTANCE RECIPIENTS

5E – RAMOS V. MYERS PROCEDURES

I. Background

II. SSI/SSP Discontinuance Process

III. County Welfare Department Responsibilities

IV. Issuance of Medi-Cal I.D. Cards/Numbers

V. State Hearings Process

5F – PROPERTY DISREGARD PROCEDURES

A. Background

B. Implementation

C. Affected Groups

D. Aid Codes

E. Changes in Income

F. Changes in Property

G. Status Reports

H. Case Counts

I. Examples

J. Notices of Action

5G – 60-DAY POSTPARTUM PROGRAM

A. Background

B. Pregnancy-Related and Postpartum Services

C. Affected Groups

D. Aid Code and Transaction Screen

E. County Action

F. Examples

G. Minor Consent Services--Pregnancy-Related and Postpartum Services

H. Questions and Answers

5H – CONTINUED ELIGIBILITY (CE) PROGRAM

A. Overview

B. Affected Groups

C. Deemed Eligibility of Infants Up to One Year of Age

D. Establishing MFBUs Under Continued Eligibility

E. Changes in Income

F. Property Changes

G. Examples

H. Treatment of Income and Property

I. Case Counts

J. Social Security Number

K. Notices of Action and Aid Codes

L. Quarterly Status Reports

M. Questions and Answers

N. Continued Eligibility Decision Chart

5I – QUALIFIED DISABLED WORKING INDIVIDUALS (QDWI) PROGRAM

A. Background

B. Reference

C. Implementation

D. Overview of Program

E. Eligibility

F. Dual Eligibility--QDWI Medi-Cal Eligibles

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 AND QUALIFYING INDIVIDUAL-1 (QI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS

I. SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM

A. Background

B. Program Description

C. Scope of Medicare Part B Benefits

D. Enrollment

E. Eligibility

F. Dual Eligibility

G. Retroactive Benefits

H. Medi-Cal Cards

I. Aid Code

J. SLMB Application

K. County Responsibility

L. Charts

M. Forms

N. MEDS Information

II. QUALYFYING INDIVIDUAL-1 (AI-1) AND QUALIFYING INDIVIDUAL-2 (QI-2) PROGRAMS

A. Background

B. Program Description

C. Scope of Medicare Part B Benefits

D. Enrollment

E. Eligibility

F. Dual Eligibility

G. Retroactive Benefits

H. Medi-Cal Cards

I. Aid Codes

J. Buy-In/Reimbursement of the All or Part of the Medicare Part B Premium

K. Limiting the Number of QI-1s and QI-2s

L. QI Application

M. County Responsibility

N. State Responsibility

O. Charts

P. Forms

Q. MEDS Information

5K -- MEDI-CAL PERCENT PROGRAMS FOR PREGNANT WOMEN, INFANTS, AND CHILDREN

A. Background

B. Implementation Date, Aid Codes, Benefits

C. Period of Eligibility

D. Eligibility Determination

E. Medi-Cal Family Budget Unit

F. Retroactive Repayment of Share of Cost '52

G. MEDS Alerts

H. Questions and Answers

I. Notices

J. Worksheet

5L – QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM

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

5M – PRESUMPTIVE ELIGIBILITY (PE) PROGRAM

A. Background

B. Criteria for Determining PE

C. Qualified Providers

D. PE Application Process; Qualified Provider Responsibilities

E. Minor Consent Eligibles

F. Department Responsibilities

G. County Responsibilities

H. PE Termination

I. Aid Codes

J. MEDS Interface

K. Medi-Cal Determination Process for PE Participants

L. MEDS Alerts

M. Language for PE Notices

5N – TUBERCULOSIS (TB) PROGRAM

A. BACKGROUND

B. OVERVIEW OF PROCESS

C. AID CODE

D. OVERVIEW OF ELIGIBILITY REQUIREMENTS

E. DETAILS OF ELIGIBILITY REQUIREMENTS

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

G. MEDI-CAL PROVIDER RESPONSIBILITIES

H. COUNTY RESPONSIBILITIES

I. NOTICE OF ACTION (NOA)

J. RETROACTIVE BENEFITS

K. PLASTIC BENEFITS IDENTIFICATION CARD (BIC)

L. EXAMPLES-TREATMENT OF INCOME AND PROPERTY

M. MEDI-CAL TUBERCULOSIS (TB) PROGRAM QUESTIONS AND ANSWERS

N. FORMS

I. MC 274 TB MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION

II. MC 275 TB DENIAL NOTICE OF ACTION (English and Spanish)

III. MC 276 TB DISCONTINUANCE OF NOTICE OF ACTION (English and Spanish)

IV.	MC 277 TB	APPROVAL OF BENEFITS NOTICE OF ACTION (English and Spanish)
V.	MC 278 TB	TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET-ADULT
VI.	MC 279 TB	TUBERCULOSIS (TB) PROPERTY WORKSHEET-CHILD
VII.	MC 280 TB	TUBERCULOSIS (TB) PROGRAM ELIGIBLES - (FINANCIAL ELIGIBILITY WORKSHEET-ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENTS)
VIII.	MC 282 TB	TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORKSHEET

50 -- VOID – NOT TO BE USED

5P -- DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM

I. BACKGROUND

II. SUSPENDED DA&A Persons

A. Identification of Suspended DA&A Persons

B. Notices for and Listings of Suspended DA&A Individuals

C. County Responsibilities

D. Determination of Eligibility

E. Aid Codes for Eligible Individuals

F. Examples

G. Changes Reported By the Beneficiary

H. Pickle Persons

III. PERSON TERMINATED FROM SSI AFTER 12 MONTHS OF SUSPENSION

IV. PERSONS TERMINATED AFTER 36 MONTHS OF SSI PAYMENTS FOR DA&A

V. CASE COUNT

VI. STATE ADMINISTRATIVE HEARING

VII. FORMS

5Q -- (TO BE RELEASED)

5R -- 250 PERCENT WORKING DISABLED PROGRAM

1. LEGISLATIVE BACKGROUND
2. PROGRAM DESCRIPTION
3. MFBU COMPOSITION
4. COUNTY RESPONSIBILITIES
5. INKIND SUPPORT AND MAINTENANCE (ISM)
6. PREMIUM COLLECTION SYSTEM DESCRIPTION
7. NOTICE OF ACTION
8. BENEFITS IDENTIFICATION CARD (BIC)
9. FORMS

5S -- SECTION 1931 (b) PROGRAM

A. BACKGROUND
B. PURPOSE
C. IMPLEMENTATION DATES
D. ELIGIBILITY REQUIREMENTS
E. AID CODES
F. SNEEDE V. KIZER
G. TRANSITIONAL MEDI-CAL
H. FOUR-MONTH CONTINUING
I. NOTICES OF ACTION
J. DETERMINING CARE AND CONTROL
K. FLOW CHART ON PROGRAM DETERMINATIONS

5L--QUALIFIED MEDICARE BENEFICIARY (QMB) PROGRAM

A. BACKGROUND

The Medicare Catastrophic Coverage Act (MCCA) of 1988 mandated changes in state Medicaid Programs (Medi-Cal). One of the provisions of MCCA (Section 301) requires that states pay the Medicare Part A and Part B cost-sharing expenses of low income Medicare beneficiaries. Cost-sharing expenses are:

1. premiums;
2. deductibles; and,
3. coinsurance fees.

California was granted a waiver to delay implementation until January 1, 1990 due to the need for state legislation. The Governor signed implementing legislation SB 1413, Chapter 1430, Statutes of 1989 into law on October 2, 1989. Congress repealed a majority of MCCA; however, the QMB provision and other Medicaid sections have been retained. We will not be providing Medi-Cal drug coverage up to the Medicare deductible since the drug provision was one of the Medicare benefits repealed.

The Omnibus Budget Reconciliation Act of 1990 raised the original QMB income level to 100% of the federal poverty level in 1991 and requires that the Title II cost of living increase for a year be disregarded until the publication of the federal poverty level for that year.

B. QMB ELIGIBILITY CRITERIA

1. Requirement

A QMB must:

a) Meet QMB property requirements. That is, a QMB must meet the property requirement under the regular Medi-Cal program or have net nonexempt property, as determined under QMB methodology, at or below twice that of California's regular Medi-Cal property limits;

b) Meet the QMB income standard. That is, a QMB must have net nonexempt income at or below 90% of the federal poverty level in 1990, and 100% in 1991 and thereafter;

c) Be eligible for Part A Medicare hospital insurance with or without a premium; and,

d) Be otherwise eligible for Medi-Cal, i.e. meet all other Medi-Cal requirements such as California residency and linkage (e.g., being aged, blind, disabled), and be either a qualified alien or a citizen of the United States.

2. Effective Date

Benefits are effective the first of the month following the date of approval (i.e., the first of the month following the date the county makes the determination of eligibility). There are no retroactive QMB benefits.

C. MEDICARE INFORMATION

1. Scope of Benefits

Medicare Part A hospital insurance includes inpatient hospital care, medically necessary (not custodial) inpatient care in a skilled nursing facility, home health care, and hospice care and other services.

Medicare Part B medical insurance includes doctor's services, outpatient hospital care, diagnostic tests, durable medical equipment, ambulance service, and many other health services and supplies.

2. Deductibles and Coinsurance

Both Part A and B have deductibles and coinsurance that vary depending on the service. A deductible must be paid before Medicare will make any payments. Coinsurance is a percentage (generally 20%) charge to the beneficiary of the Medicare approved rate for the particular service.

3. Part A Enrollment

a) Costs

Most Medicare beneficiaries (90%) receive Part A insurance at no cost, i.e., no premium. However, those who have not qualified for free Part A benefits solely because they lack the required amount of SSA-covered employment may purchase Part A with a premium. Very few Medicare beneficiaries choose to purchase Part A due to the high monthly premium. Medi-Cal does not pay for a regular Medi-Cal beneficiary's Part A premium. Medi-Cal does currently pay the Part A deductibles and coinsurance under the Buy-In program if the beneficiary already receives free Part A and has no share of cost or meets the share of cost.

b) Enrollment Period

If an individual is not already receiving Medicare Part A, application for Part A can only be made either:

- During the initial enrollment period (IEP) which is no earlier than three months before age 65 but no later than three months after the individual's 65th birthday;
- After 24 months of receiving Title II disability benefits to be effective in the 25th month;

- The month after an individual stops working if he/she is over 65;
- When receiving dialysis related health care services including renal transplants; or,
- During the general enrollment period (GEP) of January - March, to be effective the following July for those Medicare beneficiaries who do not enroll in an IEP. They must apply at the Social Security Administration (SSA) office during the GEP. If they fail to do so, they would have to wait until the next year's GEP and would not be eligible for Part A Medicare until July of that year.

c) Penalties

An individual who does not apply for Part A or Part B at the first opportunity is charged a penalty by the SSA. Under the QMB program, the state will pay the penalty for a Medicare beneficiary's late enrollment in Part A.

4. Part B Enrollment

a) Costs

There is a monthly Medicare Part B medical insurance (outpatient/physician care) premium and a Part B annual deductible and a 20% coinsurance charge. Medicare will only pay 80% of the approved Medicare rate. These fees increase each year.

Example:

Assume a Part B beneficiary's first yearly charge is $500 and that the annual deductible is $100. The beneficiary would first have to pay $100 (the annual deductible) and if the $500 were the approved Medicare rate, the beneficiary also would pay 20% of $400 or $80.

b) Enrollment Period

QMB Part B enrollment criteria for an individual is the same as Part A enrollment; however, the general or IEP is waived for DHS under the Buy-In agreement and we may begin paying the Part B premium at the time of eligibility or approval, provided the beneficiary is enrolled in Part A.

c) Penalties

There are Part B penalties for late enrollment similar to those of late enrollment for Part A; however, under the Buy-In agreement, the State is not charged a penalty for a Medicare beneficiary's late enrollment in Part B.

5. Federal Financial Participation (FFP)

Although Medi-Cal "buys-in" for medically needy-only (MNOs) beneficiaries because it is cost effective, the Medi-Cal program currently does not receive FFP for payment of Part B premiums for MNOs. With the onset of the QMB program, FFP will become available for the MNOs who are also eligible for the QMB program. Thus, it is to the state's advantage to enroll these individuals with Part A at no cost as QMBs, if eligible.

6. Referral to SSA for Specific Questions

Beneficiaries with specific questions about Medicare should be referred to SSA at (800) 772-1213. Counties and individuals may request a copy of "The Medicare Handbook" from the U.S. Department of Health and Human Services, Health Care Financing Administration, 6325 Security Boulevard, Baltimore, Maryland 21207 or the local SSA office.

(See Title 22, California Code of Regulations, Section 50777 or the Medi-Cal Eligibility Manual, Section 15 for more information on who should apply for Medicare Part A and Part B.)

D. DUALLY ELIGIBLE QMBS AND QMB-ONLYS

There are two basic groups of QMBs:

1. Those receiving regular, full scope Medi-Cal, either as cash grant recipients [e.g., Supplemental Security Income (SSI) recipients] or MNO beneficiaries, who therefore already meet the Medi-Cal property limits and who have been determined to meet the (QMB) income requirement. This group is dually eligible (i.e., eligible for regular Medi-Cal and QMB benefits).

2. Those eligible as a QMB-only who do not want regular Medi-Cal or who are not eligible for regular Medi-Cal due to property above the regular Medi-Cal property limit.

E. BENEFITS

1. Dually-Eligible Individuals

a) Those with Part A at no cost

Individuals who have regular Medi-Cal and who also have Medicare Part A at no cost receive no direct benefits by becoming a QMB because we already pay their Part B premiums as well as their Part A and B coinsurance and deductibles (Buy-In) up to the approved rate. As current Medicare/Medi-Cal crossovers, they may already have access to a wider choice of providers since they are not limited to a Medi-Cal contract hospital, i.e., they can go to a non-contract Medi-Cal hospital. As discussed above, it is to the State's advantage to enroll this population in the QMB program, if eligible.

b) Those who must pay for Part A

Current Medi-Cal beneficiaries who pay a monthly Part A premium will benefit from Medi-Cal paying their Part A premiums.

c) Those with no Part A

Those Medi-Cal beneficiaries who do not have Part A but who will now enroll in Part A as a QMB may have a wider choice of providers since they would not be limited to a Medi-Cal contract hospital, i.e., they may go to a Medi-Cal non-contract hospital.

2. QMB-Only

a) Those with Part A at no cost

Most of the potential QMB-only applicants receive Part A at no cost and will be applying for Medi-Cal to pay their Part B premiums and their Part A and B coinsurance and deductibles. Thus, the QMB benefit for them would be an increase in monthly spendable income.

b) Those who must pay for Part A

Those who pay for Part A (estimated to be a small number) will also experience an increase in spendable income.

c) Those who have no Part A and may or may not have Part B

Those individuals will now have full Medicare coverage at no expense.

F. VERIFICATION

Counties may verify Part A and B Medicare benefits by viewing the following records:

1. MEDS ;
2. IEVS;
3. SSA Medicare Award Letter;
4. Medicare card ("Hospital" or "HI" indicates Part A; "Medical" or "SMI" indicates Part B)
5. QMB Referral Form (MC 176 QMB-3); or,
6. Any county developed or SSA District Office letter.

G. ENROLLMENT PROCESS

The QMB Referral Form (MC 176 QMB-3) should be used to determine Medicare eligibility. Part I should be completed for the applicant. The applicant should submit this form to SSA for completion of Part II. The form is then returned to the county showing Part A or Part A and B eligibility.

H. QMB PROCESSING

1. Medically Needy-Only Beneficiaries With Part A At No Cost

Counties should evaluate those medically needy beneficiaries who receive Part A at no cost at the time of application or redetermination. If eligible as a QMB, they would be eligible the month after the month of QMB approval. Since this group receives no additional benefit, they need not be informed of this program; however, counties must ensure they are identified as QMBs on MEDS for funding purposes since California will receive FFP for the Part B premium for these individuals. Note: We already receive FFP for "Pickle Persons" and other cash Medi-Cal beneficiaries.

2. Medically Needy-Only Beneficiaries and AFDC/IHSS Recipients Who Pay For Part A

Counties should inform medically needy beneficiaries and AFDC/IHSS recipients who are paying for Part A about the QMB program at the time of their application or redetermination. If they apply for QMB coverage, the county should send a notice of action (NOA). If eligible, QMB coverage begins the month after the month of QMB approval.

3. Medically Needy Beneficiaries and AFDC/IHSS Recipients Without Part A

If the beneficiary/recipient applies from April to December (or his/her redetermination is during this period and he/she wants to be evaluated as a QMB), the county should inform him/her of the QMB program and instruct him/her to return to the county in January if he/she wishes to apply as a QMB unless he/she has already applied for Part A at an earlier date. The county should send a NOA.

If the beneficiary/recipient applies from January - March (or his/her redetermination is during this period) or has previously signed up for Part A and he/she wants to be evaluated as a QMB, the county shall determine whether he/she is otherwise eligible as QMB, i.e., meets all requirements except for eligibility for Part A.

If otherwise eligible as a QMB and if:

a) the beneficiary/recipient is on Buy-In, the county will issue a NOA and the MC 176 QMB-3 and refer the person to SSA to enroll in conditional Medicare Part A; or,

b) the beneficiary/recipient is not on Buy-In, but appears to be eligible for Medicare, (e.g., aged, blind, disabled), the county should evaluate him/her for QMB eligibility and if eligible, refer him/her to SSA and send the appropriate NOA and the MC 176 QMB-3;

If not otherwise eligible as a QMB, the county must send a denial NOA.

NOTE: If the beneficiary/recipient is not on Buy-In and does not appear to be eligible for Medicare, (e.g., not aged, blind, or disabled), the county should refer him/her to SSA before determining if otherwise eligible since the person probably is not eligible for Medicare. The county should deny the beneficiary/recipient and inform him/her to reapply for QMB benefits after applying for conditional Part A.

4. SSI/SSP recipients without Part A

a) Part A Conditional Enrollees

SSA should refer these individuals to the counties after they sign up for "conditional" Part A. These individuals may have verification showing they have applied for Part A. The county must determine whether they are otherwise eligible as a QMB. These individuals would be eligible in July.

b) Those Who Have Not Enrolled in Conditional Part A

If the individual is currently on the Buy-In program and has not signed up for conditional Part A, the MC 176 QMB-3 may be used during the general enrollment period to sign up for Part A. The county should send the appropriate NOA.

If the individual (whether on Buy-In or not) applies after the GEP and has not signed up for conditional Part A, the county should inform him/her to apply for conditional Part A and reapply at the county in January - March.

c) Application Process

A face-to-face interview is not required for the SSI/SSP recipient who contacts the county to apply for the QMB program. The county should review MEDS to determine if he/she meets the QMB income requirement. (See Section J(4)(d) for detailed instructions).

If his/her total net nonexempt and deemed income exceeds the QMB income limit, the county should send a denial notice and state that the individual may provide verification of income if he/she does not agree with the notice.

If his/her income is below the QMB limit as reported on MEDS, the county should complete the SAWS 1, Sections 1 and 2 and the signature block (counties should indicate QMB Program in the "Other" box). The SAWS 1, the MEDS printout with the income information, and the NOA are the only documents required in the case file. No MC 210 is required. The county shall send to the individual a Notice of Action, the MC 176 QMB-3, and if Part A is not being received, an instruction to apply for Medicare Part A at SSA.

5. General Public (QMB-Only)

The application process for a QMB-only is the same as for any other Medi-Cal applicant, e.g., a Statement of Facts must be completed, Rights and Responsibilities reviewed, an MC 13 completed and an IEVS referral made.

a) Individuals with Part A

These individuals can be evaluated for QMB eligibility at any time since they already have Part A. The county should send an NOA.

b) Individuals without Part A (whether or not they have Part B)

If these individuals inquire about the QMB program or apply between April and December, the county should advise them to return in January for an eligibility determination unless they have previously signed up for conditional Part A at SSA. The county should also inform them of the Part A requirement and that they may sign up for "conditional" Part A at SSA during the general enrollment period. If the individual actually applied for QMB benefits, the county should send an appropriate NOA.

If these individuals apply in January through March or have previously applied for conditional Part A with SSA, the county should evaluate the individual for QMB eligibility. If otherwise eligible, they should be referred to SSA to apply for conditional Part A benefits unless they have already done so. When Part A eligibility is verified by SSA, these individuals would be eligible for QMB benefits in July. The county should send an NOA.

I. QMB PROPERTY DETERMINATION

1. General

The net nonexempt property of a QMB applicant/beneficiary cannot exceed twice the Medi-Cal property limit as determined under QMB property methodology (Method II as described below in items 5 and 6). Nonexempt property shall be determined in accordance with standard Medi-Cal rules governing property [Title 22, California Code of Regulation (CCR) Article 9].

Note: For purposes of this section, property determinations for QMB applicants also include ongoing property redeterminations for QMB beneficiaries.

2. Property Limit Met

If the QMB applicant is receiving Medi-Cal from another program (e.g., ABD-MN, SSI, AFDC), the QMB property requirement is met. If one or both members of a married couple living together are applying for QMB benefits but only one member is receiving Medi-Cal from another program, the QMB property requirement is met for both members of the couple.

3. Two Methods for Dual Eligibles

If the QMB applicant is also applying for Medi-Cal under another program at the same time as the QMB application, there are two methods for determining whether the QMB property requirement is met.

a) Method I: This method is the regular method of determining Medi-Cal eligibility and follows the normal Medi-Cal rules found in Title 22, CCR, Article 9.

b) Method II: This method is the QMB methodology found in Title 22, CCR, Section 50421 (Property Limit for the QMB Program).

Choosing a Method

For flexibility in determining whether a QMB applicant meets the QMB property limit, the eligibility worker (EW) may choose the method he/she believes would permit eligibility to the QMB program. However, since the QMB applicant is also applying for regular Medi-Cal, it is likely that the EW will first use Method I to determine whether the QMB property requirement is met. IF INELIGIBILITY RESULTS FROM METHOD I, THE EW MUST EVALUATE ELIGIBILITY UNDER METHOD II TO DETERMINE IF QMB PROPERTY ELIGIBILITY CAN BE ESTABLISHED.

4. QMB-Only

If the QMB applicant is applying as a QMB-only, only Method II (See above) should be used.

5. QMB Methodology (Method II) for Determining Property When the QMB Applicant is 18 years of Age or Older or is Married

a. Only consider the property of the QMB applicant (and spouse, if any). Do NOT consider the property of any other family members in the home.

b. Determine the net nonexempt property in accordance with Article 9.

c. Compare the net nonexempt property to twice the Medi-Cal property limit for one person (or twice the property limit for two persons if the spouse is at home, regardless of whether the spouse is a QMB applicant/beneficiary).

d. If the result in Step (c) is equal to or less than twice the Medi-Cal property limit shown in that step, then the QMB property requirement is met.

e. If the result in Step (c) exceeds twice the Medi-Cal property limit shown in that step, then the applicant is ineligible for QMB due to excess property.

Note: The QMB applicant in this situation is an adult under Method II even if he/she is between 18-21 years of age and would be treated as a child in determining eligibility for regular Medi-Cal as specified in Title 22, CCR, Section 50030 (e.g., is a blind or disabled MN person who is 18 to 21 years of age, living in the home of a parent and currently in school).

Example 1

Joe and Jackie are married and living together with their three minor children. Joe has been receiving Social Security disability (not SSI) for two years and is now eligible for Medicare. He is applying for QMB benefits for himself. Neither he nor Jackie receive Medi-Cal from any other program and they do not wish to. Joe and Jackie have nonexempt property which consists of a checking and savings account. The lowest balance in the month of application is $5,000. Their three children have separate trust accounts created by their grandparents. The total value of the trust accounts is $20,000. Joe's and Jackie's names do not appear on any of the trust documents. The EW uses Method II since Joe is applying as a QMB-only. The EW will only consider Joe's and Jackie's own property and will ignore the children's trust accounts.

1. $5,000 = Joe's and Jackie's own net nonexempt property

2. COMPARE TO $6,000 (twice the Medi-Cal property limit for two)

3. Joe meets QMB property requirements since $5,000 is less than $6,000

Example 2

Kyle is 20 years old, totally disabled and residing with his mother. Kyle has been receiving Social Security benefits as a disabled adult child on his mother's Social Security Account and is eligible for Medicare. He is not on SSI and is in school. Kyle has $300 in net nonexempt resources. His mother has $3,100 in net nonexempt resources. Kyle and his mother now want to apply for regular Medi-Cal and Kyle wants QMB coverage.

1. Since Kyle is applying for regular Medi-Cal, the EW will determine property under regular Medi-Cal rules. Under Title 22, CCR, Section 50030, Kyle is a child living in the home of a parent. The MFBU consists of Kyle and his mother. Their total nonexempt property is $3400. Since the Medi-Cal property limit for two is $3000, they are ineligible due to excess resources.

2. The EW now evaluates whether Kyle is eligible as a QMB. Under Method II, Kyle is considered an adult and there is no deeming of any other family member's resources except for those of a spouse. Since Kyle is not married, only his own resources are considered. His total resources are $300. Therefore, Kyle meets the QMB property requirement.

6. QMB Methodology (Method II) When the Applicant is Under Age 18

Under the QMB program, a child under age 18 would be eligible for QMB benefits only under certain circumstances since children under age 18 are not normally eligible for Medicare. Persons may be eligible for Medicare at any age if they need maintenance dialysis or a kidney transplant for permanent kidney failure (chronic renal disease). Therefore, a child under age 18 would be eligible for Medicare only if he/she were determined to have chronic renal disease. This would be the only situation when a child under 18 would be eligible to the QMB program.

a. There Is Only One QMB Child

(i) Consider only the property of the parent(s) and/or stepparent in the home and the property of the QMB child applicant. Do NOT consider the property of any other family members.

(ii) Determine the parent(s)' net nonexempt property in accordance with Article 9.

(iii) Subtract the property limit for one person (if two parents, subtract the Medi-Cal property limit for 2 persons) from the parent(s) net nonexempt property. The net result will be the amount of property allocated to the child QMB applicant.

(iv) Add the property allocated from the parent (Step (iii)) to the child QMB applicant's own net nonexempt property.

(v) Compare the result from Step (iv) to twice the Medi-Cal property limit for one person.

(vi) If the result from Step (iv) is less than or equal to twice the Medi-Cal property limit for one person, the QMB property requirement is met.

(vii) If the result from Step (iv) is greater than twice the Medi-Cal property limit for one person, the child QMB applicant is ineligible due to excess property. If there is more than one child QMB applicant in the home, proceed to item b. below.

Example 3

Sandy is 7 years old and has chronic renal disease. She receives Medicare but no Medi-Cal from any other program. She is applying as a QMB-only. She lives with her mother, Carol, who has a savings account of $5000 and no other property. Sandy has no property of her own. The EW uses Method II to determine her property eligibility.

1. Allocation from parent:

Carol's savings:	$5,000
Medi-Cal property limit for one:	- 2,000
Remainder to be allocated:	$ 3,000

2. Sandy's property and parental allocation:

Sandy's net nonexempt property:	0
Allocation from parent	+ 3,000
Total nonexempt property	$ 3,000

3. COMPARE TO TWICE THE MEDI-CAL PROPERTY LIMIT FOR ONE PERSON: $4,000

4. Sandy meets the QMB property requirement.

b) There is More Than One Child QMB Applicant

1. Use this methodology if there are multiple QMB children residing with their parent(s)/stepparent. Under this methodology, allocation of parental (including stepparents) net nonexempt resources are divided equally among QMB eligible children. This entire process must be recalculated if at any time one or more of these QMB children is or becomes ineligible for QMB benefits as a child, for example, due to excess property, attainment of age 18 so that the QMB child becomes a QMB adult, or eligibility for Medicare ceases (disability ends).

Example 4

Ann and Andy are twins. They are both 14 years old, residing at home with their mother Anna, stepfather Aaron, and a young stepsister, Angela. Ann and Andy have chronic renal disease and have been receiving Medicare (Parts A and B). They are not on SSI and do not receive Medi-Cal from any other program. Ann has a savings account with a value of $4,000 and no other property. Andy has a savings account with a value of $2,000 and no other property. Their mother and stepfather have combined net nonexempt property totaling $5,000. Both Ann and Andy are applying as QMB-only's.

Ann

1. Parents' property:

$5,000 mother and stepfather's nonexempt property
-3,000 property limit for two persons
$2,000 remainder

2. Parental Allocation of Property to Ann:

Divide $2,000 by the number of QMB children (2) = $1,000 each to be allocated to Ann and Andy.

3. Ann's Property Plus Parental Property Allocation:

$1,000 property allocated from parents
+4,000 Ann's savings account
$5,000 combined net nonexempt property

4. COMPARE TO $4,000 (twice the Medi-Cal property limit for one person)

5. Ann is ineligible for QMB due to excess property. Therefore, the property allocation from her parent and stepparent ($1,000) is now allocated to Andy, the remaining child QMB applicant. The new allocation from his parent and stepparent is $2,000 ($2,000 parental allocation divided by one QMB child).

Andy

1. Andy's Property Plus Parental Allocation:

$2,000	property allocated from parent and stepparent
+ $2,000	Andy's savings account
$4,000	combined nonexempt property

2. COMPARE TO $4,000 (twice the Medi-Cal property limit for one person.)

3. Andy has met the QMB property requirement since his net nonexempt property does not exceed $4,000 (twice the Medi-Cal property limit.)

Example 5

Jake is 15 years old, has chronic renal disease, and is receiving Medicare (Parts A and B). He lives with his father, Jason, and his mother Janet. They are also disabled and have been receiving Social Security benefits for two years. Jason and Janet are eligible for Medicare. None of the three are on SSI. They do not receive Medi-Cal under any other program and only want to receive QMB coverage. Their property consists of the following:

Jason (father)	$3,000	cash surrender value of life insurance
Janet (mother)	+ $2,000	stocks and bonds
Jason and Janet	$2,000	joint bank accounts
TOTAL (parent's)	$7,000	
Jake (son)	$3,000	savings account

1. Property eligibility determination for Jason and Janet (parents)

   Method II is used since neither are applying for or receiving regular Medi-Cal

   a. $7,000 total net nonexempt property

   b. COMPARE TO $6,000 (twice the Medi-Cal property limit)

   c. Jason and Janet are not eligible for the QMB program because their net nonexempt property exceeds twice the Medi-Cal Property limit.

Note: If either or both had been eligible, none of their property would be allocated to Jake in determining whether he meets the QMB property requirement.

2. Property determination for Jake:

Method II is used.

a. Parental allocation:

$7,000 Total nonexempt property of parents
-3,000 Medi-Cal property limit for two persons
$4,000 remainder

b. $4,000 parental allocation
+3,000 Jake's savings account
$7,000 Jake's net nonexempt property

c. COMPARE TO $4,000 (twice the Medi-Cal property limit for one)

d. Jake is ineligible for the QMB program because he has excess property.

J. QMB INCOME DETERMINATION

NOTE: Amounts such as the federal benefit rate or standard allocation referred to below will be provided to counties annually.

1. Income Eligibility Criteria--Overview

Section 50258, Title 22, CCR, requires a QMB applicant to have net nonexempt income which does not exceed 90 percent of the official federal poverty level beginning January 1, 1990 and 100 percent on January 1, 1991 and thereafter. This information will be provided annually to counties when applicable.

2. Income Eligibility Determination Process - Overview

a) Medi-Cal Income Methodology - Overview

Section 50570, Title 22, CCR, requires when determining the eligibility of a QMB adult, couple or child, the net nonexempt income shall first be determined using Medi-Cal income methodology. This includes all applicable provisions of Article 8, Medi-Cal Family Budget (MFBU), and Article 10, Income, with the following exceptions:

- health insurance and Medicare premium deductions are not allowed; and
- deductions for Impairment Related Work Expenses (IRWE) are allowed.

IRWE, as defined in Title 22, CCR, Section 50045.1, are those expenses of a working disabled QMB necessary to become or remain employed. This deduction is only allowed for the QMB applicant/beneficiary. The IRWE must be paid by the applicant/beneficiary to be allowed. Any payment made by a third party (e.g., Department of Rehabilitation) is not allowable.

b) SSI Income Methodology - Overview

If ineligibility results after using Medi-Cal methodology, and there is an ineligible spouse (with or without children) living with the QMB applicant, net nonexempt income shall be determined using SSI income methodology. Because SSI income methodology allows for deductions not allowed under Medi-Cal and only considers the income of the QMB applicant and the spouse/parent of the applicant, there may be particular family circumstances where SSI income methodology is less restrictive than Medi-Cal income methodology. SSI income methodology allows the ineligible spouse of a QMB applicant to reduce his/her gross nonexempt income by:

- Allocating income to an ineligible minor child(ren) residing with the applicant (referred to as the "actual allocation"), by subtracting any income the child(ren) may have from an amount known as the "Standard SSI Allocation".

- If the remaining income of the ineligible spouse after the allocation to the ineligible minor child(ren) is equal to or less than the Standard SSI Allocation amount, the income shall be considered exempt. If there are no ineligible children to allocate to and the ineligible spouse's income is equal to or less than the Standard SSI Allocation amount, it is also exempt.

3. Medi-Cal Income Methodology

a) Medi-Cal Income Determination Form

In order to determine the net nonexempt income of a QMB applicant using Medi-Cal income methodology, the basic format of the MC 176 M (Share of Cost Determination Form) has been modified. This form (MC176 QMB1) accommodates all the provisions of Article 8 (MFBU) and Article 10 (Income) of the Medi-Cal Eligibility Manual.

b) Income Eligibility Determination Process

Determine the net nonexempt income using Medi-Cal income methodology in the following order:

1) Determine the members of the MFBU both eligible and ineligible, as specified in Article 8.

2) Determine the gross nonexempt income of all members of the MFBU, as defined in Article 10. Do not include any Public Assistance (PA) when determining the gross nonexempt income. Under Medi-Cal methodology, income and deductions shall be apportioned, if applicable, as specified in Article 10.

3) Allow all applicable deductions. Any Aged, Blind or Disabled--Medically Needy (ABD - MN) deductions of the QMB applicant and his/her spouse can be determined using Section VI (ABD INCOME DEDUCTIONS) of the MC 176W (Allocation/Special Deduction Worksheet). Any deductions that are applicable to any Aid to Families with Dependent Children - Medically Needy/Medically Indigent (AFDC - MN/MI) members of the MFBU can be determined using Section IV (AFDC MN/MI Earned Income Deductions) of the MC 176 W. IRWE deductions are entered on the MC 176 QMB/SLMB1. Do not allow any deductions for Medicare or health insurance premiums.

4) Determine the net nonexempt income.

5) Compare the net nonexempt income to the appropriate poverty level for the number of members in the MFBU. If the net nonexempt income is equal to or less than the federal poverty level (FPL), the QMB applicant is income eligible. If the net nonexempt income exceeds the FPL for the MFBU, and certain family circumstances exist, attempt to establish income eligibility using SSI methodology.

4. SSI Income Methodology

a) QMB Applicants Ineligible Using Medi-Cal Income Methodology

If after using Medi-Cal income methodology, the net nonexempt income exceeds the appropriate FPL for the MFBU, determine the QMB income eligibility using SSI income methodology if family circumstances include an ineligible spouse with or without an ineligible minor child(ren) who resides with the QMB applicant.

b) SSI Income Determination Form

In order to determine the net nonexempt income of a QMB (adult) applicant using SSI income methodology, the MC 176 QMB/SLMB2A was developed. This form accommodates all income and deductions for a QMB adult, ineligible spouse, or a couple. It also provides for the determination of an actual allocation to an ineligible child(ren) who resides with the QMB applicant and his/her ineligible spouse as well as the QMB income eligibility determination.

c) Income Eligibility Determination Process--QMB Adults

Determine the net nonexempt income of the QMB applicant using SSI income methodology in the following order:

1) Determine the gross nonexempt income of the QMB applicant, his/her spouse and ineligible child(ren) who reside with the QMB applicant. SSI income methodology requires that actual income be used to determine gross nonexempt income. Therefore, the apportionment of income and deductions are not applicable using SSI income methodology.

2) Determine any actual allocation to the ineligible minor child(ren) residing with the QMB applicant from the ineligible spouse using Section II of the MC 176 QMB/SLMB2A. The actual allocation is only allowed from an ineligible spouse. Do not allocate from a QMB applicant. Subtract any income the child(ren) may have from the Standard SSI Allocation. (Do not include any PA or other PA.) The remainder is the actual allocation amount. If the ineligible minor child(ren) is a student, allow the Student Income Deduction.

NOTE: Under SSI Income Methodology, an eligible minor child is defined as any child under eighteen years of age and unmarried. For purposes of an allocation to ineligible children, however, an ineligible child is defined as any unmarried child under 18 years of age as well as an unmarried child 18 to 21 years of age who is a full-time student.

3) Determine if the remaining income of the ineligible spouse, after the allocation to ineligible minor children, is less than the Standard SSI Allocation. If so, it shall be considered exempt. This also applies to an ineligible spouse with no child(ren). Section III of the MC 176 QMB/SLMB2A can be used to make this determination.

Note: Section III is used for evaluation purposes only. If the remaining income of the ineligible spouse exceeds the Standard SSI Allocation amount, include the gross income and any applicable allocations to minor ineligible children in Section I.

4) Determine the net nonexempt income. Allow all applicable deductions as indicated on the MC 176 QMB/SLMB2A. These deductions include: the $65 and 1/2 deduction; the IRWE deduction; allocation to ineligible child(ren); and the $20 Any Income Deduction.

5) Compare the net nonexempt income to the appropriate FPL. Since SSI income methodology only considers the income of the applicant and spouse, determine the appropriate FPL as follows: use the FPL for one, if only the QMB applicant's income is used; or the FPL for two, if the QMB applicant's income is combined with income of the spouse. If the net nonexempt income is less than or equal to the appropriate FPL, the QMB applicant is income eligible.

d) SSI/SSP QMB Applicants

Since SSA has already determined the net unearned, earned and deemed income of an SSI/SSP recipient, use the SDX Inquiry screen (QX on MEDS) to determine the total net nonexempt income. If the net nonexempt income is equal to or less than the applicable percentage of the FPL for one, the applicant is income eligible for QMB. The MC 176 QMB/SLMB2A or a print-out of the inquiry screen may be used to document the net nonexempt income of the QMB applicant.

If an SSI couple is applying for QMB, use the individual SDX (QX on MEDS) Inquiry screen for each applicant and determine the income eligibility separately using the FPL for one.

As previously stated, a face-to-face interview is not required for this group of applicants; a telephone inquiry is sufficient. The county need only complete Sections 1 and 2 of the SAWS 1 and sign the application on behalf of the applicant. If the SDX information indicates income ineligibility, the applicant has the right to provide income verification and have his/her income eligibility determined using either the Medi-Cal or SSI methodology, if applicable. Do not include PA income.

5. QMB Children Applicants

A QMB child applicant with net nonexempt income which exceeds the current FPL for the MFBU using Medi-Cal income methodology shall next be evaluated for income eligibility using SSI income methodology, if family circumstances include ineligible parents with or without ineligible siblings who reside with the QMB child applicant.

a) QMB Applicants Under Eighteen Years of Age

Only children receiving renal dialysis can receive Medicare at any age (if the parents have sufficient work quarters). SSI Income Methodology allows allocations to ineligible minor children and certain income deductions for an ineligible parent(s) who resides with the QMB applicant. Only unmarried QMB child applicants under eighteen years of age shall have their net nonexempt income determined using the QMB child income eligibility determination process.

NOTE: Under SSI methodology, persons who are married or eighteen years and older are considered adults.

b) In order to determine the net nonexempt income of a QMB child using SSI income methodology, the MC 176 QMB/SLMB2B was developed. This form accommodates all income and deductions for the ineligible parent(s) with or without minor ineligible children and allocations to the ineligible minor child(ren).

c) QMB Child Income Eligibility Determination Process

Determine the net nonexempt income of the QMB child in the following order:

1) Determine the actual gross unearned income of the ineligible parent(s);

2) Determine the actual allocation to the ineligible minor child(ren) from the ineligible parent(s) (Section II). Subtract the actual allocation, first, from the gross unearned income of the ineligible parent(s). Any unused portion of the allocation is subtracted later from earned income;

3) Subtract the $20 any income deduction;

4) This gives the countable unearned income;

5) Determine actual gross earned income;

6) Subtract any unused portion of the actual allocation to ineligible minor children;

7) Subtract $65 and any unused portion of the $20 any income deduction;

8) Divide by two and subtract;

9) This gives the countable earned income;

10) Determine total countable income by adding countable unearned and countable earned income;

11) Subtract the parent deduction. The parent deduction is the monthly federal benefit rate (FBR) for a couple if both parents live in the home or it is the FBR for an individual only if one parent without a spouse lives in the home;

12) This gives the allocation to the QMB child from the ineligible parent(s);

13) Use Section III to determine the QMB child's net nonexempt income. Enter the countable income of the ineligible parent(s);

14) Add any earned or unearned income of the QMB child. If the QMB child is a student, he/she is entitled to a student deduction of $1620 per year as specified in Title 22, CCR, Section 50551;

15) Allow the $20 Any Income Deduction, IRWE and the $65 and 1/2 Earned Income Deduction, if applicable;

16) Determine the net nonexempt income of the QMB child; and

17) Compare this amount to the current FPL for one. If the net nonexempt income of the QMB child is equal to or less than the FPL, the child is income eligible for the QMB program.

Example #1

Robert Williams is a single man who receives a Social Security benefit of $465 per month. He is currently not on Medi-Cal but will apply at the same time he applies as a QMB. He currently pays his own Part B Medicare premium of $31.90 (1989 amount) each month.

QMB INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

1) Determine the MFBU - One

2) Determine the Net Nonexempt Income

$465	Gross Unearned Income
- $ 20	Any Income Deduction
$445	Net Nonexempt Income

3) Compare the Net Nonexempt Income to the Federal Poverty Level (FPL) for the appropriate MFBU.

Assume the net nonexempt income of $445 is equal to or less than the current FPL for one; Mr. William's income eligible for QMB.

Medi-Cal Share of Cost Determination

$465	Gross Unearned Income
- $ 20	Any Income Deduction
$445	
- $ 32	Medicare Premium Deduction
$413	Net Nonexempt Income
- $600	Maintenance Need (One)
$ 0	Share of Cost

Example #2

Steven Baker is applying for both QMB and Medi-Cal. He receives a monthly Social Security benefit of $325. He is also employed part-time with an insurance company. He earns $400 (gross) per month. Mr. Baker rents an electric wheelchair which is necessary for him to continue working. The monthly rental cost of the wheelchair is $150. Steven's wife, Wilma, receives a monthly pension of $192 from her union. Steven pays a monthly Medicare Part B Premium of $31.90 per month.

QMB INCOME ELIGIBILITY DETERMINATION
USE MEDI-CAL INCOME METHODOLOGY FIRST

1) Determine the MFBU - Two

2) Determine the Net Nonexempt Income

	$325.00	Steven's Gross Unearned Income
+	$192.00	Wilma's Gross Unearned Income
	$517.00	
-	$ 20.00	Any Income Deduction
	$497.00	Net Unearned Income
	$400.00	Steven's Gross Earned Income
-	$ 65.00	Earned Income Deduction
	$335.00	
-	$150.00	IRWE
	$185.00	
x	1/2	Earned Income Deduction
	$ 92.50	Net Earned Income
+	$497.00	Net Unearned Income
	$589.50	Net Nonexempt Income

3) Compare the Net Nonexempt Income to the current FPL for the appropriate MFBU.

Assume the net nonexempt income of $590 (rounded) is equal to or less than the current FPL for two; Mr. Baker is income eligible for QMB.

Medi-Cal Share of Cost Determination

	$400.00	Steven's Gross Earned Income
-	$ 65.00	Earned Income Deduction
	$335.00	
x	1/2	Earned Income Deduction
	$167.50	
+	$497.00	Net Unearned Income
	$664.50	
-	$ 31.90	Health Insurance Deduction
	$632.60	Nonexempt Income
-	$934.00	MN (Two)
	$ 0	Share of Cost

Example #3

Sam Ito is a disabled individual applying for QMB benefits only. Sam, his wife Emiko, and their two children, Michael and Rose, all receive Social Security benefits. Sam receives a monthly disability benefit of $460. Emiko receives a monthly Social Security benefit of $250. Michael and Rose each receive a monthly benefit of $135.

QMB INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

1) Determine the MFBU.

2) Determine the Net Nonexempt Income using the MC 176 QMB1.

3) Compare the Net Nonexempt Income to the current FPL for the appropriate MFBU. Assume Mr. Ito is ineligible under this method.

Since Mr. Ito's net nonexempt income exceeds the current FPL for an MFBU of four, he is income ineligible for the QMB program using Medi-Cal methodology. Since there is an ineligible spouse in the home, determine the net nonexempt income using SSI Income Methodology.

USE SSI INCOME METHODOLOGY NEXT

1) Determine the actual allocation to ineligible children as follows: Determine the Standard SSI Allocation for ineligible minor children using Section II of the MC 176 QMB/SLMB2A. Assume this amount is $185. Subtract the children's own income. The student deduction does not apply because the children's income is unearned.

Child -	Michael	Rose	
Standard SSI Allocation	$185	$185	
Less Any Income of child -	$135	$135	
Actual Allocation	$ 50	$ 50	= $100

Subtract the actual allocation amount, first, from the unearned income of the ineligible spouse. Any unused allocation can be deducted from the gross earned income of the ineligible spouse.

2) Determine if the remaining income of the ineligible spouse, after the deduction to ineligible children if applicable, can be exempt.

$250 Emiko's Unearned Income
- $100 Total allocation to the ineligible minor children ($ 50 + $50)
$150 Net Unearned Income (less than $185 - Exempt)

3) Determine the Net Nonexempt Income using the MC 176 QMB2A.

+	$460	Sam's Unearned Income
-	$ 20	Any Income Deduction
	$440	Net Nonexempt Income

4) Compare the Net Nonexempt Income to the appropriate FPL.

Since the income of the ineligible spouse was not combined with the applicant's income, the appropriate FPL is one.

Assume the net nonexempt income is less than or equal to the appropriate FPL for one; Mr. Ito is income eligible using SSI Income Methodology.

Example #4

Jason Peters is 15 years old and receiving renal dialysis. He is currently paying for his Part A Medicare. He receives a monthly Social Security benefit of $150. Jason's father, Stephen, is employed as a mechanic. He earns $1,900 (gross) per month. Jason's mother, Brenda, has no income. Jason has an infant brother, Bobby.

QMB CHILD INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

1) Determine the MFBU - Four

2) Determine the Net Nonexempt Income using the MC 176 QMB1.

	$ 150.00	Jason's SSA
-	$ 20.00	Any Income Deduction
	$ 130.00	
	$1,900.00	Stephen's Gross Earned Income
-	$ 65.00	Earned Income Deduction
	$1,835.00	
x	1/2	Earned Income Deduction
	$ 917.50	
+	$ 130.00	Jason's Net Unearned Income
	$1,047.50	Net Nonexempt Income to be compared to the FPL for the appropriate MFBU.

Assume the net nonexempt income of $1,048 (Rounded) exceeds the FPL for four; income ineligible using Medi-Cal Income Methodology. Attempt to establish income eligibility using SSI Income Methodology.

USE SSI INCOME METHODOLOGY NEXT

1) Determine the actual allocation to ineligible minor children as follows: Determine the Standard SSI Allocation to the ineligible minor children using Section II of the MC 176 QMB/SLMB2A. Assume this amount is $185. Subtract the children's own income.

	$185	Standard SSI Allocation
-	$ 0	Less Any Income of Child
	$185	Actual Allocation Amount to Bobby

Subtract the actual allocation first, from the unearned income of the ineligible parent(s). Any unused allocation can be deducted from the gross earned income.

2) Determine the Parent Deduction

Since both parents live with Jason the actual parent deduction is the federal benefit rate for a couple. Assume the parent deduction for a couple is $553.

3) Determine the allocation from the ineligible parent(s) to the QMB child.

	$ 0	Unearned Income
	$1,900	Gross Earned Income
-	$ 185	Actual Allocation Amount to Ineligible child
	$1,715	
-	$ 20	Unused Any Income Deduction
	$1,695	
-	$ 65	Earned Income Deduction
	$1,630	
x	1/2	Earned Income Deduction
	$ 815	Countable earned income
+	0	Countable unearned income
	$ 815	Total countable income
-	553	Subtract parent deduction (Couple)
	$ 262	Allocation to QMB Child

4) Determine the QMB Child's Income Eligibility.

	$262	Allocation from the ineligible parents
+	$150	Jason's SSA
-	$ 20	Any Income Deduction
	$392	Net Unearned Income

5) Compare the Net Nonexempt Income of the QMB Child to the FPL for one.

Assume the net nonexempt income of $392 is equal to or less than the FPL for one; income eligible for QMB.

Example #5

Emilio Sanchez is ten years old and receiving renal dialysis. He receives a monthly Social Security benefit of $175. His father, Roberto, also receives a monthly Social Security benefit of $450. Only Emilio is applying for QMB. Emilio's mother, Charlene, is a nursing assistant. She earns $1,600 (gross) per month. Roberto and Charlene have another son, Roberto Jr.

QMB CHILD INCOME ELIGIBILITY DETERMINATION

USE MEDI-CAL INCOME METHODOLOGY FIRST

1) Determine the MFBU - Four

2) Determine the Net Nonexempt Income using the MC 176 QMB/SLMB1.

	$ 175.00	Emilio's SSA
+	$ 450.00	Roberto's SSA
	$ 625.00	
-	$ 20.00	
	$ 605.00	Net Unearned Income
	$1,600.00	Charlene's Gross Earned Income
-	$ 65.00	Earned Income Deduction
	$1,535.00	
x	1/2	Earned Income Deduction
	$ 767.50	Net Earned Income
+	$ 605.00	Net Unearned Income
	$1,372.50	Net Nonexempt Income

3) Compare the Net Nonexempt Income to the FPL for the appropriate MFBU.

Assume the net nonexempt income of $1,373 (Rounded) exceeds the current FPL for four; income ineligible using Medi-Cal Income Methodology. Attempt to establish income eligibility using SSI Income Methodology.

USE SSI INCOME METHODOLOGY NEXT

1) Determine the actual allocation to all ineligible minor children as follows: Determine the Standard SSI Allocation to the ineligible minor child(ren) using Section II of the MC 176 QMB/SLMB2B. Assume this amount is $185. Subtract the child's own income. (Roberto, Jr. has $0 income.) The actual allocation is $185.

Subtract the actual allocation first from the unearned income of the ineligible parent(s). Any unused allocation can be deducted from the gross earned income.

	$ 450.00	Roberto's SSA
-	185.00	Actual Allocation to Roberto, Jr.
-	20.00	Any Income Deduction
	$ 245.00	Countable Unearned Income

	$1,600.00	Charlene's Gross Earned Income
-	65.00	Earned Income Deduction
-	767.50	One half of remainder
	$ 767.50	Countable Earned Income

2) Determine the Parent Deduction of the QMB Child. Assume the parent deduction for a couple is $553.

3) Determine allocation from income of the ineligible parents to the QMB child using the MC 176 QMB/SLMB2B.

	$ 245.00	Countable Unearned
+	767.50	Countable Earned
	$ 1,012.50	Total Countable Income
-	$ 553.00	Parent Deduction
	$ 459.50	Allocation to QMB Child

4) Determine the QMB Child Income Eligibility.

$ 459.50	Allocation from Ineligible Parents
+ 175.00	Emilio's Own SSA
- 20.00	
$ 614.50	

5) Compare the Net Nonexempt Income of the QMB Child to the FPL for one. Assume FPL for one is $581. Emilio is ineligible.

K. QUESTIONS AND ANSWERS

Program

1. Is an IEVS check required for a QMB?

   Answer: A QMB-only applicant must be otherwise eligible for Medi-Cal and is therefore subject to applicable Medi-Cal regulations and the regular application process including an IEVS check. Dually eligible QMB applicants including SSI/SSP recipients have already had an IEVS check when their income and property were reviewed during the application process.

2. If QMB benefits begin the month after the month of QMB approval, is this date reported to MEDS or the date the supervisor or worker approves the case?

   Answer: The county reports as the effective date the month QMB coverage is to begin, i.e., the month after the case is actually approved.

   For example: Mr. Jones applies for QMB benefits in January, the county determines eligibility in March with an approval date of January, the effective date is February 1st.

3. If, on March 15th, an individual with Part B Medicare-only applies to the county for a QMB determination and the county is not able to schedule an appointment or make a determination before March 31st, should the county inform the applicant to first apply for conditional Part A before the March 31st deadline and return for an eligibility determination later?

   Answer: Yes. The county should inform the individual of the Part A enrollment deadline and advise him/her to apply for conditional Part A before March 31st. If the county later determines the individual as QMB eligible, benefits could begin in July. Otherwise, he/she would be required to wait another year to apply for Part A and could not be eligible for QMB benefits this year.

4. Are status reports required for QMB-only recipients?

   Answer: No. A QMB is similar to aged, blind, or disabled (ABD) recipients who are not required to complete status reports, but as with ABDs, QMBs must report income or property changes.

5. If a family was discontinued for failure to return a status report (mother and children were AFDC-MN based on the father's incapacity) and the father is also a disabled QMB, would he remain eligible as a QMB since no status reports are required?

   Answer: Yes.

6. If a QMB-only without Part A was preapproved in January but benefits do not begin until July, when is his/her redetermination date?

   Answer: January.

7. If a dually eligible individual in LTC who has a SOC under regular Medi-Cal is paying his/her Part A premium and is approved for QMB benefits, how many months should the county allow for Medicare to begin billing DHS for the premium?

   Answer: Counties should allow approximately two months before readjusting the individual's share of cost. This is similar to the Buy-In process (Part B).

8. Can an IHSS statement of facts form be used for a dually eligible IHSS/QMB or must the county complete an MC 210?

   Answer: Counties may use the existing IHSS information.

Medicare (This information is based on conversations with SSA. Detailed questions regarding Medicare should be referred to SSA).

1. Must the parent of a QMB child on dialysis be deceased, aged, or disabled in order for the child to be eligible for Medicare?

   Answer: No, however, the parent must have worked the appropriate number of quarters under Social Security.

2. If an individual with chronic renal disease has not paid into SSA and is not eligible for premium free Part A Medicare and has no parent or spouse who has worked the appropriate number of quarters under Social Security, may he/she purchase Part A.?

   Answer: No.

3. If an individual who is eligible for premium free Part A does not apply for this benefit, may he/she enroll later at anytime?

   Answer: An individual is not given the option of refusing premium free Part A Medicare. He/she receives it when eligible; therefore, there is no need to enroll later.

4. How does an individual who has chronic renal disease apply for Medicare Part A?

   Answer: Application is made with SSA. Most providers who specialize in this disease have the appropriate Medicare forms.

5. When is a person with chronic renal disease eligible for Medicare Part A?

   Answer: An individual may apply in the third month of dialysis or immediately for home dialysis or a kidney transplant.

6. May an individual purchase Medicare Part A but not B?

   Answer: No.

7. a) Can OBRA applicants/beneficiaries qualify for Medicare?

   b) If Yes, can they be eligible as a QMB?

   Answer: a) Yes, an OBRA individual can qualify for Medicare if the individual has paid into Social Security for the required quarters and is also either 1) blind or disabled and has received Title II benefits for at least 24 months or 2) aged.

   b) Federal guidelines state that a QMB must be either a citizen or a lawfully admitted for permanent residence alien; therefore, an OBRA alien is not eligible for QMB benefits.

8. Must a blind individual also receive Title II benefits for 24 months before eligibility for Medicare begins?

   Answer: Yes.

9. If an individual files for Part A benefits after the March 31st general enrollment, will SSA waive this deadline in some cases?

   Answer: Yes. If the individual has good cause.

10. Is a child or spouse of an aged, deceased, blind, or disabled individual eligible for Medicare?

    Answer: Yes, but only if he/she is also aged, blind, or disabled and the spouse or parent is or was entitled to Medicare.

SSI/SSP Recipients

1. Should the county mail an application or Statement of Facts to the individual who was terminated from SSI/SSP to determine if he/she continues to be eligible as a QMB?

   Answer: Yes, if the individual did not receive these forms with the Ramos v. Myers NOA.

2. If an SSI/SSP individual who is also eligible as a QMB has an increase in income which changes the amount of his/her cash grant but is not enough to cause the loss of SSI/SSP eligibility, will the county be notified?

   Answer: Unless the individual informs the county directly, the county will not be aware of this fact until the QMB redetermination.

3. How may the SSI/SSP recipient distinguish his/her check from that of the SSA Title II check?

   Answer: The SSI/SSP check is sent in a blue envelope and has "SSI" on the face of the check as opposed to an SSA Title II check which is sent in a manila envelope and has "SOC SEC" on the face.

4. Is the MC 13 Form (Citizenship) required for SSI/SSP recipients who apply for QMB benefits?

   Answer: No. SSA has already asked for this information.

5. If the county inadvertently reviews IEVS and finds a contradiction in income from the income recorded on MEDS, should the county attempt to verify the difference?

   Answer: No. Counties are to assume that the income information on MEDS is correct unless the individual reports otherwise.

6. Is a QMB redetermination required for SSI recipients?

   Answer: Yes. They are considered aged, blind, or disabled and should be evaluated yearly.

7. If the individual has been receiving QMB benefits based on the SDX information and he/she is then terminated from SSI/SSP, should the county require a regular application to continue QMB benefits?

   Answer: Yes. We are in the process of changing the Ramos v. Myers Notices of Action to include QMBs. Until that time, counties should terminate QMBs benefits if a regular application is not received from the QMB beneficiary within a reasonable time after the county request.

Providers and Billing

1. If a QMB-only individual resides in a county that requires Medi-Cal recipients to use certain facilities such as a prepaid health plan (PHP), may the QMB-only use that facility?

   Answer: Not at this time, but he/she can use other providers who accept Medi-Cal and Medicare.

2. If a QMB beneficiary receives services from a provider who does not accept Medi-Cal, can the beneficiary be billed for the coinsurance and deductibles if the beneficiary receives services from a provider who is not an approved Medi-Cal provider?

   Answer: Yes

3. May a provider bill a QMB for the difference between his/her rate and the approved Medicare reimbursement (in the case when we do not reimburse for any or all coinsurance and deductibles)?

   Answer: No.

Property

1. Can a QMB applicant spenddown excess property to within the QMB property limit?

   Answer: Yes.

2. If an individual is less than 18 years old and married, is he considered a QMB adult or child?

   Answer: He/she would be considered an adult for Medi-Cal, (unless claimed as a tax dependent by his/her parents), as well as for QMB regulations.

3. When there is more than one child in the home applying for QMB benefits and one has more property than the other, should the county begin the QMB property determination with the child with less property or more?

   Answer: It is the county's decision. However, the county may wish to begin with the child who has the most property to avoid a recomputation if that child is ineligible.

4. Will the property level change on an annual basis?

   Answer: No.

5. How will community spouse rules under MCCA affect QMB property rules?

   Answer: MCCA primarily affects situations where one spouse is institutionalized after September 30, 1989, the other spouse is not institutionalized, and the application is made on or after January 1, 1990. Each spouse is in a separate MFBU. After initial MCCA eligibility is established, the EW uses the CSRA for the community spouse's QMB determination and the property reserve of no more than $2,000 for the QMB determination of the institutionalized spouse. The division of community property applies in all other cases where spouses are in separate MFBUs. In those cases, the spouse's separate and one-half of the community property is used in determining the QMB eligibility of each respective spouse.

Income

1. Must the county deny or discontinue QMB applicants/recipients who are not eligible due to excess income based on the SSA COLA or may the county wait until the increase in the federal poverty level?

   Answer: Effective January 1, 1991, the county must disregard the COLA increase until the publication of the federal poverty level.

2. When does the "Standard QMB Allocation" amount change?

   Answer: The Standard QMB Allocation amount changes on January 1st of each year based on the annual Title II, Social Security Cost of Living Adjustment (COLA).

3. How are Impairment Related Work Expenses (IRWE) deducted? Are there set limits? Are IRWEs allowed under the regular Medi-Cal program?

   Answer: The IRWE is deducted from a QMB applicant's earned income. The IRWE deduction is the actual amount paid by the applicant. These deductions are not applicable for those applying for regular Medi-Cal.

4. Since the Medicare Part B premium is deducted from the SSA benefit check (unless the beneficiary does not receive a check), what amount is used to determine QMB income?

   Answer: Since the gross amount of the SSA benefit is considered, it is necessary to add the premium amount back if it was deducted.

5. If the spouse is also applying and he/she has income less than the Standard QMB Allocation amount, would this income be exempt?

   Answer: No. Only the income of the ineligible spouse shall be evaluated for exemption if less than the Standard QMB Allocation amount.

6. Under Medi-Cal income methodology, a child may be excluded from the MFBU. May the child be excluded using SSI Income methodology?

   Answer: No, not unless the child receives PA or other PA. A child's income is only considered when computing the parent allocation to an ineligible child(ren).

7. When do the SSA grant amounts change?

   Answer: The grant amounts are based on the COLA and are effective on January 1st of each year; however, the COLA is to be disregarded for QMB applicants/beneficiaries for the first three months.

8. Would any QMB applicant have a share of cost (SOC) under regular Medi-Cal?

   Answer: There is a possibility that a QMB child might have earned income. Ineligible parents would be entitled to a parent deduction under SSI methodology. This deduction is not allowed under regular Medi-Cal. There are also individuals in LTC with a SOC who will be QMB eligible.

9. Under "Pickle", a person is in his/her own MFBU. Would a person be in his/her own MFBU when applying for QMB benefits?

   Answer: Only if the person were in long term care. A person who is applying as a QMB should first be determined using Medi-Cal rules (all family members are in the MFBU). If not eligible, then SSI rules are used and there would be an MFBU of either one or two (depending on whether the income of the ineligible spouse is combined with the applicant's income).

10. Is income apportioned under SSI income methodology?

    Answer: No. SSI income methodology requires that the actual gross income be used to determine income eligibility.

11. How will community spouse rules under MCCA affect QMB income rules?

Answer: They do not. Post-eligibility treatment of income rules do not apply to QMB individuals.

12. If the individual is paying for Board and Care, is this amount considered unavailable as it is under Medi-Cal?

Answer: Board and Care expenses are considered unavailable under Step I (Medi-Cal), but not under the Step II (SSI) determination.

L. NOTICES and FORMS

The following notices and forms are enclosed. The MC 176 2A and 2B have been revised.

1. MC 239 J Notice of Action - Approval for Benefits as a QMB

This NOA may be used for all approved and preapproved QMB applicants. For example, this form may be used for:

- Medi-Cal beneficiaries who have not met the QMB eligibility requirements except for Part A and who must apply for Part A, or who have met all the QMB eligibility requirements; or,
- The general public who must apply for conditional Part A at the SSA office or are eligible because they already have Part A and meet all other QMB requirements.

2. MC 239 J (SP) Notice of Action - Approval for Benefits as a QMB

This is the Spanish version of the MC 239 J NOA.

3. MC 239 K Notice of Action - Denial or Discontinuance of Benefits as a QMB.

This NOA may be used for all QMB applicants.

4. MC 239 K (SP) Notice of Action - Denial or Discontinuance of Benefits as a QMB

This is the Spanish version of the MC 239 L NOA.

5. MC 176 QMB-3 and Cover Sheet (English & Spanish)

This form and information sheet may be used to enroll those QMB applicants who do not have Part A. Counties may use another method if their local Social Security Administration Office prefers; NOTE: Counties should include the Medicare HIC number and entitlement date for MEDS input if using a different form.

6. MC 176 P QMB/SLMB-A - QMB Property Worksheet - Adult

This form may be used to determine the property of a QMB applicant 18 years of age and older or if married.

7. MC 176 P QMB/SLMB-C - QMB Property Worksheet - Child

This form may be used to determine the property of a QMB applicant 17 years of age and younger and unmarried.

8. MC 176 QMB/SLMB 1 - QMB Income Eligibility Worksheet - All Applicants

This form may be used to determine the income of a QMB applicant, couple, or a minor child(ren) who is also applying for regular Medi-Cal benefits.

9. MC 176 QMB/SLMB 2A - QMB Income Eligibility Worksheet - Applicant with an Ineligible Spouse, with or without children.

This form may be used to determine the income of a QMB applicant who has an ineligible spouse with or without children, who is not applying for regular Medi-Cal benefits or who was not eligible using the MC 176 QMB1 worksheet.

10. MC 176 QMB/SLMB 2B - QMB Income Eligibility Worksheet - Child Applying with or without Ineligible Parents

This form may be used to determine the income of a QMB child who is not applying for regular Medi-Cal benefits or who was not eligible using the MC 176 QMB 1 worksheet.

11. MC Information Notice 008 - QMB Program Information Notice

This form may be used to provide information to those interested in the requirements of the QMB program.

MEDI-CAL
NOTICE OF ACTION
Approval For Benefits as a Qualified
Medicare Beneficiary (QMB)

(County Stamp)

Date: _____

Case No: _____

Worker No: _____

This Affects: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THOSE BENEFITS.

We reviewed your application to see if you are eligible for the Qualified Medicare Beneficiary (QMB) program. This program pays your Social Security Administration (SSA) Medicare Part A and B premiums, coinsurance and deductibles.

We determined that:

☐ Beginning _____/ _____/ _____, you meet the basic eligibility requirements for the QMB program; however, before Medi-Cal can begin paying your Medicare expenses SSA must confirm your Part A eligibility.

- ☐ Since you have already applied for Part A, no further action is required now.
- ☐ You must apply for Part A. Take the enclosed form to the SSA office. Ask SSA to return this form to us as soon as possible.
- ☐ We have requested SSA to verify your Part A eligibility. No further action is required now.

☐ If you applied for regular Medi-Cal eligibility, you will receive a separate notice.

If you pay Part A premiums, allow 3-4 months from the time you are eligible as a QMB for SSA to stop billing you or deducting these premiums from your check. If you do not pay Part A premiums, ask SSA when your Medicare will start.

The regulation which requires this action is California Code of Regulations, Title 22, Section 50258.

MC 239 J (3/90)

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

NOTIFICACION DE ACCION DE MEDI-CAL

Aprobación de Beneficios como Beneficiario Aprobado de Medicare (QMB)

(Sello del Condado)

Fecha: _____

No. del Caso: _____

No. del Trabajador(a): _____

Esto Afecta a: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL, ESTO NO AFECTA ESOS BENEFICIOS.

Hemos revisado su solicitud para ver si usted reúne los requisitos para el Programa de Beneficiario Aprobado de Medicare (QMB). Este programa paga sus primas, coseguro y deducibles de Medicare Parte A y B de la Administración del Seguro Social (SSA).

Hemos establecido que:

☐ Comenzando el _____/ _____/ _____, usted reúne los requisitos básicos para el programa QMB; sin embargo, antes que Medi-Cal pueda comenzar a pagar sus gastos de Medicare, la SSA tiene que confirmar su elegibilidad para la Parte A.

- ☐ Puesto que usted ya ha presentado una solicitud para la Parte A, ahora no se requiere ninguna otra acción.
- ☐ Usted tiene que solicitar la Parte A. Lleve la forma que se adjunta a la oficina de la SSA. Pídale a la SSA que nos la devuelva tan pronto como sea posible.
- ☐ Le hemos pedido a la SSA que verifique la elegibilidad suya para la Parte A. Ahora no se requiere ninguna otra acción.

☐ Si usted solicitó elegibilidad para Medi-Cal regular, recibirá una notificación por separado.

Si usted paga primas para la Parte A, permita que pasen de 3 a 4 meses a partir de la fecha en que usted reúna los requisitos como QMB, para que la SSA deje de enviarle cobros a usted, o para que deje de deducir estas primas de su cheque. Si no paga primas para la Parte A, pregúntele a la SSA cuándo comenzará su Medicare.

El ordenamiento que requiere esta acción, es la sección 50258 del Título 22 del Código de Ordenamientos de California.

MC 239 J (SP) (3-93)

MEDI-CAL
NOTICE OF ACTION
Denial or Discontinuance of Benefits as a
Qualified Medicare Beneficiary

(County Stamp)

State No: _____

District: _____

IF YOU ARE ALREADY RECEIVING MEDI-CAL BENEFITS, THIS DOES NOT AFFECT THESE BENEFITS.

We reviewed your application to see if you are eligible for a new program called the Qualified Medicare Beneficiary (QMB) program.

We determined that:

☐ You are not eligible for the QMB program.

☐ Your eligibility for the QMB program ends _____ / _____ / _____.

Here is why:

☐ Your _____ is above the limit. If you have Part A Medicare and should your
income/property
_____ decrease, you may reapply. The limit is $ _____. If you do not
income/property
have Part A Medicare, please reapply in January. The income limit may rise in future years.

☐ The Social Security Administration did not confirm that you are eligible for Medicare Part A. Contact your local SSA office for more information.

☐ You do not have Medicare Part A and/or Part B. You must contact your local SSA office to apply. When you receive verification of Medicare, please contact this office again.

☐ Other reasons.....

☐ You are not eligible for the regular Medi-Cal program because:

☐ If you also applied for regular Medi-Cal benefits, you will receive a separate notice about that program.

The regulations which require this action are California Code of Regulations, Title 22,

Sections _____.

_____ (Eligibility Worker) _____ (Phone) _____ (Dated)

MC 239 K (10/89)

YOUR HEARING RIGHTS

To Ask For a State Hearing

The right side of this sheet tells how

- You only have 90 days to ask for a hearing.
- The 90 days started the day after we mailed this notice
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free:	1-800-952-5253
If you are deaf and use TDD call:	1-800-952-8349

If you don't want to come to the hearing alone, you can bring a friend, an attorney or anyone else. You must get the other person yourself.

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child Support: The District Attorney's office will help you collect child support even if you are not on cash aid. There is no cost for this help. If they now collect child 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.

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).

BA BACK 6

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) _____

Here's why: _____

I will bring this person to the hearing to help me (name and address, if known):

_____

I need an interpreter at no cost to me. My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My signature _____

Date _____

BA 52525

MEDI-CAL
NOTIFICACION DE ACCION
Negación o Descontinuación de Beneficios como Beneficiario Aprobado de Medicare

(County Stamp)

No del Estado: _____

Distrito: _____

SI USTED YA ESTA RECIBIENDO BENEFICIOS DE MEDI-CAL ESTO NO AFECTARA ESTOS BENEFICIOS.

Hemos revisado su solicitud para ver si usted es elegible para un programa nuevo que se llama Beneficiario Aprobado de Medicare (QMB).

Se ha determinado que:

☐ Usted no es elegible para el programa QMB.

☐ Su elegibilidad para el programa QMB termina _____/_____/_____.

La razón es la siguiente:

☐ Sus _____ (ingresos/bienes) exceden el límite. Si usted tiene la porción A del seguro de Medicare y si el valor de sus _____ (ingresos/bienes) disminuyen, usted puede volver a solicitar. El límite es de $ _____. Si usted no tiene la porción A de Medicare, por favor vuelva a solicitarla en enero. Es posible que el límite de ingreso aumente en los próximos años.

☐ La Administración del Seguro Social (SSA) no confirmó que usted es elegible para la porción A del seguro de Medicare. Para mayor información comuníquese con su oficina local de la SSA.

☐ Usted no tiene cobertura de la porción A y/o de la porción B. Para solicitarla, comuníquese con su oficina local de la SSA. Una vez que usted reciba la verificación de Medicare, comuníquese con nuestra oficina nuevamente.

☐ Otras razones.....

☐ Usted no es elegible para recibir beneficios normales del programa de Medi-Cal porque:

☐ Si también solicitó beneficios normales de Medi-Cal, recibirá notificación sobre este programa por separado.

Los ordenamientos que requieren esta acción son las secciones _____ del título 22 del Código de Ordenamientos de California.

_____ (Trabajador(a) de elegibilidad) _____ (Teléfono) _____ (Fecha)

MC 239 K (10/89) (SP)

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado.

El lado derecho de esta página le indica cómo hacerlo.

- Usted tiene solamente 90 días para solicitar una audiencia.
- Los 90 días comenzaron un día después de la fecha en que le enviamos esta notificación.
- Tiene menos tiempo para pedir una audiencia si desea seguir recibiendo los mismos beneficios.

Para conservar sus mismos beneficios mientras espera una audiencia

Debe solicitar una audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve acabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualesquier dinero o estampillas para comida que haya recibido.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúen su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque uno de los casilleros.

☐ Asistencia monetaria ☐ Estampillas para comida

Para que le asistan

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito	1-800-952-5253
Si es sordo y usa TDD:	1-800-952-8349

Si no desea venir a la audiencia solo, puede traer un amigo, un abogado o cualquier otra persona, pero usted debe hacer los arreglos para traer a esa otra persona.

Es posible que pueda obtener ayuda legal gratuita en su oficina local de asesoramiento legal (legal aid) o de su grupo de derechos de recipientes de asistencia pública.

Otra Información

Mantenimiento de hijos: La oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Esta asistencia es gratuita. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades de mantenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página y enviarla a:

Tambien puede llamar al 1-800-952-5253.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción ejercitada por el Departamento de Bienestar del Condado de _____ acerca de mi:

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal

☐ Otro (anote)_____

La razón es la siguiente: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

La siguiente persona vendrá conmigo a la audiencia a ayudarme (nombre y dirección si los sabe):

_____

_____

_____

Necesito un intérprete sin costo para mi.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

_____

Teléfono: _____

Mi Firma: _____

Fecha: _____

STATE OF CALIFORNIA · HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

COVER SHEET FOR THE MC 176 QMB-3 MEDICARE HOSPITAL INSURANCE REFERRAL FORM

A NEW BENEFIT MAY BE AVAILABLE TO YOU- MEDICARE *HOSPITAL INSURANCE*

There is a new benefit under the Medi-Cal program you may want to have. Under a new law, if you want to have Medicare *Hospital Insurance* (Part A), we may be able to buy it for you and pay the premiums, deductibles, and coinsurance. We may already pay for your Medicare Medical Insurance (Part B), for doctors' services and some other medical items and services. However, before we can pay for your Part A *Hospital Insurance*, you must be a "Qualified Medicare Beneficiary".

WHY SHOULD YOU ENROLL FOR HOSPITAL INSURANCE?

With Medicare *Hospital Insurance*, you may have a wider choice of hospitals in which to receive care depending on where you live. Medicare *Hospital Insurance* may provide slightly different benefits than the Medi-Cal program.

WHAT HAPPENS IF YOU DO NOT WISH TO BECOME A QUALIFIED MEDICARE BENEFICIARY?

If you do not wish to enroll, we will continue to pay your Part B Medicare Medical Insurance premium, coinsurance and deductible, if you are eligible, and your regular Medi-Cal will continue unless you no longer meet the eligibility requirements for the Medi-Cal program. You still are covered for all necessary medical care, including full hospitalization.

WHO CAN BECOME A "QUALIFIED MEDICARE BENEFICIARY?"

To become a Qualified Medicare Beneficiary:

1. Your income must be at or below a federal limit which is a percentage of the federal poverty level.
2. Your property must be at or below twice that of the Medi-Cal property limit.
3. You must meet other requirements of the regular Medi-Cal program such as residency, etc.
4. You must qualify for Medicare Part A Hospital Insurance.

If you are not entitled to free Medicare *Hospital Insurance* and must pay a monthly premium, we will pay the premium for you if you meet the 4 requirements shown above.

WHAT YOU SHOULD DO TO ENROLL

You have already been determined to meet the first, second, and third steps because your income and property is at or below the federal limit and you meet other Medi-Cal program requirements. If you want to become a Qualified Medicare Beneficiary, the last step is to take the enclosed Form MC 176 QMB-3 to your local SSA office by March 31st. Return this form to your county office when it is completed by SSA.

MC 176 QMB-3 COVER SHEET (12/92)

The Social Security Administration will tell us when you meet the *Hospital Insurance* requirements.

WHAT HAPPENS IF YOU ENROLL IN *HOSPITAL INSURANCE?*

If you meet all the requirements, we will then make you a Qualified Medicare Beneficiary and will begin paying your Medicare *Hospital Insurance* premiums, deductible, and coinsurance in July. You will receive the same Medicare benefits as other Medicare beneficiaries, plus the benefit of having the Medi-Cal program pay for other Part A costs. We will continue to pay your Part B Medicare Medical Insurance premium, deductible, and coinsurance if you are eligible.

WHAT HAPPENS IF YOU DON'T ENROLL ON TIME?

To enroll this year, you must take the enclosed form to your local SSA office by March 31st. If you don't, you must wait until January, February or March of the following year for your next chance to enroll in *Hospital Insurance*.

WHAT HAPPENS IF YOU ARE NO LONGER A QUALIFIED MEDICARE BENEFICIARY?

If you are no longer a Qualified Medicare Beneficiary because your income or property has increased, or you fail to meet other Medi-Cal requirements, we will not be able to continue to pay your *Hospital Insurance* premium. If this happens and you want to keep the Medicare *Hospital Insurance*, you will have to pay the premium yourself.

MEDI-CAL ESTATE RECOVERY

Any Medi-Cal payments made on behalf of an individual after age 65 are recoverable by the state after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

IF YOU HAVE ANY QUESTIONS

If you have any questions, you should call or write to your eligibility worker at your local welfare office for more information.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY (QMB) REFERRAL

APPLICANT NAME:			ADDRESS:
SSN:	DOB:	SEX:	
MEDICARE HIC#			
PHONE			

The person named above is an applicant for the Qualified Medicare Beneficiary (QMB) Program. Medicare eligibility status must be confirmed before the State can begin paying his/her Medicare premiums, deductibles and coinsurance.

INSTRUCTIONS: COUNTY WELFARE DEPT. - Please complete Part I.
SSA - Please enroll applicant in Medicare and complete Part II. Have the applicant return this form to the county.

PART I COMPLETED BY COUNTY DEPARTMENT OF SOCIAL SERVICES/WELFARE.

- ☐ Currently eligible for Part B; however, must apply for conditional Part A.
- ☐ Not currently enrolled in either Medicare Part A or Part B. Please enroll the applicant in conditional Part A and Part B (if eligible).
- ☐ Medicare status unknown.

COUNTY WELFARE ADDRESS:	EW NAME/EW#:	PHONE:	DATE:

PART II COMPLETED BY SOCIAL SECURITY ADMINISTRATION

- ☐ Eligible for conditional Medicare Part A effective_____.
  Please evaluate for QMB eligibility.
- ☐ Currently receiving Medicare Part A.
- ☐ Must reapply during the general enrollment period.
- ☐ Not eligible for Part A or B because:

SSA SIGNATURE:	TITLE:	PHONE:	DATE:

MC 176 QMB-3 (10/92)

PAGINA INFORMATIVA SOBRE LA FORMA MC 176 QMB – 3
SEGURO DE HOSPITAL DE MEDICARE
FORMA DE REFERENCIA

ES POSIBLE QUE UN BENEFICIO NUEVO ESTE A SU DISPOSICION–EL *SEGURO DE HOSPITAL* DE MEDICARE

Es posible que usted desee tener el nuevo beneficio que existe bajo el programa de Medi-Cal. Conforme a una nueva ley, si usted desea tener *Seguro de Hospital* de Medicare (Parte A), es posible que se lo podamos comprar y pagarle las primas, deducibles y coseguro. Es posible que ya paguemos su *Seguro Médico* de Medicare (Parte B), para los servicios de médico y algunos otros artículos y servicios. Sin embargo, antes de que podamos pagar su *Seguro de Hospital*, Parte A, usted tiene que reunir los requisitos como "Beneficiario Aprobado de Medicare".

¿POR QUE SE DEBE REGISTRAR PARA RECIBIR SEGURO DE HOSPITAL?

Es posible que con el *Seguro de Hospital* de Medicare usted tenga una selección más amplia de hospitales en los cuales puede recibir cuidado, dependiendo de su lugar de residencia. El *Seguro de Hospital* de Medicare le puede proporcionar beneficios un poco diferentes de los que le brinda el programa de Medi-Cal.

¿QUE PASA SI USTED NO DESEA CONVERTIRSE EN BENEFICIARIO APROBADO DE MEDICARE?

Si no desea registrarse, continuaremos pagando su prima, del Seguro Médico de Medicare, Parte B, el coseguro y el deducible y, si usted reúne los requisitos, y continuará recibiendo sus beneficios regulares de Medi-Cal, a menos que ya no reúna los requisitos para recibirlos conforme al programa de Medi-Cal. Usted sigue recibiendo cobertura para todo su cuidado médico necesario, incluyendo la hospitalización completa.

¿QUIEN PUEDE CONVERTIRSE EN "BENEFICIARIO APROBADO DE MEDICARE"?

A fin de convertirse en Beneficiario Aprobado de Medicare:

1. Sus ingresos tienen que estar al límite federal o por debajo del mismo, el cual es un porcentaje del nivel de pobreza federal.
2. Sus bienes tienen que estar al límite de bienes de Medi-Cal o dos veces por debajo del mismo.
3. Usted tiene que reunir otros requisitos del programa de Medi-Cal regular, tales como el de residencia, etc.
4. Usted tiene que reunir los requisitos para recibir Seguro de Hospital de Medicare, Parte A.

Si usted no tiene derecho a recibir *Seguro de Hospital* de Medicare gratis, y tiene que pagar una prima mensual, le pagaremos esa prima si reúne los 4 requisitos mencionados anteriormente.

LO QUE DEBE HACER PARA REGISTRARSE

Ya se ha determinado que usted reúne el primer, segundo y tercer requisitos, puesto que sus ingresos y bienes están al límite federal o por debajo del mismo, y usted reúne otros requisitos del programa de Medi-Cal. Si usted desea convertirse en Beneficiario Aprobado de Medicare, el último paso a seguir es llevar la Forma MC 176 QMB–3 que se adjunta, a su oficina local de la Administración del Seguro Social (SSA), a más tardar el 31 de marzo. Una vez que la SSA la haya completado, devuelva esta forma a la oficina de su condado.

La Administración del Seguro Social nos comunicará cuando usted reúna los requisitos para recibir *Seguro de Hospital.*

¿QUE SUCEDE SI SE REGISTRA PARA RECIBIR *SEGURO DE HOSPITAL*?

Si usted reúne todos los requisitos, entonces nosotros lo convertiremos en Beneficiario Aprobado de Medicare y comenzaremos a pagarle sus primas, deducibles y coseguro del *Seguro de Hospital* de Medicare, en julio. Usted recibirá los mismos beneficios de Medicare que los otros beneficiarios de Medicare, más el beneficio de que el programa de Medi-Cal le pague otros costos de la Parte A. Continuaremos pagando su prima, deducible y coseguro del Seguro Médico de Medicare, Parte B, si reúne los requisitos.

¿QUE SUCEDE SI NO SE REGISTRA A TIEMPO?

A fin de registrarse este año, usted tiene que llevar la forma que se adjunta, a su oficina local de la SSA, a más tardar el 31 de marzo. Si no lo hace, tiene que esperar hasta enero, febrero o marzo del siguiente año para tener la oportunidad de registrarse para recibir *Seguro de Hospital.*

¿QUE PASA SI DEJA DE SER BENEFICIARIO APROBADO DE MEDICARE?

Si ya no es Beneficiario Aprobado de Medicare debido a que sus ingresos o bienes han aumentado, o no reunió otros requisitos de Medi-Cal, no podremos seguir pagando su prima de *Seguro de Hospital.* Si esto sucede, y usted desea mantener su *Seguro de Hospital* de Medicare, tendrá que pagar la prima usted mismo(a).

RECUPERACION QUE HACE MEDI–CAL DEL CAUDAL HEREDITARIO

Cualesquier pagos de Medi-Cal que se hagan en beneficio de un individuo mayor de 65 años, pueden ser recuperados por el estado después de la muerte de éste, bajo ciertas condiciones. Se puede hacer la recuperación del caudal hereditario o del heredero del beneficiario de Medi-Cal, si el beneficiario no deja un cónyuge, niños menores, o un hijo totalmente incapacitado que le sobrevivan.

SI TIENE ALGUNA PREGUNTA

Si tiene alguna pregunta, debe llamar o escribir a su trabajador(a) de elegibilidad a su oficina local de bienestar para recibir más información.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY(QMB)/ SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROPERTY WORKSHEET ADULT (18 YEARS OF AGE AND OLDER OR MARRIED)

NAME _____ CASE NUMBER _____ MONTH _____

STEP I - REGULAR MEDI-CAL METHODOLOGY

A. Determine net nonexempt property in accordance with Article 9.

B. Does family qualify under the regular Medi-Cal property rules and property limits?

☐ Yes, stop here. QMB/SLMB property requirement met.

☐ No, proceed to step II.

STEP II – QMB/SLMB METHODOLOGY

A. Only consider the net nonexempt property of the QMB/SLMB applicant (and spouse); do not consider the property of any other family members in the home.

B. Net nonexempt property of QMB/SLMB applicant (and spouse). $ _____

C. Property limit for one person (or two persons if there is a spouse). $ _____

D. Twice the property limit shown on line IIC. $ _____

E. Is line IIB less than or equal to line IID?

☐ Yes, QMB/SLMB property requirement met.

☐ No, ineligible due to excess property.

_____ Eligibility Worker Signature

_____ Worker Number

MC 176 P QMB/SLMB - A (10-92)

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY DEPARTMENT OF HEALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY(QMB)/ SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROPERTY WORKSHEET CHILD

NAME _____ CASE NUMBER _____ MONTH _____

STEP I - REGULAR MEDI-CAL METHODOLOGY

A. Determine net nonexempt property in accordance with Article 9.

B. Does family qualify under the regular Medi-Cal property rules and property limits?

☐ Yes, stop here.

☐ No, proceed to Step II.

STEP II – QMB/SLMB METHODOLOGY

A. Parental allocation (includes stepparent)

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

1. Parent(s)' net nonexempt property. $ _____
2. Property limit for one person (if 2 parents, enter property limit for two persons). $ _____
3. Subtract line A2 from line A1 (enter 0 if negative). Total Allocation $ _____
4. Divide line A3 by the # of QMB/SLMB children in the home. QMB/SLMB Child's Share ..... $ _____

B. QMB/SLMB child's and parent(s)'s resources

1. Child's own net nonexempt property (as determined under Article 9). $ _____
2. Enter child's share of property from parent(s) (line A4) $ _____
3. Add line B1 and B2. $ _____
4. Twice the property limit for one person. $ _____
5. Is line B3 less than or equal to line B4?

☐ Yes, QMB/SLMB property requirement met.

☐ No, ineligible due to excess property. If more than one QMB/SLMB child in the home, proceed to Section C.

C. Child in Section B is ineligible and more than one QMB/SLMB child in the home

A. Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the QMB/SLMB child's own net nonexempt property exceeds twice the Medi-Cal property limit for one person.

B. Take the amount of property deemed from the parent(s) (Line A3) and re-divide it among the remaining number of QMB/SLMB children in the home (Line A4).

C. Repeat Section B for each of the remaining QMB/SLMB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (Line B3) is within the allowable QMB/SLMB property limit (Line B4).

_____ Eligibility Worker Signature

_____ Worker Number

MC 176 P QMB/SLMB-C (10/92)

INSTRUCTIONS
QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORKSHEET FOR ALL APPLICANTS: INDIVIDUAL(S); COUPLE(S); AND CHILDREN (LTC INDIVIDUAL IN OWN MFBU) FORM MC176 QMB/SLMB 1

Form MC 176 QMB/SLMB1, Income Eligibility Worksheet, is used to compute the income for all individuals who are applying under the QMB/SLMB program. This form is completed at the time of a new application, restoration, reapplication, change in income or other circumstances affecting the income, or correction in the income.

Instructions for Completion

Identification Section

1. Enter: Case Name.

2. County District. If the county has district, identify the district.

3. County Use. Make any entries the county department has designated it wants.

4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.

5. Effective Eligibility Date for This Budget. Enter the month in which eligibility will begin with this budget computation.

6. State Number. For family members who are applying as an ABD medically needy (MN) QMB/SLMB applicant, and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, seven digit number, MFBU number, and the persons number. If the county does not use the seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

   DO NOT INCLUDE RECIPIENTS OF PA IN MFBU.

   Four Month or Nine Month Continuing: Family members eligible for Four Month or Nine Month Continuing Eligibility are considered as ineligible members of the MFBU.

Excluded	For children with income or property of their own who are excluded from the MFBU.
I.E. (or county designated I.E. aid code)	For members of MFBU who are not applying for QMB/SLMB benefits.
S/P	For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.
Pickle Eligible Members	For Aged, Blind, and Disabled (ABD) family member who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the Lynch v. Rank decision.
ABD/LTC or ABD/B&C	For an ABD person or the spouse of an ABD person who is in LTC or board and care who will be in a separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M.

7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn".

8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male and "F" for female for each person listed.

9. Social Security number: Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.

10. Other Coverage Code: Determine the other coverage code in accordance with Section 15A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I -- Income of Potential QMB Composition

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB applicant(s) and ineligible spouse, if one, who are applying as ABD in Section I (A) and (B), providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Section(s) 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512 should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI. A of the MC 176W instead of lines 1 through 5 of Section I.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	Gibbins v. Rank

1. Enter: Social Security income.

2. Net income received from property.

3-4. All other unearned income. If applicable, include SSI/SSP In-Home Supportive Services (IHSS) recipient's available income; stepparent's income deemed available from MC 176W, Parts II and V.B; and income allocated from the Pickle eligible spouse or parent.

5. Total the amounts in Section I, Part A, lines 1.a. through 4.a. This is the total unearned income of the QMB/SLMB applicant of the MFBU. Also, total the amounts in Section I, Part A, lines 1.b. through 4.b. This is the total unearned income of the QMB/SLMB spouse; ineligible spouse or parent of the QMB/SLMB child applicant of the MFBU.

6. Add lines 5.a. and 5.b., or enter the amount from 176W, Part VI.A. This is the combined unearned income of the QMB/SLMB ABD applicant in the MFBU and their eligible or ineligible spouse or ineligible parent(s) of a QMB/SLMB child applicant who is a member of the MFBU.

7. No entry. This shows the $20 any income deduction.

8. Subtract line 7 from line 6. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 8 and enter the minus figure, which is the unused portion of the $20 any income deduction, in the blank provided on line 13.

B. Nonexempt Earned Income

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.B of the MC 176W instead of line 9:

Student Deduction	Section 50551
$30 Plus One-Third, or $30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Court Ordered Child/Spousal Support	Gibbins v. Rank

9. Enter: Gross earned income.

10. Add the amounts in lines 9.a. and 9.b. or enter the amount from line 4 of the MC 176W, Part VI.B. This is the combined earned income of the QMB/SLMB applicant(s), QMB/SLMB spouse or parent(s) of the MFBU.

11. Deduct any impairment related work expenses (IRWE) of the potential QMB/SLMB applicant(s).

12. Subtract number 11 (IRWE expenses) from number 10.

13. Enter the $65 or the $65 and one-half deduction plus any unused portion of the $20 any income deduction here.

14. Subtract line 13. from line 12. If line 14. is less than line 10, enter zero.

15. Divide line 14. by two. This figure equals the countable earned income.

16. Total lines 8.A. and 15.B. to obtain the total unearned and earned income. Enter this amount in Section III., line 1.

Section II -- Income of MFBU Member (Both Eligible and Ineligible Members) Not Listed in Column I

NOTE: The ownership of income determination required by CCR, Section 50512 should be determined prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. Nonexempt Unearned Income

1. Enter: Social Security income.

2. Net income received form property.

3-4. All other unearned income. Include SSI/SSP/IHSS recipient's available income, stepparent's income deemed available from MC 176W, Part II and Part V.B, and income allocated from a Pickle eligible spouse or parent.

5. Total lines 1 through 4.

B. Nonexempt Earned Income

6. Enter the amount from the MC 176W, Part IV, line 11.

C. Total Countable Income

7. Add lines 5.A and 6.B.

8. Enter any amount paid for court ordered child support or alimony paid under an agreement with the district attorney.

9. Subtract line 8 from line 7. This is the total countable income. Enter in Section III, line 2.

Section III -- QMB/SLMB Eligibility Computation

1. Enter: Total countable income from Section I, line 16.

2. Enter: Total countable income from Section II, line 9.

3. Add lines 1. and 2. (rounded). This is the combined countable income of the MFBU.

4. Enter the current QMB/SLMB poverty level for the appropriate MFBU. If line 3. is equal to or less than line 4., QMB/SLMB eligible. If line 3. exceeds line 4., complete the MC 176 QMB/SLMB2A, for an individual or couple (who have minor children in the home): applicant with an ineligible spouse, (with or without a child(ren): or MC 176 QMB/SLMB2B, if a child(ren) is applying who does or does not have a parent(s).

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the Eligibility Worker has a county number, enter here.

Date of Computation

The eligibility worker completes the box with the date the form was completed.

County Use

Optional - - to be used in accordance with county policy.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF HEALTH SERVICES

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORKSHEET FOR ALL APPLICANTS: INDIVIDUAL(S); COUPLE(S); AND CHILD(REN) (LTC INDIVIDUAL IN OWN MFBU)

Case Name | County District | County Use

☐ New Application ☐ Redetermination ☐ Change ☐ Correction

Effective Eligibility Date for this Budget MO. Yr.

State Number: Co.	Aid	7 Digit Serial No.	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
								(1) (2)	
								(1) (2)	
								(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)

A. NONEXEMPT UNEARNED INCOME

	a. OMB/SLMB Applicant	b. OMB/SLMB Spouse (or) Parent/Ineligible Spouse or Parent(s)
1. RSDI		
2. Net income from property		
3. Other—itemize		
4.		
5. Total (add 1 thru 4)	a.	b.
6. Combined Unearned Income (add 5a and 5b)		
7. Any income deduction		—$20
8. Countable Unearned Income (6 minus 7)		$

B. NONEXEMPT EARNED INCOME

9. Gross Earned Income	a.	b.
10. Combined Earned Income (add 9a and 9b)		
11. Deduct IRWE of potential OMB/SLMB Applicant(s) Only		–
12. Remainder (subtract 11 from 10)		$
13. $65 Earned Inc. deduction plus $_____ unused $20		–
14. Remainder (subtract 13 from 12)		$
15. Countable Earned Income (divide 14 by 2)		$
16. Total Countable Income (add 8 and 15)		$

II. INCOME OF MFBU MEMBERS NOT LISTED IN I. (EXCEPT PA OR OTHER PA)

A. NONEXEMPT UNEARNED INCOME

1. RSDI	
2. Net income from property	
3. Other—itemize	
4.	
5. Total Unearned Income (add 1 thru 4)	$

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)	$
8. Child Support/Alimony paid	
9. Total Countable Income (7 minus 8)	$

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 _____

If any of the following deductions apply, complete MC 176W, Part VI before completing Column I:

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Student Deduction	Section 50551
$30 plus 1/3	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5

III. OMB/SLMB ELIGIBILITY COMPUTATION

1. Countable income from I. 16.	
2. Countable income from II. 9.	
3. Combined Countable income (add 1 and 2, rounded)	$
4. Total current OMB/SLMB Poverty Level for appropriate MFBU of _____	$

(If line 3 is less than line 4, OMB/SLMB eligible. If line 3 exceeds line 4, complete the MC OMB/SLMB 2A or 2B)

IV. EXEMPT INCOME

Note Do not allow a deduction for health insurance.

Eligibility Worker Signature | Worker Number | Computation Date | County Use

MC 176 OMB/SLMB-1 (10/92)

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORK SHEET COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)

Form MC 176 QMB/SLMB-2A, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain criteria which is less restrictive than Medi-Cal methodology) for allocating income from a spouse (eligible or ineligible) with or without a child(ren) to either the applicant and/or a child(ren) who does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, application, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176 QMB/SLMB1 should be completed prior to completion of the MC 176 QMB/SLMB-2A to determine if the applicant(s)/beneficiary(ies) are eligible using Medi-Cal rules.

Instructions for Completion

Identification Section

1. Enter: Case name
2. County District: If the county has districts, identify the district.
3. County Use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective Eligibility Date For This Budget: Enter the month in which eligibility will begin with this budget computation.
6. State Number: For family members who are applying as an ABD medically needy (MN) QMB/SLMB application and those included in the MFBU as ineligible members: enter the county code, appropriate aid code, and seven-digit serial number; enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

   DO NOT INCLUDE RECIPIENTS OF A PA IN MFBU.

Four-Month or Nine-Month Continuing Eligibility	Family members eligible for Four-Month or Nine-Month Continuing Eligibility are considered as ineligible members of the MFBU.
Excluded	For children with income or property of their own who are excluded from the MFBU.
I.E. (or county designated I.E. aid code)	For members of the family unit who are not applying for QMB/SLMB benefits.
S/P	For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.
Pickle Eligible Member	For Aged, Blind, and Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the *Lynch v. Rank* decision.
ABD/LTC or ABD/B&C	For an ABD person or the spouse of an ABD person who is in LTC or board and care who will be in a separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M.

7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."

8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.

9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible as a QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.

10. Other Coverage Code: Determine the other coverage code in accordance with Section 15.A. of the procedural portion of the Medi-Cal Eligibility Manual.

Section I. Income of Potential QMB/SLMB Composition

In this section enter all the nonexempt unearned and earned income of the QMB/SLMB applicant(s); and ineligible spouse, if any, who is applying as ABD in Section I.a. and b., providing the spouse or parent is a member of the MFBU (either an eligible or ineligible member). Do not list income which is exempt in accordance with CCR, Sections 50523 through 50544.

NOTE: The ownership of the income determination required by CCR, Section 50512, should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. ***Nonexempt Unearned Income***

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.A. of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	*Gibbins v. Rank*

1. Enter: Social Security income

2. Net income received from property.

3–4. All other unearned income. If applicable, include SSI/SSP In-Home Supportive Services (IHSS) recipients' available income and income allocated from a Pickle eligible spouse or parent.

5. Total the amounts in Section I, Part A, lines 1.a. through 4.a. This is the total unearned income of the QMB/SLMB applicant of the MFBU. Also, total the amounts in Section I, Part A., lines 1.b. through 4.b. This is the total unearned income of the eligible or ineligible spouse of the QMB/SLMB members of the MFBU.

6. Enter the total amount allocated to the minor child(ren), if any, from the ineligible spouse. Enter the figure computed from Section II, line 5, onto line 6.b. NOTE: Income can only be allocated to a child(ren) from an ineligible spouse.

7. Subtract line 6.b. from line 5.b. and enter this amount on line 7.b.(1). If line 7.b.(1) is a minus figure, enter the minus amount on line 12.b. and enter zero on line 7.b.(2). Otherwise, enter the amount from line 7.b.(1) onto line 7.b.(2).

8. This is the combined unearned income of the ABD member(s) of the MFBU and/or spouse who may be a member of the MFBU (either eligible or ineligible member). (Add line 7.b.(2) and line 5.a.)

9. No entry. This shows the $20 any income deduction.

10. Subtract line 8 from line 7. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure, which is the unused portion of the $20 any income deduction, in the blank provided on line 17.

B. Nonexempt Earned Income

11. Enter the gross earned income.

12. Enter the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income (Any minus amount on line 7.b.(1)). Otherwise, enter zero in line I.B.12.b.

13. Subtract line 12.b. from line 11.b. Enter the remainder on line 13.b. Exception: enter zero on line 13.b. if line 12.b. is greater or equal to line 11.b.

14. Add lines 11.a. and 13.b. This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if the ineligible spouse's income is combined with the applicant's.

15. Deduct any impairment related work expenses the potential QMB/SLMB applicant(s) may have.

16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: enter zero on line 16 if line 15 is greater or equal to line 14.

17. Enter the $65 of the $65 and one-half deduction plus any unused portion of the $20 any income deduction.

18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater or equal to line 16, enter zero.

19. Divide line 18 by two. This figure equals the countable earned income.

20. Add lines 10 and 19. This is the total countable income of the ABD applicant(s) of the MFBU or applicant and his/her spouse who is a member of the MFBU (either eligible or ineligible). Enter this amount on line 20 and on line 1 of Section IV.

Section II. Allocation to Minor Child(ren) from the Ineligible Spouse (Do Not Allocate From a QMB/SLMB Applicant(s). Do Not Include a QMB/SLMB Child(ren), PA or Other PA.

1. Enter: Name(s) of ineligible child(ren). Do not include QMB/SLMB child(ren), PA or other PA.

2. Standard SSI allocation: Enter current year's allocation amount for each child (see QMB/SLMB poverty level chart). If no child(ren), enter zero on line 5, and on line I.A.6.b.).

3. Income for the ineligible minor child(ren): Enter the income amount for each child, excluding up to $400 per month or $1620 per year if student income.

4. Subtract line 3 from line 2 and enter on line 4.

5. Total all columns on line 4 . Complete Section III to determine whether this figure is to be entered on line I.A.6.b. If Section III, line 5 is less than the current SSI allocation, stop and do not complete Section I.b.

Section III. Ineligible Spouse Income Exemption Determination

1. Enter: Total gross unearned income of the spouse (potentially eligible or ineligible) from line I.5.b.

2. Gross Earned Income: Enter the gross earned income of the spouse from line I.B.11.b.

3. Total columns 1 and 2. for combined income of spouse.

4. Allocation to minor child(ren): Enter the figure from line II.5.

5. Remainder: Subtract line 4 from line 3. If line III.5. is less than the current SSI allocation amount, this income is exempt. Do not complete Section I.b. Do not enter the total allocation to ineligible children from Section II, line 5 to Section I, line A.6.b.

Section IV. QMB/SLMB Eligibility Determination

1. Total Countable Income: This is the total countable income entered on line I.B.20. This figure was obtained by adding lines I.A.10. and I.B.19.

2. Enter the appropriate current poverty level for either: (a) one, if the income of the ineligible spouse is not combined with the applicant's income; or (b) two, if the ineligible spouse's income is combined with the applicant's income. If line IV.1. is less than line IV.2., the individual or couple is eligible under the QMB/SLMB program.

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the eligibility worker has a county number, enter here.

Date of Computation

The eligibility worker completes the box with the date the form was completed.

County Use

Optional — to be used in accordance with county policy.

State of California—Health and Welfare | Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORK SHEET COUPLE OR APPLICANT WITH AN INELIGIBLE SPOUSE, WITH OR WITHOUT CHILD(REN)

Case Name | County District | County Use

☐ Application ☐ Redetermination ☐ Change in Income ☐ Change in Circumstances

Effective Eligibility Date for this budget: Mo. Yr.

State Number: Co.	Aid	7 Digit Serial No.	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
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	
								(1)	
								(2)	

I. INCOME OF POTENTIAL QMB/SLMB INDIVIDUAL; COUPLE APPLYING AS AGED, BLIND, OR DISABLED AND INCOME OF INELIGIBLE SPOUSE WITH(OUT) CHILD(REN).

A. NONEXEMPT UNEARNED INCOME	a. QMB/SLMB Applicant	b. Eligible or Ineligible spouse
1. RSDI		
2. Net income from property		
3. Other—itemize		
4.		
5. Total (add 1 through 4)	a.	b.
6. Allocation to ineligible child(ren) from ineligible spouse(Column II.5)		b. –
7. Remainder (line 5.b. minus 6.b.)		b. (1) b. (2)
8. Combine unearned income (add 5.a and 7.b.(2))	$	
9. Any income deduction	–$20	
10. Countable unearned income (8 minus 9)		
B. NONEXEMPT EARNED INCOME		
11. Gross earned income	a.	b.
12. Unused portion of allocation to ineligible children		b.
13. Remainder (11.b. minus 12.b.)		b
14. Combined earned income (11.a. plus 13.b.)	$	
15. Deduct IRWE of potential QMB/SLMB applicant(s) only	–	
16. Remainder (subtract 15 from 14)	$	
17. $65 earned income deduction plus $_____ of unused $20	–	
18. Remainder (17 minus 16)	$	
19. Countable earned income (divide 18 by 2)	$	
20. Total countable income (add 10 plus 19)	$	
(Enter this amount on line 1, Section IV)		

II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE SPOUSE. DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB CHILD(REN), PA OR OTHER PA.

	Child #1	Child #2	Child #3	Child #4
1. Name				
2. Standard SSI allocation				
3. Subtract ineligible minor child(ren) income (gross). Evaluate for student deduction.				
4. Allocation to ineligible child (2 minus 3)				
5. Total allocation to ineligible children (add 4a., b., c., and d.)				

Enter the amount from line 5, Section II to line 6.b., Section I.A., only if the remaining income of the ineligible spouse exceeds the standard SSI allocation amount. Use Section III to make this determination.

III. INELIGIBLE SPOUSE INCOME EXEMPTION DETERMINATION (THIS SECTION USED FOR EVALUATION PURPOSES ONLY.)

1. Total unearned income (gross) (line 5b., Section I.)	
2. Total earned income (gross) (line 11.b., Section I)	
3. Total (add 1 and 2)	$
4. Allocation to children (line 5, Section II)	$
5. Remainder (subtract 4 from 3)	$

(If line 5 is less than the current standard SSI allocation amount, this income is exempt; do not complete Section I.A.b. or I.B.b.)

IV. QMB/SLMB ELIGIBILITY DETERMINATION

1. Total countable income (line 20 b. Section I, rounded)	$
2. Current poverty level for _____	$

(If line 1 is less than line 2, individual or couple QMB/SLMB eligible)

NOTE: IF THE INCOME OF THE SPOUSE IS USED, USE THE CURRENT POVERTY LEVEL FOR TWO. IF ONLY THE INCOME OF THE APPLICANT IS USED, USE THE CURRENT POVERTY LEVEL FOR ONE.

Eligibility Worker Signature | Worker Number | Computation Date | County Use

MC 176 QMB/SLMB-2A (9/95)

INSTRUCTIONS
QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) INCOME ELIGIBILITY WORK SHEET FOR CHILD APPLYING WITH INELIGIBLE PARENT(S) FORM MC 176 QMB/SLMB 2B

Form MC 176 QMB-2B, Income Eligibility Work Sheet, is used to compute the income (using current Medi-Cal income methodology and incorporating certain QMB/SLMB income criteria which is less restrictive than Medi-Cal methodology) for allocating income from an ineligible parent(s) for a child who is applying under the QMB/SLMB program. This form is used if the child does not qualify using Medi-Cal income rules only. This form is completed at the time of a new application, restoration, reapplication, change in income, or other circumstances affecting the income or correction in the income.

NOTE: The MC 176 QMB/SLMB1 should be completed prior to completion of the MC 176 QMB/SLMB-2B to determine if the child is found to be eligible using Medi-Cal rules.

Instructions for Completion

Identification Section

1. Enter: Case name.
2. County District: If the county has districts, identify the district.
3. County Use: Make any entries the county department has designated it wants.
4. Check the appropriate box which gives information concerning the reason for the computation. The box "new application" includes restorations and reapplications.
5. Effective Eligibility Date for this budget: Enter the month in which eligibility will begin with this budget computation.
6. State Number: For a QMB/SLMB child who is applying as ABD medically needy (MN), enter the county code, appropriate aid code, seven-digit number, MFBU number, and the persons number. If the county does not use a seven-digit serial number, enter zeros in front of the serial number until there are seven digits. For the family members who are not included in the MFBU as eligible members, enter their status under state number, in accordance with the following:

Excluded	For children with income or property of their own who are excluded from the MFBU.
I.E. (or county designated I.E. aid code)	For members of the family unit who are not applying for QMB/SLMB benefits.
S/P	For family members in the stepparent unit when only the parent and the parent's children are included in the MFBU.
Pickle Eligible Member	For Aged, Blind, and Disabled (ABD) family members who were discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) and continue to receive a no-cost Medi-Cal card in accordance with the *Lynch v. Rank* decision.
ABD/LTC ABD/B&C	For an ABD person or the spouse of an ABD person who is in LTC or board and care who will be in a separate MFBU from his/her spouse and/or child(ren) listed on the MC 176M.

7. Name: Enter the names of all family members living in the home in accordance with the California Code of Regulations (CCR), Title 22, Section 50071, and any ABD person or spouse of an ABD person in LTC or board and care. Enter an unborn child by listing as the name "unborn" and expected date of birth after "unborn."

8. Birthdate: Enter the birthdate of each person listed. Under sex, enter "M" for male or "F" for female for each person listed.

9. Social Security Number: Enter the Social Security number for each person applying as a QMB/SLMB. If a person does not have a Social Security number, he/she is not eligible for QMB/SLMB. Enter the Medicare or Railroad Retirement claim number, if any. See CCR, Section 50187.

10. Other Coverage Code: Determine the other coverage code in accordance with Section 15.A of the procedural portion of the Medi-Cal Eligibility Manual.

Section I. Parent(s) Income of Potential QMB Child Applying as Aged, Blind, or Disabled (ABD)

In this section enter all the nonexempt unearned and earned income of the ineligible parent(s) of the child who is applying as an ABD MN under the QMB/SLMB program. NOTE: "Ineligible parent(s)" refers to the parent(s) of the child who is applying under the QMB/SLMB program. Do not include a parent(s) who is eligible as a QMB/SLMB PA or other PA. Only include the income of an ineligible parent(s).

NOTE: The ownership of the income determination required by Section 50512 should be completed prior to the completion of this portion of the form if there is a spouse with LTC status who is in a separate MFBU.

A. *Nonexempt Unearned Income*

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.A. of the MC 176W instead of lines 1 through 5.

Educational Expenses	Section 50547
Absent Parent Support	Section 50541
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	*Gibbins v. Rank*

1. Enter: Social Security income.

2. Net income received from property.

3–4. Enter the amount of all other unearned income.

5. Total the amounts in Section I, Part A, lines 1 through 4. This is the total unearned income of the ineligible parent(s) of the potential QMB/SLMB child.

6. Enter the total amount allocated to a minor child(ren), if any, from the ineligible parent(s). Enter the figure computed from Section II, line 5 onto line 6.b.

7. Subtract line 6 from line 5, or enter the amount from MC 176W, Part VI.A. on 7a. If this is a minus amount, enter zero on line 7b and the minus amount on Section I, Part B, line 11. Otherwise enter the amount on line 7a onto line 7b.

8. No entry. This shows the $20 any income deduction.

9. Subtract line 8 from line 7b. This is the countable unearned income. If the countable unearned income is a minus figure, enter zero on line 16 and enter the minus figure, which is the unused portion of the $20 any income deduction, in the blank provided on line 12.

B. *Nonexempt Earned Income*

When any of the following deductions apply to a person's income which will be listed in Section I, complete Part VI.B. of the MC 176W instead of line 11:

Student Deduction	Section 50551
$30 Plus One-Third, or $30	Section 50551.1
Work Expenses for the Blind	Section 50551.4
Income for Self-Support	Section 50551.5
Court Ordered Child/Spousal Support	*Gibbins v. Rank*

10. Enter the gross earned income.

11. Enter the unused amount of any allocation for ineligible minor child(ren) that was not offset by countable unearned income (I.A.6.). NOTE: If there is no income remaining, either unearned or earned, do not allocate to the QMB child(ren). Enter zero on line 1 of Section III. If there is income, proceed with number 12.

12. Enter the $65 of the $65 and one-half deduction plus any unused portion of the $20 any income deduction.

13. Subtract lines 11 and 12 from line 10 to obtain the remaining earned income of the ineligible parent(s). Enter zero if the remainder is a negative amount.

14. Divide by 2.

15. Subtract line 14 from line 13 to obtain the remaining countable earned income of the ineligible parent(s).

16. Enter countable unearned income from line 9.

17. Add lines 15 and 16. This figure equals the countable income.

18. Enter the parent(s) deduction. Use the parent deduction of a QMB/SLMB child(ren) for an individual, if one ineligible parent lives with the child(ren), or use the parent deduction of a QMB/SLMB child(ren) for a couple, if both ineligible parents live with the potential QMB/SLMB child.

19. Subtract line 16 from line 17 and enter this figure on line 1 of Section III. This is the allocation from the ineligible parent(s) to the potential QMB/SLMB applicant.

Section II. Allocation to Minor Child(ren) from the Ineligible Parent

1. Enter the name(s) of the ineligible child(ren). Do not include a QMB/SLMB child(ren), PA, or other PA.

2. Enter the standard QMB/SLMB allocation for each child. If no child(ren), enter zero on line 5 of this Section.

3. Enter any income for each minor child(ren), excluding up to $400 per month and up to $1,620 per year if student earned income.

4. Subtract line 3 from line 2.

5. Total all columns on line 4 and enter the total allocation. This figure is also to be entered in Section I, line A.6.

Section III. QMB/SLMB Child Computation

1. Enter the parent(s) allocation from Section I, line B.19.
2. Enter the potential QMB/SLMB child's own RSDI income.
3. Enter any other unearned income the potential QMB/SLMB child may have.
4. Total lines 1 through 3.

5. No entry. This shows the $20 any income deduction.
6. Subtract line 5 from line 4. This is the total remaining countable unearned income.
7. Enter the potential QMB/SLMB child's countable earned income or amount from line 4, VI.B of the MC 176W. If appropriate, allow the student deduction.
8. Deduct any impairment related work expenses the potential QMB/SLMB child may have.
9. Enter the $65 of the $65 and one-half deduction plus any unused portion of the $20 any income deduction.
10. Subtract lines 8 and 9 from line 7 to obtain the remaining earned income of the potential QMB/SLMB child(ren)
11. Divide the amount in line 10 by 2 to obtain the total countable earned income of the potential QMB/SLMB child(ren).
12. Total lines 6 and 11 for the combined net nonexempt income of the potential QMB/SLMB child(ren).
13. Enter the current QMB/SLMB Poverty Level for one. If line 12 is less than line 13, the child is eligible for QMB/SLMB.

Eligibility Worker Signature

The worker enters his/her signature.

Worker Number

If the eligibility worker has a county number, enter here.

Date of Computation

The eligibility worker completes the box with the date the form was completed.

County Use

Optional — to be used in accordance with county policy.

State of California—Health and Welfare | Department of Health Services

QUALIFIED MEDICARE BENEFICIARY (QMB)/SPECIFIED LOW-INCOME MEDICARE BENEFICIARY(SLMB) INCOME ELIGIBILITY WORK SHEET CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S) (DO NOT INCLUDE QMB/SLMB PARENT(S), PA, OR OTHER PA)

Case Name | County Desig | County Use

☐ New Application ☐ Redetermination ☐ Change in Income ☐ Change in Circumstances | Effective Eligibility Date for the Budget Mo. Yr.

Co.	Aid	State Number 7 Digit Serial No.	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
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	
								(1) (2)	

I. INELIGIBLE PARENT(S) INCOME OF POTENTIAL QMB/SLMB CHILD APPLYING AS AGED, BLIND, OR DISABLED.

A. NONEXEMPT UNEARNED INCOME	Ineligible Parent(s)
1. RSDI	
2. Net income from property	
3. Other—itemize	
4	
5. Total (add lines 1 through 4)	$
6. Allocation to ineligible child(ren) (Section II line 5)	–
7. Remainder (line 5 minus line 6)	a. $ b. $
8. Any income deduction	–$20
9. Countable unearned income Put on line 16 unless negative	
B. NONEXEMPT EARNED INCOME	
10. Gross earned income	
11. Unused portion of allocation to the ineligible child(ren)	–
12. $65 earned income deduction plus $ of unused $20	–
13. Remainder	$
14. Divide by 2 and subtract	–
15. Countable earned income	$
16. Add countable unearned income (line 9)	–
17. Total countable income (add lines 15 and 16)	$
18. Subtract parent deduction*	–
19. Allocation to QMB/SLMB child	

If zero or negative, do not count toward applicant's income determination. Otherwise enter this amount on line 1, Section III

* Individual parent deduction amount if any one parent lives with QMB/SLMB child applicant; couple parent deduction amount if both parents live with the child.

II. ALLOCATION TO MINOR CHILD(REN) FROM THE INELIGIBLE PARENT(S). DO NOT ALLOCATE FROM THE APPLICANT(S). DO NOT INCLUDE QMB/SLMB CHILD(REN), PA, OR OTHER PA.

	Child #1	Child #2	Child #3	Child #4
1. Name				
2. Standard SSI allocation				
3. Subtract ineligible minor child(ren) income Evaluate for student deduction.	–	–	–	–
4. Remaining allocation to ineligible child(ren) (line 2 minus line 3)	a.	b.	c.	d.
5. Total allocation to ineligible child(ren) (add lines 4a., b., c., and d)				

(Enter the amount from line 5 on line 6, Section I.)

III. QMB/SLMB CHILD COMPUTATION

1. Allocation from parent(s) (line 19, Section I rounded)	$
2. Add QMB/SLMB child's own RSDI income	+$
3. Add other unearned income	+$
4. Total unearned income (add lines 1 through 3)	=
5. Subtract any income deduction	–$20
6. Remainder (line 4 minus line 5)	=
7. Child(ren) countable earned income	–$
8. Subtract I.R.W.E	–
9. Subtract $65 earned income deduction plus $ of unused $20	–
10. Remainder (subtract lines 8 and 9 from line 7)	$
11. Countable earned income (divide line 10 by 2)	+$
12. Net nonexempt income (add lines 6 and 11)	$
13. Current QMB/SLMB poverty level for one	$

(If line 12 is less than line 13, the child is income eligible for QMB/SLMB.)

Eligibility Worker Signature | Worker Number | Computation Date | County Use

MC 176 QMB/SLMB-2B (11/95)

State of California—Health and Welfare Agency | Department of Health Services

QUALIFIED MEDICARE BENEFICIARY PROGRAM
INFORMATION NOTICE

This notice is to help you decide whether to apply for the Qualified Medicare Beneficiary Program. People eligible for this program will have their Medicare expenses for Part A and Part B premiums, coinsurance and deductibles paid by the Medi-Cal program. You may apply for the *QMB* program at your local county department of social services.

There are four requirements which you must meet if you want to be a Qualified Medicare Beneficiary *(QMB)*.

HERE ARE THE FOUR REQUIREMENTS:

1. A *QMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *QMB* must have income which is equal to or less than $643 if he/she is a single person or $856 if he/she is married and living with a spouse.
3. A *QMB* must have property which is equal to or less than $4000 if he/she is single or equal to or less than $6000 if he/she is married and living with a spouse.
4. A *QMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four *QMB* requirements.

REQUIREMENT 1 A *QMB* must be eligible for Medicare Part A.

- ☐ I already have Part A Medicare Hospital Insurance.
- ☐ I do not have Part A Hospital Insurance but I understand I must apply for Part A at the Social Security Administration before March 31st. I understand that I can make a "conditional application" for Part A so that I will only receive it if the premium is paid by the Medi-Cal program.
  - ☐ I have already applied for Part A.
  - ☐ I will apply before March 31st.

REQUIREMENT 2 A *QMB* who is not married or not living with a spouse must have countable income which is equal to or less than $643. A *QMB* living with a spouse must have countable income which is equal to or less than $856. These amounts are expected to increase sometime in April.

The following are examples of some types of income that count towards the *QMB* income limit. When a person applies to be a *QMB* at the county department of social services, the county will also look at other types of income and may treat the income differently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.

State of California—Health and Welfare Agency | Department of Health Services

I. Fill in the *MONTHLY* amounts for the person who wants to be a *QMB*.

1. Social Security check $ _____
2. VA benefits $ _____
3. Interest from bank accounts or certificates of deposits $ _____
4. Retirement Income $ _____
5. Any other Income $ _____
6. Total – Add lines 1 through 5. $ _____

II. If you are married and living with your spouse, complete the following *MONTHLY* amounts for your spouse even if this spouse also wants to be a *QMB*.

7. Social Security check $ _____
8. VA benefits $ _____
9. Interest from bank accounts or certificates of deposit $ _____
10. Any other Income $ _____
11. Retirement Income $ _____
12. Total – Add lines 7 through 11. $ _____

III. Fill in the *MONTHLY* amounts for the person in I. and if married, the spouse in II.

13. Gross earnings for the person who wants to be a *QMB* $ _____
14. Gross earnings for the Spouse $ _____
15. Total – Add lines 13 and 14 $ _____
16. Subtract $65 –$65
17. Remainder $ _____
18. Divide by 2 $ _____
19. Total – Add lines 6, 12, and 18 $ _____

If you are not married, this amount cannot exceed $643. If you are married and living with your spouse, this total cannot exceed $856. However, if you have children or your spouse has low income this total may be higher. If you received a Title II Social Security cost of living adjustment, this amount will not be counted until April.

MC 006 (4/95) 2 of 3

REQUIREMENT 3 A *OMB* who is not married or not living with his/her spouse must have countable property which is equal to or less than $4000. A *OMB* who is married and living with his/her spouse must have countable property which is equal to or less than $6000.

The following gives examples of countable property. Important: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county welfare department as a *OMB*, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department. This other property may or may not count towards the *OMB* property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

1.	Checking accounts	$ _____
2.	Savings accounts	$ _____
3.	Certificates of Deposit	$ _____
4.	Stocks	$ _____
5.	Bonds	$ _____
6.	A second car (value minus amount owed)	$ _____
7.	A second home (value minus amount owed)	$ _____
8.	The cash surrender value of life insurance policies if the face value of all policies combined exceeds $1500. (Do not include "term" insurance policies)	$ _____
9.	Total – Add lines 1 - 8	$ _____

This amount cannot exceed $4000 for a single person or $6000 for a couple.

REQUIREMENT 4 A *OMB* must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 65 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

Additional Information

For more information or if you wish to apply as a *OMB*, please call the number of your local department of social services.

QUALIFIED MEDICARE BENEFICIARY PROGRAM

APPLICANT TYPE	MEDICARE COVERAGE	ACTION REQUIRED	QMB MEDS STATUS (80 Aid Code) ***	ADDITIONAL BENEFITS	IMPACT TO APPLICANT
General public	Part A free	MC 210, etc., NOA	Active	Part B premium, Part A & B coinsurance and deductibles.	More spendable income.
General public	Pays Part A	MC 210, etc., NOA	Active	Part A & B premiums, coinsurance, and deductibles.	More spendable income.
General public	No Part A	Applicant must apply for part A at SSA Office January—March. MC 210, etc. NOA	Pending	Part A & B premiums, coinsurance and deductibles.	Part A Medicare now provided. More spendable income if previously purchased Part B.
SSI recipient	Part A free	None*	None*	None	None
SSI recipient	Pays Part A	No face-to-face required. EW completes CA 1, reviews income on MEDS. NOA.	Active	Part A premium (DHS already pays Part B premiums and Part A and B coinsurance and deductibles)	More spendable income.
SSI recipient	No Part A (on Buy-In)	No face-to-face required. EW completes CA 1, reviews income on MEDS. NOA and SSA 795 January—March.	Pending	Part A premium, coinsurance and deductible. DHS already pays Part B premium, coinsurance and deductible.	Possible wider choice of hospital providers, depending on location.
SSI recipient	No Part A or B	Applicant must apply at SSA. If eligible for Part B, process as having no Part A above. If not, send NOA/deny.	Pending if eligible for Part B, if not—none.	If eligible, See above.	If eligible, See above.
Medi-Cal only beneficiary	Part A free	EW reviews income. No NOA or other action required.	Active	None (DHS will receive FFP for part B premiums, coinsurance, and deductibles.)	None
Medi-Cal only beneficiary	Pays Part A	EW reviews income. Send NOA.	Active	Part A premium. DHS already pays Part B premium, Part A and B coinsurance, and deductible.	More spendable income if no share-of-cost case.

QUALIFIED MEDICARE BENEFICIARY PROGRAM

APPLICANT TYPE	MEDICARE COVERAGE	ACTION REQUIRED	QMB MEDS STATUS (80 Aid Code) **	ADDITIONAL BENEFITS	IMPACT TO APPLICANT
Medi-Cal only beneficiary	No Part A (On Buy-In)	EW reviews income. Send NOA and SSA 795 January—March.	Pending	Part A premium, coinsurance and deductible. DHS already pays Part B premium, coinsurance and deductible.	Possible wider choice of hospital providers, depending on location.
Medi-Cal only beneficiary	No Part A or B	Applicant must apply at SSA. If eligible for Part B, process as having no Part A above. If not, send NOA/deny. Send DHS 6166 to Buy-In Unit.	Pending if eligible for Part B. If not—none.	If eligible, see above.	If eligible, see above.
AFDC or IHSS cash recipient	Part A free	None*	None*	None	None
AFDC or IHSS cash recipient	Pays Part A	EW reviews income. Send NOA.	Active	Part A premium. DHS already pays Part B Premium and Part A and B coinsurance and deductible.	More spendable income.
AFDC or IHSS cash recipient	No Part A (on Buy-In)	EW reviews income. Send NOA and SSA 795 January—March.	Pending	Part A premium, coinsurance and deductible. DHS already pays Part B premium, coinsurance, and deductible.	Possible wider choice of hospital providers, depending on location.

* If an applicant requests a QMB evaluation even though he/she would have no additional benefits, the county should process the application using the same procedure as though he/she pays Part A premium.

** Assumed to be otherwise eligible, e.g., income, property, residency.

5M – PRESUMPTIVE ELIGIBILITY PROGRAM FOR PREGNANT WOMEN

1. BACKGROUND

At the end of the 1992 California Legislative Session, the Legislature passed AB 501, which requires the Department of Health Services to implement the federal option of Presumptive Eligibility (PE) for pregnant women as described in Section 1920 of the Social Security Act. The PE program allows qualified providers throughout the state to provide their low-income, pregnant patients with immediate, temporary Medi-Cal coverage for prenatal care services. These patients then must apply formally for Medi-Cal (or AFDC) at their local County Welfare Department (CWD), or outstationed clinic site, by the end of the month following the month in which their PE began. Implementation of this program will begin November 1, 1993.

NOTE: A patient must enroll in PE through a perinatal provider approved to participate in this program. PE benefits are available only through participating Medi-Cal providers.

2. CRITERIA FOR DETERMINING PE

Applicants must meet the following criteria to qualify for PE:

a. her self-reported family income must not exceed 200 percent of the Federal Poverty Level (FPL); and

b. her pregnancy must be confirmed.

3. QUALIFIED PROVIDERS

In order to become a Qualified Provider for the PE program, providers must:

a. currently be enrolled as a Medi-Cal provider in good standing; and

b. provide perinatal services.

Phase One of the PE program will begin with the Comprehensive Perinatal Services Program (CPSP) providers. Phase Two will include the remaining perinatal providers interested in participating in this program. If counties are contacted by providers wishing to become PE "Qualified Providers" they should refer them to their Provider Manual (Section 200-92), for Presumptive Eligibility - Qualified Provider application procedures.

4. PE APPLICATION PROCESS; QUALIFIED PROVIDER RESPONSIBILITIES

Qualified Providers are responsible for the following:

a. Offer the PE program to pregnant applicants who do not have Medi-Cal or adequate other health coverage. The Patient Fact Sheet (see Exhibit 1), should be given to the applicant for information;

b. Conduct an income screening on interested applicants for PE by having the applicant complete the Application for Presumptive Eligibility (PREMED 1, see Exhibit 2) (If under 21 years of age, see number 5., Minor Consent Eligibles, below.);

c. Inform the applicant at the time of the PE determination that she must file her Medi-Cal or AFDC application within a specified time (before the end of the month following the month of the PE application) in order for her PE to continue;

d. Notify the applicant in writing if she is determined ineligible for PE and that she may still file an application for Medi-Cal with the county. This notice is the Explanation of Ineligibility for Presumptive Eligibility - (Exhibit 3);

e. Assist the applicant in completing her application for Medi-Cal if needed (Application for Medi-Cal Only/PREMED 2, see Exhibit 4), and provide information on where to file her Medi-Cal or AFDC application;

f. Notify the Department within 3 working days of those applicants eligible for PE;

g. Inform the Department immediately if the applicant is in need of immediate services;

h. Issue a temporary proof of eligibility card for PE (PREMEDCARD - Exhibit 5);

i. Inform the applicant that she will receive her official Medi-Cal card for ambulatory prenatal care services only (Exhibit 6), in the mail within approximately 5 days;

j. Maintain records of PE applications and provide these records to the Department upon request; and

k. Attend PE training when possible, and keep informed on changes affecting PE through provider bulletins, notices and/or further training.

5. MINOR CONSENT ELIGIBLES

If a minor under 21 years of age applies for PE, she must provide information on her total family income, to the best of her knowledge. If the minor does not want her parents to know she is applying for Medi-Cal, or is not able to provide her family income, the provider cannot offer her PE. Instead, the provider will refer her to the CWD (or outstationed clinic site) to apply for Medi-Cal under the Minor Consent Program.

6. DEPARTMENT RESPONSIBILITIES

The Department shall be responsible for the following:

a. Receive and evaluate applications from providers wishing to participate in the PE program;

b. Collect information on PE applicants from Qualified Providers;

c. Input information on PE applicants onto MEDS;

d. Order forms for Qualified Providers;

e. Perform Quality Control functions on provider records for program evaluation purposes;

f. Send out Medi-Cal cards for ambulatory prenatal care services only, to applicants within 5 working days; and

g. Answer provider questions on PE (either via OB Hotline or Toll Free number).

7. COUNTY RESPONSIBILITIES

If the pregnant woman visits the CWD and presents her completed Medi-Cal application (PREMED 2) form before the expiration of her PE period, the county will:

a. Check MEDS to verify if applicant is currently on PE;

b. Update MEDS through new application transaction, to indicate the applicant has filed for Medi-Cal or AFDC (see numbers 10 and 11);

c. Accept PREMED 2, issue MC 210 (or AFDC forms) and schedule interview;

d. Complete the Medi-Cal/AFDC determination. If the county determines the applicant is Medi-Cal eligible without a Share of Cost (SOC), the eligibility worker (EW) or county MEDS person reports via transaction to MEDS through standard procedures. PE stops effective the date Medi-Cal eligibility begins (i.e., the county action to report a Medi-Cal eligible will override PE information on MEDS). If the county determines the applicant is eligible with a SOC, or is ineligible for Medi-Cal, PE stops at the end of the current eligibility month.

8. PE TERMINATION

a. If the applicant does not visit the CWD before the expiration of her PE period:

1) PE stops (end of month following the month of PE application);

2) MEDS will show an end date for PE billing; and

3) An edit is established on the FAME file that will not allow EDS to pay bills past the end date.

b. If the applicant visits the CWD before the expiration of her PE period and applies for Medi-Cal or AFDC, PE shall continue for a 60 day period. This 60 day period is established by MEDS when the county updates the application information via EW 34 transaction when inserting an application date. If a Medi-Cal determination has not been made during this period it is the county's responsibility to continue PE past this point (see number 11, a. 6).

c. If the CWD determines the applicant is ineligible for Medi-Cal, PE stops effective the end of that month. Applicant is still allowed PE coverage through end date of the card.

NOTE: If ineligibility is determined after renewal, a PE card will be issued for the next month.

9. AID CODES

PE Beneficiaries-200% Program		
Aid Code	Benefits	
7F	Pregnancy Test Only	(All Alienage Categories)
7G	Ambulatory Prenatal Care Services Only.	(All Alienage Categories)

10. MEDS INTERFACE

a. 14-Digit ID Number - (58-7G-Z123412-3-45)

When an applicant is determined eligible for PE by a Qualified Provider, she will be issued a PE identification number. The breakdown is as follows:

- Two digits for county ID (determined by location of provider's office - see number 11 below for more information),
- Aid Code (see number 9 above),
- Z for placeholder,
- Four digit provider PE ID number, and
- Five digits randomly assigned.

This number will appear on her temporary PE card (PREMED CARD) and the pregnancy verification (lower portion of the PREMED 2). After determining eligibility, the Qualified Provider will report this number to the Department via the 800 number or FAX number for input onto MEDS. The aid code reported to MEDS by the Qualified Provider for PE will be aid code 7G (200%, ambulatory prenatal care-see number 9 above).

b. MEDS record update for PE

1) Pending applications recorded on MEDS

MEDS has been updated to accept pending application information from the counties for all programs. For PE purposes, recording a pending Medi-Cal or AFDC application will initiate production of the next PE card and begin the 60 day limit for PE Medi-Cal applications pending with the county.

2) Denials

MEDS has been updated to aceept denial information from counties on Medi-Cal records. An EW 34 shall be used for this purpose.

11. MEDI-CAL DETERMINATION PROCESS OF PE PARTICIPANTS

The counties shall develop a Medi-Cal determination process for streamlining PE applicants that reflects established county promptness requirements and incorporates the goal of streamlining the eligibility process for pregnant women. The following describes county responsibilities for PE.

a. Reporting PE application updates to MEDS

1) Locating the PE record on MEDS using the 14-digit PE ID number (see number 10 which discusses the 14-digit number.)

a) If the SSN is known to MEDS on the PE record, the county may submit either an online or batch transaction to record the pending Medi-Cal or AFDC application on MEDS, produce further PE cards, and overlay the PE record. Counties may use an EW 20 with an ESAC of P or an EW 34. If an online transaction is used, counties shall submit an EW 34.

b) If the SSN was not reported to MEDS at the time of PE application, check MEDS for other records. If prior records exist, counties will need to join these records by the EW 11 online transaction. If the SSN is not known to MEDS at the time of PE application, a pseudo ID will be assigned by MEDS. If the county obtains the SSN information, the county shall use the EW 10 online/batch transaction to change the information on MEDS. If the PE record has a pseudo number and there are no prior records for the applicant on MEDS, assure that the same pseudo number is reported when the Medi-Cal application is approved or denied.

2) Applications in Counties other than the County of Residence

Counties that accept courtesy applications:

If a PE applicant applies for Medi-Cal or AFDC in a county other than the county of residence, the receiving county shall accept the application and submit an online transaction to update MEDS, which will initiate production of the continuing PE cards (as described in 1) above. The receiving county should then send the information to the PE applicant's county of residence for Medi-Cal determination.

3) Medi-Cal Intake

Issue the applicant the MC 210 and follow established county policy for setting up the interview. See number 13 for suggested language for a notice to PE applicants whose Medi-Cal applications are approved or denied.

4) AFDC Intake

Upon receipt by the CWD of the PREMED2, counties shall issue correct AFDC forms (SAWS 1 and JA2 or SAWS 2) and complete the intake process as per current county policy.

Referral of AFDC denials to Medi-Cal:

If the beneficiary is ineligible for AFDC, a referral to Medi-Cal intake shall be made as per current county policy.

5) Discontinuance of PE after Medi-Cal determination

a) If Medi-Cal or AFDC is approved, PE will discontinue effective the date of the approval.

b) If eligible for Medi-Cal or AFDC, the temporary or Medi-Cal PE card would become ineffective upon receipt of the full scope or restricted services Medi-Cal card.

c) If Medi-Cal is denied or the county determines that the MFBU has a SOC, PE will discontinue at the end of the current eligibility month for those records where the county submits the information to MEDS prior to cutoff. PE will end at the end of the next month for those records where the information is submitted to MEDS after cut off.

6) Automatic discontinuance 60 days after filing of application for Medi-Cal or AFDC

PE will discontinue 60 days after the date the woman files an application for Medi-Cal or AFDC with the CWD; receipt of the Medi-Cal or AFDC application (PREMED 2 or SAWS 1) in the CWD is the date of application. If, as a result of delays in the intake process, 60 days have nearly elapsed since application, the county must submit a MEDS transaction (EW 30) to ensure the continued issuance

of the PE card pending Medi-Cal. The county is also responsible for discontinuing the PE record once a Medi-Cal determination has been made. This will happen either automatically once a positive Medi-Cal or AFDC determination is made or through sending a transaction indicating that the applicant was denied eligibility.

7) Automatic discontinuance one month after Estimated Date of Confinement (E.D.C)

MEDS will automatically discontinue PE one month after the woman's E.D.C. regardless of whether she has applied for Medi-Cal or AFDC.

8) Immediate Need and Replacement for Lost, Stolen or Destroyed PE Cards

When a PE participant requests an immediate need card, or a replacement for a lost, stolen or destroyed PE card, the county shall be responsible for issuing a Medi-Cal card restricted to ambulatory prenatal care services only (see Exhibit 6) if the applicant provides the 14-digit ID number.

9) Recision

In cases where Medi-Cal is denied and the case is subsequently reopened, counties shall submit an online transaction (EW 30) to MEDS to reactivate the record.

10) MEDS record change

If a county submits an EW 34 transaction with a valid SSN to update a PE record with a pseudo MEDS-ID, the transaction will reject (MEDS-ID/County ID conflict). The county must first submit an EW 10 (MEDS ID change). Then submit an EW 34 transaction using the valid SSN and the assigned County ID. The County ID will then overlay the current PE record with the new county ID.

11) PE County ID number change

Counties will be given the capability of overriding the County ID number on the PE record if the woman's county of residence differs. This will be accomplished on the EW 34 screen.

b. MEDS Recipient Inquiry Screen for PE

For your information, a number of new fields will be in use on the PE Recipient Inquiry screen. Please note that the E.D.C. has been added to this screen. (This screen is located on the Special Programs segment of the Recipient Inquiry screen.) The structure of these screens is scheduled to change. Please reference the MEDS Manual, Chapters 10 and 13 for the final screens.

12. MEDS ALERTS

A number of worker alerts and reports will be available for pending PE files that the county records.

- An alert will be produced at 30 and 45 days.
- A second alert will be produced warning the worker that the card will be discontinued 60 days after the pending application has been recorded.
- A report listing PE cards that have been automatically discontinued after 60 days will be sent to county Medi-Cal program management and Department staff.

13. LANGUAGE FOR PE NOTICES

There are no Notice of Action requirements for the PE program. We have developed the following language for counties to use for the PE applicant once her Medi-Cal eligibility has been determined.

Approval, no SOC:

"You are now eligible to receive full pregnancy related services through the use of your regular Medi-Cal card, Pregnancy Related Services Only card, or your Restricted Benefits card. Please destroy your PE card once you receive one of the cards listed above in the mail. It will no longer be valid.

If you have questions about your Medi-Cal application or how to use your Medi-Cal card, contact your local County Welfare Department at the number listed on your Notice of Action."

Denial or Approval with an SOC:

"Your eligibility for PE will end on the last day of this month. You may use your PE card to obtain prenatal care services until then.

If you have questions about your Medi-Cal application or how to use your PE card, contact your local County Welfare Department at the number listed on your Notice of Action."

PRESUMPTIVE ELIGIBILITY PATIENT FACT SHEET

What is Presumptive Eligibility?

Presumptive Eligibility (PE) is a Medi-Cal program designed to provide immediate, temporary coverage for prenatal care to low-income pregnant women.

Who is eligible for PE?

Any woman who thinks she is pregnant and whose family income is under a certain amount is eligible for PE, however she must seek this care through a participating provider. Ask your provider if he/she offers this coverage and how you can apply.

Will PE pay for the pregnancy test?

Yes, if you are eligible, PE will pay your provider for the cost of the pregnancy test.

How long will I be eligible for PE?

You will be eligible for PE until your eligibility for Medi-Cal (or AFDC) is determined. If you fail to apply for Medi-Cal, your eligibility for PE will end at the end of the month following the month in which you first apply for PE.

Will I still be able to get PE while the County Welfare Department is processing my Medi-Cal or AFDC application?

Yes, you will continue to be eligible for PE after you apply for regular Medi-Cal (or AFDC) at your local County Welfare Department until your eligibility for these programs has been determined.

What services does PE cover?

PE covers all walk-in prenatal care services except for delivery, family planning or abortion procedures.

IF YOU HAVE QUESTIONS OR YOU WOULD LIKE TO APPLY FOR PE BENEFITS, ASK YOUR PROVIDER.

APPLICATION FOR PRESUMPTIVE ELIGIBILITY ONLY

Before completing this application, read the directions. If you need help completing this form, please ask your provider for assistance.

SECTION A. APPLICANT INFORMATION

Name Address	Number	Street	City	Zip Code
Mailing Address (if different)	Number	Street	City	Zip Code
Telephone Number	Name	Work	Mailbox	

If no additional address, tell us where you can be reached.

SECTION B. HOUSEHOLD/INCOME INFORMATION

1. Please list in COLUMN I all family members (spouse, children, parents, sibling(s) living in your household, their relationship to you, and their date of birth.
2. Has anyone ever asked for or gotten aid anywhere? [ ] YES [ ] NO
3. If you or any family member in your household receive earned or unearned income, include income from employment, self-employment, tips, commissions, pensions, Social Security, underspouse support, gifts, disability, VA or unemployment benefits, etc.), list the total amount in COLUMN II under Gross Monthly Income, and where you get the money from under Source.

COLUMN I			COLUMN II	
Name Last, First, Middle Initial	Relationship	Date of Birth	Gross Monthly Income	Source
	SELF			
	UNBORN			

If you need more space to answer, please write on the back of this sheet of paper and check this box. [ ]

I CERTIFY I HAVE READ AND UNDERSTAND THIS FORM. I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE, CORRECT AND COMPLETE.

Signature of Mark of Applicant (for mark purchase)	Date
Signature of Witness to Mark of Applicant (for mark purchase)	Date

STOP !! THIS COMPLETES YOUR APPLICATION FOR PRESUMPTIVE ELIGIBILITY STOP !!

FOR PROVIDER USE ONLY

OTHER ID:	*Total Family Income:* *Number in Family:*
TYPE:	*Income Eligible: [ ] Yes [ ] No*

PROVIDER:
ADDRESS LINE 1:
ADDRESS LINE 2:
CITY *CA* *ZIP*
TELEPHONE # ( )

NAME:
DOB(MM/DD/YYYY):
MEDI-CAL ID:
VAL(MM/YY): _____
Pregnancy Test Results? [ ] Positive [ ] Negative

PE Provider Signature: _____
PE Provider Title: _____ *Date:* _____ *E.D.C.* _____

PREMED 1 (9/93) *FAX Number [illegible]*

Provider Name:
Provider Address:

Provider Telephone Number:
Patient Name:
Patient Address:

Date:

EXPLANATION OF INELIGIBILITY FOR PRESUMPTIVE ELIGIBILITY

This is to advise you that, based on the information you provided, you are not eligible for the Presumptive Eligibility Program for Pregnant Women because of the reason checked below:

[] Your total family income is more than 200% of the Federal Poverty level for your family size.

[] You are not pregnant.

Signature	Name of Person Completing Determination	Title

NOTICE: You may be eligible for the regular Medi-Cal program or other county medical programs. To get more information about who qualifies and how to apply, please call the number in the County Government section of your Telephone Directory for the County Welfare Department nearest where you live.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY — DEPARTMENT OF HEALTH SERVICES

APPLICATION FOR MEDI-CAL PROGRAM ONLY

If you are applying for the Medi-Cal Program only, please complete this form. If you wish to apply for other programs such as AFDC, do not complete this form; take this form to the County Welfare Department and tell the receptionist you wish to apply for these programs. NOTE: You must return this form (PREMED 2) to your County Welfare Department by the end of next month in order for PE coverage to continue. Please complete items 1 through 8 and sign the Certification and Perjury Statement below.

1. Home Address: (Number/Street/City/Zip Code)

Mailing Address if Different: (Number/Street/City/Zip Code)

2. Telephone Number(s): (Home/Work/Message)

3. If no permanent address, tell us where you can be reached.

4. Please read "WHAT WE MEAN WHEN WE SAY ON THE FORM" on the attached coversheet before answering this question. DO NOT ANSWER THIS QUESTION IF YOU ARE APPLYING FOR RESTRICTED MEDI-CAL BENEFITS → Social Security Number

5. How much liquid resources does everyone, including children, have?
   - ☐ Cash, uncashed checks or money orders $_____
   - ☐ Checking/savings or credit union account(s) $_____
   - ☐ Trust deeds, notes receivable, stocks or bonds $_____
   - ☐ Other $_____
   - (explain):

6. Has anyone ever asked for or gotten aid anywhere? ☐ YES ☐ NO
   If YES, explain: under what name, where, when and type(s) of aid.

7. Does anyone have a personal emergency? ☐ YES ☐ NO
   If YES, what kind?
   ☐ Medical ☐ Pregnancy ☐ Child Abuse ☐ Spousal Abuse ☐ Other
   Do you have another kind of emergency which threatens your health or safety? ☐ YES ☐ NO
   If YES, explain:

8. The law says we must get your ethnic group and primary language. If you don't want to complete these items, the county will do it for you. This won't affect your eligibility.
   a. Ethnic Group: ☐ White ☐ Hispanic ☐ Black ☐ Filipino ☐ Chinese ☐ American Indian or Alaskan Native ☐ Asian Indian ☐ Laotian ☐ Cambodian ☐ Japanese ☐ Korean ☐ Guamanian ☐ Samoan ☐ Vietnamese ☐ Hawaiian ☐ Other Pacific Islander (specify):
   b. Language: ☐ English ☐ Cantonese ☐ Lao ☐ Tagalog ☐ American Sign ☐ Spanish ☐ Cambodian ☐ Vietnamese ☐ Other(Specify):

COUNTY USE ONLY

COUNTY OF APPLICATION:

Co. of Residence (If Diff):

Date Received:

Case Name:

Case Number:

TYPE OF APPLICATION
☐ Full
☐ Restricted

☐ MEDS CDB cleared

☐ IEVS cleared

☐ CWD records cleared

Ethnic Group:

Primary Language:

CERTIFICATION AND PERJURY STATEMENT

- I certify that I understand and agree that I have to comply with eligibility rules. I understand that the statements I have made on this form may be checked and verified.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

Signature (or Mark) of Applicant or Authorized Representative — Date Signed

Signature of Witness to Mark or Interpreter — Date Signed

FOR PROVIDER USE ONLY – PREGNANCY VERIFICATION

NAME:

DOB (MM/DD/YY):

MEDI-CAL ID:

VAL (MM/YY): _____

PE Provider Signature: _____ *Pregnancy Test Results?* ☐ Positive ☐ Negative

PE Provider Title: _____ *Date:* _____ *E.D.C.* _____

PREMED 2 (9/93) (REQUIRED FORM - NO SUBSTITUTIONS PERMITTED)

MEDI-CAL
PRESUMPTIVE ELIGIBILITY IDENTIFICATION CARD

SIGNATURE/FIRMA _____ DATE-FECHA _____

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER PRESUMPTIVE ELIGIBILITY

• • • VALID FOR AMBULATORY PRENATAL CARE SERVICES ONLY • • •

NAME.
DOB (MM/DD/YY)
MEDI-CAL ID.
AL (MM/YY) _____

PE Provider Signature _____

PE Provider Title _____ Date: _____

MEDCARD (8-93) REQUIRED FORM - NO SUBSTITUTIONS PERMITTED.

STATE ISSUED

PRESUMPTIVE ELIGIBILITY MEDI-CAL CARD

MEDI-CAL IDENTIFICATION CARD

SIGNATURE/FORMA DATE/FECHA

VAL JUN93 XX/XX/XXX F MEDSID XXXXXXXXX X

VALID ONLY FOR AMBULATORY PRENATAL CARE SERVICES

* *

* *

* *

* *

* *

FIRST NAME LAST NAME

ADDRESS LINE 1

------ BOX A 101

------ ANYTOWN, STATE

ZIP CODE - 1234

Q326

[illegible]-76-[illegible]456-7-10 D01 EW01

XXXXXXXXX [illegible] 0693 F9XX

LAST NAME FIRST

XX-XX

DC [illegible] XXXXXXXXX

XXXXXXXXX [illegible] 0693 F9XX

LAST NAME FIRST

XX-XX

DC [illegible] XXXXXXXXX

XXXXXXXXX [illegible] 0693 F9XX

LAST NAME FIRST

XX-XX

DC [illegible] XXXXXXXXX

XXXXXXXXX [illegible] 0693 F9XX

LAST NAME FIRST

XX-XX

DC [illegible] XXXXXXXXX

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDI-CAL. SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

5N–TUBERCULOSIS (TB) PROGRAM

A. BACKGROUND

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

B. OVERVIEW OF PROCESS

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

C. AID CODE

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

D. OVERVIEW OF ELIGIBILITY REQUIREMENTS

See Part E for Details.

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

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

E. DETAILS OF ELIGIBILITY REQUIREMENTS

1. TB INFECTED

Definition

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

Determination of TB Infection

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

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

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

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

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

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

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

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

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

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

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

(A) Whose Income and Property is Used

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

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

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

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

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

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

(B) Income Methodology

(1) TB Income Standard

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

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

(2) Determination of Net Nonexempt Income

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

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

Exception 1: Parental Allocation to Ineligible Children

Instead of the allocation to excluded children as provided in Article 10, Title 22, Section 50558, a parental allocation as described below will be applied.

a. Who may have this allocation:

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

b. Which child the parental allocation is for:

This allocation is available to any ineligible child. An ineligible child is defined as a person not applying for the TB program who is (1) unmarried and under age 18 or (2) unmarried, between the ages of 18 and 21 and who is a full time student.

c. How to determine the amount of the parental allocation:

(i) Determine the standard SSI allocation: This amount is the difference between the federal benefit rate (FBR) for a couple and the FBR for an individual. This amount will be provided to counties annually, likely in January.

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

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

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

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

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

EDITS:	ERROR MESSAGE:	ACTION
	ONLINE	
REFUGEE/ALIEN IND = '9', AGE<64 YEARS 8 MONTH	385 REFUGEE/ALIEN VALUE INAPPRO-PRIATE FOR UNDER 64 YEARS 9 MONTHS	REJECT TRANS
INS-ENTRY-DATE<BIRTHDATE	386 INS-ENTRY-MMYY CANNOT BE PRIOR TO BIRTH DATE	REJECT TRANS
INS-ENTRY-DATE>CURRENT DATE	315 INS-ENTRY-MMYY MAY NOT BE A FUTURE DATE	REJECT TRANS
REFUGEE/ALIEN IND='K', 'D', 'C', 'Z', 'L', 'X', 'E', 'R', '8', '5', 'W', 'Y', 'S' NO INS-ENTRY-DATE ON MEDS OR TRANS	314 INS-ENTRY-MMYY DATE REQUIRED WHEN REFUGEE/ALIEN ENTERED	REJECT TRANS
INS-ENTRY DATE>SPACES NO REFUGEE/ALIEN IND ON MEDS OR TRANS	317 REFUGEE/ALIEN REQUIRED WHEN INS-ENTRY-MMYY ENTERED	REJECT TRANS
ELIG-APPROVAL-DATE > CURRENT DATE	401 ELIG-APPROVAL-DATE CANNOT BE GREATER THAN CURRENT DATE	REJECT TRANS
	BATCH TRANS	
INS-ENTRY-DATE GREATER THAN CURRENT DATE	1616 INS-ENTRY-MMYY MAY NOT BE A FUTURE DATE ACTION	MEDS INS ENTRY DATE IS NOT CHANGED
INS-ENTRY-DATE LESS THAN BIRTH DATE	1091 INS-ENTRY-MMYY CANNOT BE PRIOR TO BIRTH DATE ACTION	MEDS INS ENTRY DATE IS NOT CHANGED
REFUGEE/ALIEN IND IS ALPHA	0004 INVALID CHARACTER WITHIN FIELD ACCEPT	MEDS REFUGEE ALIEN IND IS NOT CHANGED
REFUGEE/ALIEN IND = '9' AGE < 64 YEARS 9 MONTHS	1090 REFUGEE/ALIEN VALUE INAPPRO-PRIATE FOR UNDER 64 YRS 9 MONTHS URGENT	MEDS REFUGEE ALIEN IND IS NOT CHANGED
MEDS AID CODE = '01', '02', OR '08' TRANS REFUGEE/ALIEN IND = '0' or '9'	2155 REFUGEE/ALIEN INFORMATION INCOMPLETE OR INCONSISTENT ACTION	MEDS REFUGEE ALIEN IND IS NOT CHANGED
	RENEWAL	
CHECK IF THERE IS A 01, 02 OR 08 AID CODE IN THE CURRENT OR HISTORY SEGMENTS WITHOUT A REFUGEE/ ALIEN IND	8503 REFUGEE/ALIEN INFORMATION MISSING OR INCOMPLETE	ACTION

State of California—Health and Welfare Agency

Department of Health Services

Example 7

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

1995 Income Standards

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

CASE NAME	CASE NUMBER
Mr. ONO	

APPLICANT'S NAME: Mr. ONO

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
PART A. UNEARNED INCOME		
1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		
PART B. EARNED INCOME		
5. Applicant's Earned Income:	1655	
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	20	
7. Remaining Earned Income:	1635	
8. Subtract Work Expense Exclusion:	-65	
9. Subtract Other Earned Income Deductions:	—	
10. Remaining Earned Income:	1570	
11. Subtract One-Half (½) Remaining Earned Income:	785	
12. Total Countable Earned Income:	785	
13. Total Countable Income (add lines 4 and 12):	785	
PART C. TB ELIGIBILITY CALCULATION		
14. Current TB Income Standard for Individual:	1001	
15. Enter Total Countable Income (line 13):	785	

(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.) TB income eligible

Eligibility Worker Signature	Worker Number:	Computation Date	County Use Only
➤			

MC 282 TB (7/95)

State of California—Health and Welfare Agency | Department of Health Services

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

1995 Standards

CASE NAME: Mr. ONO | CASE NUMBER:

APPLICANT'S NAME: KAI ONO

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

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

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

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
	Name	Name	Name	Name
a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):	229	229		
b. Minus child's income:	-100	-100	-	-
c. Total allocation:	129	+ 129	+ ____	+ ____ = $ 258

3. Remaining unearned income (subtract line I.2.c. from line I.1.): $ 258

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: $ 1649
2. Unused portion of allocation for ineligible children: $ 258
3. Remaining earned income (subtract II.2. from II.1.): $ 1391

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

PART III. COMBINED INCOMES—Ineligible Parents	
Unearned Income	
1. Remaining unearned income (after allocation) or zero (from I.3.)	0
2. A. Subtract general income exclusion	-20
B. Subtract other unearned income deductions	-
3. Countable unearned income (to III.11.)	0
Earned Income	
4. Remaining earned income (from II.3.)	1391
5. Subtract balance of general income exclusion	20
6. Remainder	1391
7. A. Subtract work expense exclusion	-85
B. Subtract other earned income deductions	-
8. Remainder	1301
9. Subtract ½ remainder	653
10. Countable earned income (to III.12.)	653
Deemed Income	
11. Countable unearned income (from III.3.)	0
12. Add countable earned income (from III.10.)	653
13. Total countable income (from III.11. + III.12.)	653
14. Subtract parent deduction*	-458
15. Deemed income. Enter on Line IV.1.	195

* Individual FBR if one ineligible parent lives with child; double FBR if both ineligible parents are with child.

PART IV. TB ELIGIBILITY CALCULATION	
1. Deemed income from Part III.15.	195
2. Eligible child's own OASDI income	Ø
3. Other unearned income	Ø
4. A. Subtract general income exclusion	-20
B. Subtract other unearned income deductions	-
5. Countable unearned income (IV.1. + IV.2. + IV.3. - $20)	175
6. A. Child's countable earned income (subtract $65 + ½ remainder)	- 0
B. Subtract other earned income deductions	- 0
7. Total countable income	175
8. Current TB income standard	1001
If line IV-7 is less than or equal to line IV.8., this person is income eligible.	

TB Income eligible

MC 20C TB 4/95

Exception 2: Parental Deduction:

a. Who may have this deduction:

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

b. Amount of the Deduction:

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

Exception 3: No Deeming from Ineligible Spouse:

There will be no deeming from the ineligible spouse.

(3) Income eligibility

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

(C) Property Methodology

(1) TB Property Limits

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

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

(2) Determination of Net Nonexempt Property

Resources are determined according to Article 9, Title 22.

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

One parent in the home

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

Two parents or one parent and a stepparent in the home

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

If there are two parents living in the home and one is ineligible for the TB program, reduce the parent's property by the property limit for one. The remainder is deemed to the child.

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

(3) Resource Eligibility

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

F. SCOPE OF BENEFITS - LIMITED TO TB RELATED SERVICES

The following services are available under the TB program.

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

G. MEDI-CAL PROVIDER RESPONSIBILITIES

(A) Tuberculosis Application Form MC 274 TB

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

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

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

(B) Clinic Activities

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

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

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

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

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

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

H. COUNTY RESPONSIBILITIES

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

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

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

I. NOTICE OF ACTION (NOA)

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

J. RETROACTIVE BENEFITS

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

K. PLASTIC BENEFITS IDENTIFICATION CARD (BIC)

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

L. EXAMPLES - TREATMENT OF INCOME AND PROPERTY

EXAMPLE 1:

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

Provider Activities

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

County Welfare Department (CWD) Activities

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

Income is determined as if Mr. Smith were disabled.

The CWD determines TB income eligibility for June as follows:

	$ 207	UIB
	-20	any income disregard
=	$ 187	net nonexempt income
	$977.00	TB income standard in 1994

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

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

EXAMPLE 2:

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

Provider Activities

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

CWD Activities

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

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

	$ 2,405	gross earned income
	-20	any income deduction (There is no unearned income to apply this against
	- 1,225	$65 and 1/2 earned income deduction ($65 + $1,160)
=	$ 1,160	net nonexempt income
	$977.00	TB standard in 1994

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

EXAMPLE 3:

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

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

Provider Activities

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

CWD activities

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

$1,655	Gross earned income of Mr. Brown
- 20	Any income deduction (There is no unearned income to apply this against.)
- 850	$65 and 1/2 earned income deduction ($65 + 785)
$ 785	Net nonexempt income
$ 977	TB income standard in 1994
	Mr. Brown is income eligible.
$1,001	Gross earned income of Mrs. Brown
- 20	Any income deduction (There is no unearned income to apply this against.)
- 523	$65 and 1/2 earned income deduction ($65 + 458)
$ 458	Net nonexempt income
$ 977	TB income standard in 1994
	Mrs. Brown is income eligible.

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

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

Example 4:

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

Example 5:

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

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

CWD Activities

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

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

Determine the allocation to the ineligible children:

1. The standard SSI allocation to each ineligible child in 1994 is $223.

2. Subtract each ineligible child's own income.

3. The remainder is each ineligible child's allocation.

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

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

Total allocation $246

Parental Income Deemed to John:

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

John's TB Income Determination:

	$ 0	John's own income
	0	Income from parents
=	$ 0	John's total income
	$ 977.00	TB income standard for one in 1994

John is income eligible.

Property Determination:

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

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

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

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

Example 6

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

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

Income determination for Mr. Samuels:

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

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

$977.00 TB income standard for one in 1994

Mr. Samuels is income eligible.

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

Income determination for Will:

Determine the income deemed to Will from his unmarried parents:

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

Determine Will's income

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

$977.00 TB standard for one in 1994

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

Example 7:

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

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

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

Income determination for Mr. Ono:

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

$1,655	gross earned income
- 20	any income disregard (there is no unearned income to apply it against)
- 65	$65 Work expense exclusion
- 785	One-half earned income disregard
$ 785	
$1,001	TB income standard for one in 1995

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

Income Eligibility Determination for Kai:

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

Assume the other children each have $100 unearned income.

Determine the allocation to the ineligible children:

1. The standard SSI allocation in 1995 is $229.

2. Subtract each ineligible child's own income.

3. The remainder is each ineligible child's allocation.

4. Total each ineligible child's allocation to determine the total allocation to ineligible children.

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

	Brother 1	Brother 2
Standard SSI allocation	$229	$229
Child's own income	- 100	- 100
Each child's allocation	$129	$129
Total allocation	$258	

Parental Income (Mrs. Ono) Deemed to Kai:

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

Kai's TB income determination:

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

Kai is income eligible.

Property Determination:

$ 100.00	Mrs. Ono's savings account
2,000.00	Mrs. Ono's property exclusion
$ .00	Mrs. Ono's property deemed to Kai

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

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

State of California—Health and Welfare Agency | Department of Health Services

Example 1

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

Using 1994 Income Standards

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

CASE NAME: Mr. Smith

CASE NUMBER:

APPLICANT'S NAME: Mr. Smith

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
PART A. UNEARNED INCOME		
1. Applicant's Gross Unearned Income:	207	
2. Subtract General Income Exclusion:	- 20	
3. Subtract Other Unearned Income Deductions:	187	
4. Total Countable Unearned Income:		
PART B. EARNED INCOME		
5. Applicant's Earned Income:	—	
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	—	
7. Remaining Earned Income:	—	
8. Subtract Work Expense Exclusion:	—	
9. Subtract Other Earned Income Deductions:	—	
10. Remaining Earned Income:	—	
11. Subtract One-Half (½) Remaining Earned Income:	—	
12. Total Countable Earned Income:	—	
13. Total Countable Income (add lines 4 and 12):	187	
PART C. TB ELIGIBILITY CALCULATION		
14. Current TB Income Standard for Individual:	977	
15. Enter Total Countable Income (line 13):	187	TB Income Eligible

(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.)

Eligibility Worker Signature	Worker Number	Computation Date	County Use Only
➤			

MC 282 TB (7/95)

State of California—Health and Welfare Agency | Department of Health Services

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

Using 1994 Income Standards

Example 2

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

CASE NAME: Mr. Jones

CASE NUMBER:

APPLICANT'S NAME: Mr. Jones

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
PART A. UNEARNED INCOME		
1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		
PART B. EARNED INCOME		
5. Applicant's Earned Income:	240S	
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	-20	
7. Remaining Earned Income:	238S	
8. Subtract Work Expense Exclusion:	-65	
9. Subtract Other Earned Income Deductions:	—	
10. Remaining Earned Income:	2320	
11. Subtract One-Half (½) Remaining Earned Income:	1160	
12. Total Countable Earned Income:	1160	
13. Total Countable Income (add lines 4 and 12):	1160	
PART C. TB ELIGIBILITY CALCULATION		
14. Current TB Income Standard for Individual:	977	
15. Enter Total Countable Income (line 13):	1160	Income TB Ineligible

(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.)

Eligibility Worker Signature	Worker Number	Computation Date	County Use Only
➤			

MC 282 TB (2/93)

State of California—Health and Welfare Agency | Department of Health Services

Example 3

TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORK SHEET

USING Income 1994 Standards

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

CASE NAME: Mr. Brown | CASE NUMBER:

APPLICANT'S NAME: Mr. Brown

Mrs. Brown

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
PART A. UNEARNED INCOME	Mr. Brown	Mrs. Brown
1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		
PART B. EARNED INCOME		
5. Applicant's Earned Income:	1655	1001
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	20	20
7. Remaining Earned Income:	1635	981
8. Subtract Work Expense Exclusion:	65	65
9. Subtract Other Earned Income Deductions:	—	—
10. Remaining Earned Income:	1570	916
11. Subtract One-Half (½) Remaining Earned Income:	785	458
12. Total Countable Earned Income:	785	458
13. Total Countable Income (add lines 4 and 12):	785	458
PART C. TB ELIGIBILITY CALCULATION		
14. Current TB Income Standard for Individual:	977	977
15. Enter Total Countable Income (line 13):	785	458

(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.) Both are TB Income Eligible

Eligibility Worker Signature	Worker Number	Computation Date	County Use Only
➤			

MC 282 TB (2/85)

State of California—Health and Welfare Agency

Department of Health Services

Example 3

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

NAME	CASE NUMBER	MONTH
Mr. Brown		

STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

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

one half of community property

B. Net nonexempt property of TB applicant: ..... $ 1250

C. Property limit for one person: ..... $ 2000

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

☒ Yes. TB property requirement met.

☐ No. ineligible due to excess property.

TB Property eligible

➤ _____ Eligibility Worker Signature _____ Worker Number

MC 276 TB (7/93)

State of California—Health and Welfare Agency

Department of Health Services

EXAMPLE 3

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

NAME	CASE NUMBER	MONTH
MRS. BROWN		

STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

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

one half community property

B. Net nonexempt property of TB applicant: ..... $ 1250

C. Property limit for one person: ..... $ 2000

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

☐ Yes, TB property requirement met.

☐ No, ineligible due to excess property.

TB Property eligible

➤ _____ Eligibility Worker Signature _____ Worker Number

MC 270 TB (7/89)

State of California—Health and Welfare Agency | Department of Health Services

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

Using 1994 Income Standards

Example 5

CASE NAME: John Doe | CASE NUMBER:

APPLICANT'S NAME: John Doe

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income—do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if spouse is PA, other PA, or TB: $ 0

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

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
	Name	Name	Name	Name
a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):	223	223		
b. Minus child's income:	-100	-100	-	-

c. Total allocation: 123 + 123 + ____ + ____ = $ 246

3. Remaining unearned income (subtract line I.2.c. from line I.1.): $ 246

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: $ 1651
2. Unused portion of allocation for ineligible child(ren): $ 246
3. Remaining earned income (subtract II.2. from II.1.): $ 1405

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

PART III. COMBINED INCOMES—Ineligible Parents	
Unearned Income	
1. Remaining unearned income (after allocation) or zero (from I.3.)	
2.A. Subtract general income exclusion	-20
B. Subtract other unearned income exclusions	-
3. Countable unearned income (to III.11.)	
Earned Income	
4. Remaining earned income (from II.3.)	1405
5. Subtract balance of general income exclusion	20
6. Remainder	1385
7.A. Subtract work expense exclusion	-65
B. Subtract other earned income exclusions	-
8. Remainder	1320
9. Subtract ½ remainder	660
10. Countable earned income (to III.12.)	660
Deemed Income	
11. Countable unearned income (from III.3.)	—
12. Add countable earned income (from III.10.)	660
13. Total countable income (from III.11. + III.12.)	660
14. Subtract spouse deduction*	-669
15. Deemed income. Enter on Line IV.1.	0

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

PART IV. TB ELIGIBILITY CALCULATION	
1. Deemed income from Part III.15.	0
2. Eligible child's own OASDI income	0
3. Other unearned income	0
4. A. Subtract general income exclusion	-20
B. Subtract other unearned income exclusions	-0
5. Countable unearned income (IV.1. + IV.2. + IV.3. − $20)	0
6. A. Child's countable earned income (subtract 365 + ½ remainder)	-0
B. Subtract other earned income exclusions	-0
7. Total countable income	0
8. Current TB income standard	977
If line IV-7 is less than or equal to line IV.8., this person is income eligible.	

TB Income Eligible

MC 350 TB (4/93)

TUBERCULOSIS (TB) PROGRAM
PROPERTY WORK SHEET
CHILD

EXAMPLE 5

NAME	CASE NUMBER	MONTH
John Doe		

STEP I

A. There is no allocation of property from a parent(s) eligible for the TB Program or from an ineligible parent(s) if one or both parents public assistance (PA) or other PA.

B. Determine net nonexempt property in accordance with Article 9. (1) CAR Exempt

STEP II

A. **Ineligible Parental Allocation**

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

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

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

1. Child's own net nonexempt property (as determined under Article 9) ..... $ 0
2. Enter child's share of property from parent(s) (line A.4.) ..... $ 0
3. Add line B.1. and B.2. ..... $ 0
4. Enter the TB property limit for one person ..... $ 2000
5. Is line B.3. less than or equal to line B.4.?
   - ☐ Yes, TB property requirement met.
   - ☐ No, ineligible due to excess property. If more than one TB child in the home, proceed to Section C.

TB Property Eligible

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

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

➤ _____ _____

Eligibility Worker Signature — Worker Number

MC 279 TB (3/89)

State of California—Health and Welfare Agency

Department of Health Services

TUBERCULOSIS (TB) PROGRAM
INCOME ELIGIBILITY WORK SHEET

Example 6

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

CASE NAME	CASE NUMBER
Mr. Samuels	

APPLICANT'S NAME: Mr. Samuels

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
PART A. UNEARNED INCOME		
1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		
PART B. EARNED INCOME		
5. Applicant's Earned Income:	1535	
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	20	
7. Remaining Earned Income:	1515	
8. Subtract Work Expense Exclusion:	65	
9. Subtract Other Earned Income Deductions:	—	
10. Remaining Earned Income:	1450	
11. Subtract One-Half (½) Remaining Earned Income:	725	
12. Total Countable Earned Income:	725	
13. Total Countable Income (add lines 4 and 12):	725	
PART C. TB ELIGIBILITY CALCULATION		
14. Current TB Income Standard for Individual:	977	
15. Enter Total Countable Income (line 13):	725	

(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.) TB Income eligible

Eligibility Worker Signature	Worker Number	Computation Date	County Use Only
➤			

MC 382 TB (9/95)

State of California—Health and Welfare Agency

Department of Health Services

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

Example 6

NAME	CASE NUMBER	MONTH
Mr. Samuels		

STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

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

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

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

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

☐ Yes, TB property requirement met.

☒ No, ineligible due to excess property.

➤ _____ _____

Eligibility Worker Signature — Worker Number

TB Property Ineligible

MC 270 TB (7/89)

State of California—Health and Welfare Agency

Department of Health Services

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

Example 6

1994 Income Standards

CASE NAME: Mr. Samuels

CASE NUMBER:

APPLICANT'S NAME: Will Samuels

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

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

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

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
	Name:	Name:	Name:	Name:
a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):		-		
b. Minus child's income:	–	–	–	–

c. Total allocation: _____ + _____ + _____ + _____ = $ _____

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

PART II. INELIGIBLE PARENT'S EARNED INCOME

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

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

PART III. COMBINED INCOMES—Ineligible Parents	
Unearned Income	
1. Remaining unearned income (after allocation) or zero (from I.3.)	
2. A. Subtract general income exclusion	–20
B. Subtract other unearned income deductions	–
3. Countable unearned income (to III.11.)	
Earned Income	
4. Remaining earned income (from II.3.)	3535
5. Subtract balance of general income exclusion	20
6. Remainder	3515
7. A. Subtract work expense exclusion	–65
B. Subtract other earned income deductions	– Ø
8. Remainder	3450
9. Subtract ½ remainder	1725
10. Countable earned income (to III.12.)	1725
Deemed Income	
11. Countable unearned income (from III.3.)	Ø
12. Add countable earned income (from III.10.)	1725
13. Total countable income (from III.11. + III.12.)	1725
14. Subtract parent deduction*	-669
15. Deemed income. Enter on Line IV.1.	1056

PART IV. TB ELIGIBILITY CALCULATION	
1. Deemed income from Part III.15.	1056
2. Eligible child's own OASDI income	Ø
3. Other unearned income	100
4. A. Subtract general income exclusion	–20
B. Subtract other unearned income deductions	– Ø
5. Countable unearned income (IV.1. + IV.2. + IV.3. – $20)	1136
6. A. Child's countable earned income (subtract $65 + ½ remainder)	– Ø
B. Subtract other earned income deductions	– Ø
7. Total countable income	1136
8. Current TB income standard	977
If line IV-7 is less than or equal to line IV.8., this person is income eligible.	

TB Income Ineligible

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

MC 280 TB (4/93)

M. MEDI-CAL TUBERCULOSIS PROGRAM QUESTIONS AND ANSWERS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1. A Qualified Medicare beneficiary (QMB), a specified low income Medicare Beneficiary-only (SLMB) or Qualified Working Disabled Individual (QDWI).

2. An AFDC-MN or ABD-MN with a share-of-cost.

3. Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program; Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program.

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

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

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

ANSWER 17: The FBR changes in January.

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

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

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

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

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

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

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

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

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

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

ANSWER 22: Yes.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ANSWER 31: Yes.

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

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

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

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

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

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

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

ANSWER 35: Actual income is used.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(1) A child or sibling children.

(2) The parents married or unmarried of the sibling children.

(3) The stepparents of the sibling children.

(4) The separate children of family member means a single person of a married couple.

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

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

N. FORMS

I.	MC 274 TB	MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION
II.	MC 275 TB	DENIAL NOTICE OF ACTION (ENGLISH AND SPANISH)
III.	MC 276 TB	DISCONTINUANCE NOTICE OF ACTION (ENGLISH AND SPANISH)
IV.	MC 277 TB	APPROVAL OF BENEFITS NOTICE OF ACTION (ENGLISH AND SPANISH)
V.	MC 278 TB	TUBERCULOSIS (TB) PROGRAM PROPERTY WORKSHEET-ADULT
VI.	MC 279 TB	TUBERCULOSIS (TB) PROPERTY WORKSHEET-CHILD
VII.	MC 280 TB	TUBERCULOSIS (TB) PROGRAM ELIGIBLES-(FINANCIAL ELIGIBILITY WORKSHEET-ELIGIBLE CHILD WITH INELIGIBLE PARENT OR PARENTS)
VIII.	MC 282 TB	TUBERCULOSIS (TB) PROGRAM INCOME ELIGIBILITY WORKSHEET

State of California—Health and Welfare Agency | Department of Health Services

MEDI-CAL TUBERCULOSIS PROGRAM
APPLICATION

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

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

PATIENT-APPLICANT NAME | COUNTY USE ONLY

2. MAILING ADDRESS—Number/Street | City | ZIP Code | Case Name

3. IF NO PERMANENT ADDRESS, TELL US WHERE YOU CAN BE REACHED

4. TELEPHONE NUMBER(S)—Home | Work | Message | Case Number

5. DATE OF BIRTH
Month Day Year

6. SOCIAL SECURITY NUMBER

7. THE LAW SAYS WE MUST GET YOUR ETHNIC GROUP AND PRIMARY LANGUAGE. IF YOU DO NOT WANT TO COMPLETE THESE ITEMS, THE COUNTY WILL DO IT FOR YOU. THIS WILL NOT AFFECT YOUR ELIGIBILITY

a. Ethnic Group: ☐ White ☐ Black ☐ Hispanic ☐ Filipino ☐ Chinese ☐ Hawaiian ☐ Asian Indian ☐ Laotian ☐ Cambodian ☐ Japanese ☐ American Indian or Alaskan Native ☐ Korean ☐ Guamanian ☐ Samoan ☐ Vietnamese ☐ Other Pacific Islander (specify) _____

b. Language: ☐ English ☐ Cantonese ☐ Lao ☐ Tagalog ☐ Spanish ☐ Cambodian ☐ Vietnamese ☐ American Sign ☐ Other (specify) _____

County of Application | County of Residence | ☐ CWD Records Cleared | Ethnic Group | Primary Language

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

NAME

ADDRESS—Street/Number | City | ZIP Code

CERTIFICATION AND PERJURY STATEMENT

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

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

SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE | DATE SIGNED

➤

SIGNATURE OF INTERPRETER OR WITNESS TO APPLICANT'S MARK

➤

ORIGINAL—County Welfare Department *COPY—Provider* *COPY—Patient*

MC 274 TB (6/94) Part A—Application

MEDI-CAL TUBERCULOSIS PROGRAM REFERRAL

COUNTY USE ONLY
EW name _____
EW no: _____
Case no: _____
Case name _____

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

Please Print Clearly.

PATIENT NAME	DATE OF BIRTH—Month/Day/Year	SOCIAL SECURITY NUMBER
		— —

PATIENT CONSENT:

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

Signature of Patient or Parent/Guardian (if Patient is under 18 Years of Age)

➤

PROVIDER USE ONLY:

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

1. Requires Preventive Therapy for Tuberculosis infection.
   ☐ Yes ☐ No

2. Requires Treatment for Active Tuberculosis.
   ☐ Yes ☐ No

RETROACTIVE ELIGIBILITY

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

☐ Yes—Date Tuberculosis therapy began: _____
☐ No

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

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

PHYSICIAN NAME (Please Sign, Print or Type)		TELEPHONE NO
PHYSICIAN TITLE	MEDI-CAL PROVIDER NO	DATE
PROVIDER ADDRESS—Number/Street	City	ZIP Code

AUTHORIZED PROVIDER SIGNATURE

➤

MC 274 TB (Rev. Feb 0...) *ORIGINAL—County Welfare Department* *COPY—Provider* *COPY—Patient*

MEDI-CAL TUBERCULOSIS PROGRAM
AUTHORIZATION FOR CLINIC ASSISTANCE

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

This assignment enables the authorized staff of the clinic to:

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

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

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

➤ _____
Signature of Applicant

➤ _____
Signature of Authorized Clinic Staff Assistant

_____
Date

_____
Name of Clinic

_____
Clinic Address

_____
Clinic Telephone Number

MC 274 TB (8/94) Part C—Clinic Assistant Authorization

ORIGINAL—County Welfare Department COPY—Provider COPY—Patient

(County Stamp)
Date:
Case No.:
Worker No.:

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

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

☐ Your income is more than the income level of _____.

☐ Your property of _____ is more than the property limit for an individual.

Your property used in this determination is _____.

☐ You are not a U.S. citizen or you do not have Satisfactory Immigration Status.

☐ You are eligible for Medi-Cal as a cash grant recipient under the Aid to Families with Dependent Children Program, Medically Needy Only, Medically Indigent, the Supplemental Security Income Program, or the Income Disregard Program/federal poverty programs for pregnant women, infants, and children.

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

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

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

MC 275 TB (7/93)

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

- You must ask for a hearing before the action takes place.
- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

MA BACK 7

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care

☐ Other (list) _____

Here's why: _____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)
Fecha:
No. del Caso:
No. del Trabajador(a):

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

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

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

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

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

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

MC 225 TB (SP) (7/95)

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus pagos del Programa de Transición de Cuidado de Niños (TCC) permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin del período en que usted reúna los requisitos; lo que ocurra primero. Con respecto a todos los otros programas de cuidado de niños, sus beneficios NO permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

☐ Asistencia monetaria ☐ Estampillas para Comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito: 1-800-952-5253

Si es sordo y usa TDD: 1-800-952-8349

Es posible que pueda obtener asesoría legal gratuita en la oficina local de asesoramiento legal (legal aid) o del grupo de derechos de las personas que reciben asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento médico: La oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que corren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

MABACK 7 (SP)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenando esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

Su trabajador(a) le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamando al 1-800-952-5253. Si es sordo y usa TDD, llame al: 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar del Condado de _____

_____, acerca de mi(s)

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal ☐ Cuidado de Niños ☐ Otro (anote) _____

La razón es la siguiente: _____

☐ Marque aquí y agregue otra hoja si necesita más papel.

☐ Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

☐ Necesito un intérprete sin costo para mí.
Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

(County Stamp)
Date:
Case No.:
Worker No.:

Notice of Action
Medi-Cal
Discontinuance
Tuberculosis (TB) Program

As of _____ your eligibility for the folowing Medi-Cal Tuberculosis Program is discontinued because:

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

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

MC 276 TB (7/95)

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care

☐ Other (list) _____

Here's why: _____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NA BACK 7

(County Stamp)
Fecha:
No. del Caso:
No. del Trabajador(a):

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

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

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

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

MC 276 TB (SP) (7/85)

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su periodo de certificación; lo que ocurra primero.
- Sus pagos del Programa de Transición de Cuidado de Niños (TCC) permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin del periodo en que usted reúna los requisitos; lo que ocurra primero. Con respecto a todos los otros programas de cuidado de niños, sus beneficios NO permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

☐ Asistencia monetaria ☐ Estampillas para Comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito:	1-800-952-5253
Si es sordo y usa TDD:	1-800-952-8349

Es posible que pueda obtener asesoría legal gratuita en la oficina local de asesoramiento legal (legal aid) o del grupo de derechos de las personas que reciben asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento médico: La oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

MA BACK 7 (SP)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenando esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

Su trabajador(a) le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamando al 1-800-952-5253. Si es sordo y usa TDD, llame al: 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar del Condado de _____

_____, acerca de mi(s)

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal ☐ Cuidado de Niños ☐ Otro (anote) _____

La razón es la siguiente: _____

☐ Marque aquí y agregue otra hoja si necesita más papel.

☐ Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

☐ Necesito un intérprete sin costo para mí.
Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)
Date:
Case No.:
Worker No.:

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

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

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

For additional information, contact your case worker.

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

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

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

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

MC 277 TB (9/94)

94 85441

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

- You must ask for a hearing before the action takes place.
- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your Transitional Child Care (TCC) will stay the same until the hearing or the end of your eligibility period, whichever is earlier. For all other child care programs, your benefits will NOT stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

☐ Cash Aid ☐ Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

MA BACK 7

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal ☐ Child Care

☐ Other (list) _____

Here's why: _____

☐ Check here and add a page if you need more space.

☐ I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

☐ I need a free interpreter.
My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

State of California—Health and Welfare Agency

Department of Health Services

(County Stamp)
Fecha:
No. del Caso:
No. del Trabajador(a):

Notificación de Acción de
Medi-Cal
Aprobación de Beneficios del
Programa sobre la Tuberculosis

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

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

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

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

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

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

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

MC 277 TB (SP) (8/94) 94 88651 LSB

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

- Tiene que solicitar la audiencia antes que la acción entre en vigor.
- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Su Medi-Cal permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus pagos del Programa de Transición de Cuidado de Niños (TCC) permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin del período en que usted reúna los requisitos; lo que ocurra primero. Con respecto a todos los otros programas de cuidado de niños, sus beneficios NO permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

☐ Asistencia monetaria ☐ Estampillas para Comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoría legal gratuita llamando al teléfono de información del estado.

Número gratuito: 1-800-952-5253

Si es sordo y usa TDD: 1-800-952-8349

Es posible que pueda obtener asesoría legal gratuita en la oficina local de asesoramiento legal (legal aid) o del grupo de derechos de las personas que reciben asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento médico: La oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades vencidas cobradas que se le deban al condado.

Planificación familiar: Su oficina de bienestar le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

MA BACK 7 (SP)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenando esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

Su trabajador(a) le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamando al 1-800-952-5253. Si es sordo y usa TDD, llame al: 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar del Condado de _____

_____, acerca de mi(s)

☐ Asistencia monetaria ☐ Estampillas para Comida

☐ Medi-Cal ☐ Cuidado de Niños ☐ Otro (anote) _____

La razón es la siguiente: _____

☐ Marque aquí y agregue otra hoja si necesita más papel.

☐ Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

☐ Necesito un intérprete sin costo para mí.
Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

State of California—Health and Welfare Agency | Department of Health Services

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

NAME	CASE NUMBER	MONTH

STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

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

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

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

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

☐ Yes. TB property requirement met.

☐ No, ineligible due to excess property.

➤ _____ _____

Eligibility Worker Signature | Worker Number

MC 278 TB (7/85)

State of California—Health and Welfare Agency | Department of Health Services

TUBERCULOSIS (TB) PROGRAM
PROPERTY WORKSHEET
CHILD

NAME	CASE NUMBER	MONTH

STEP I

A. There is no allocation of property from an ineligible parent(s) if one or both parents is public assistance (PA), other PA, or eligible for the TB program.

B. Determine net nonexempt property in accordance with Article 9.

STEP II

A. **Ineligible Parental Allocation**

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

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

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

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

   ☐ Yes. TB property requirement met.

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

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

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

➤ _____ _____

Eligibility Worker Signature | Worker Number

MC 279 TB (3/85)

State of California—Health and Welfare Agency | Department of Health Services

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

CASE NAME | CASE NUMBER

APPLICANT'S NAME

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

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

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

	CHILD #1	CHILD #2	CHILD #3	CHILD #4
	Name	Name	Name	Name
a. Standard SSI allocation (Federal Benefit Rate [FBR] for a couple minus FBR for an individual):				
b. Minus child's income:	–	–	–	–

c. Total allocation: _____ + _____ + _____ + _____ = $ _____

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

PART II. INELIGIBLE PARENT'S EARNED INCOME

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

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

PART III. COMBINED INCOMES—Ineligible Parents	
Unearned Income	
1. Remaining unearned income (after allocation) or zero (from I.3.)	
2. A. Subtract general income exclusion	–20
B. Subtract other unearned income deductions	–
3. Countable unearned income (to III.11.)	
Earned Income	
4. Remaining earned income (from II.3.)	
5. Subtract balance of general income exclusion	
6. Remainder	
7. A. Subtract work expense exclusion	–65
B. Subtract other earned income deductions	–
8. Remainder	
9. Subtract ½ remainder	
10. Countable earned income (to III.12.)	
Deemed Income	
11. Countable unearned income (from III.3.)	
12. Add countable earned income (from III.10.)	
13. Total countable income (from III.11. + III.12.)	
14. Subtract parent deduction*	–
15. Deemed income. Enter on Line IV.1	

PART IV. TB ELIGIBILITY CALCULATION	
1. Deemed income from Part III.15.	
2. Eligible child's own OASDI income	
3. Other unearned income	
4. A. Subtract general income exclusion	–20
B. Subtract other unearned income deductions	–
5. Countable unearned income (IV.1. + IV.2. + IV.3. – $20)	
6. A. Child's countable earned income (subtract $65 + ½ remainder)	–
B. Subtract other earned income deductions	–
7. Total countable income	
8. Current TB income standard	
If line IV-7 is less than or equal to line IV.8., this person is income eligible.	

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

MC 280 TB (4/89)

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

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

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

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

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

Line I.3. Subtract line I.2.c. from line I.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1. (unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE PARENT'S EARNED INCOME

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

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

Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

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

PART III. COMBINED INCOMES

Enter any remaining unearned income from line 1.3. on line III.1. and any remaining earned income from line II.3. on line III.4. Follow the instructions on each line.

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

PART IV. TB ELIGIBILITY CALCULATION

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

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

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

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

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

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

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

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

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

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

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

MC 280 TB (4/95)

State of California—Health and Welfare Agency | Department of Health Services

TUBERCULOSIS (TB) PROGRAM
INCOME ELIGIBILITY WORK SHEET

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

CASE NAME	CASE NUMBER

APPLICANT'S NAME

TB INDIVIDUAL'S TOTAL COUNTABLE INCOME

	a. TB APPLICANT	b. TB SPOUSE
PART A. UNEARNED INCOME		
1. Applicant's Gross Unearned Income:		
2. Subtract General Income Exclusion:		
3. Subtract Other Unearned Income Deductions:		
4. Total Countable Unearned Income:		
PART B. EARNED INCOME		
5. Applicant's Earned Income:		
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]		
7. Remaining Earned Income:		
8. Subtract Work Expense Exclusion:		
9. Subtract Other Earned Income Deductions:		
10. Remaining Earned Income:		
11. Subtract One-Half (½) Remaining Earned Income:		
12. Total Countable Earned Income:		
13. Total Countable Income (add lines 4 and 12):		
PART C. TB ELIGIBILITY CALCULATION		
14. Current TB Income Standard for Individual:		
15. Enter Total Countable Income (line 13):		

(If line C.15 is less than or equal to line C.14, the Applicant is TB income eligible.)

Eligibility Worker Signature	Worker Number	Computation Date	County Use Only
➤			

MC 282 TB (7/95)

5P-DRUG ADDICTION AND ALCOHOLISM PROGRAM

I. BACKGROUND

The Social Security Independence and Program Improvement Act of 1994 (Public Law 103-296) affects person receiving disability benefits due to Drug Addiction and Alcoholism (DA&A) effective March 1, 1995. A diagnosis of DA&A means that drug addiction or alcoholism is a contributing factor material to the finding of disability and that the individual would not be found disabled if the person discontinued using drugs or alcohol. The intent of these provisions is to establish barriers to using cash benefits to support an addiction.

Some of the major DA&A provisions are:

- Payments will usually be made to a preferred type of representative payee.

- The recipient must undergo and make progress in treatment, when available, at approved facilities.

- Payments will be suspended for a minimum of two months, three months, and six months respectively, for the first, second, and third or subsequent instances of noncompliance. The period of suspension continues even if the person becomes compliant during that time. A person who complies but still has suspended payment is referred to as a sanctioned person. Under federal law, Medicare and Medicaid based on SSI eligibility continue for DA&A persons if they continue to be disabled due to drug addiction or alcoholism and they would be eligible for SSI had they not been suspended or sanctioned. Non-SSI Medicaid may be provided if they state that they continue to be disabled (including continued substance addiction) and they meet all other Medicaid requirements.

- Payments will be terminated for noncompliance after 12 consecutive months of suspension for noncompliance. Medicaid may be provided to these DA&A persons if they are determined disabled and they meet all other Medicaid requirements. Medicare will cease.

- Payments will be terminated after 36 months of payment. Suspended or sanctioned months are not counted towards the 36-month limit. Months for which appropriate treatment is not available are <u>not</u> counted for persons receiving Social Security Disability Insurance (SSDI) but <u>are</u> counted for those receiving SSI. Medicaid and Medicare will continue beyond the 36-month limit for those entitled as long as the individual remains disabled, is otherwise eligible, and was not terminated for noncompliance with treatment.

- Retroactive one-time payments of past-due benefits must be paid in installments unless there is a high risk of homelessness.

II. SUSPENDED DA&A PERSONS

A. Identification of Suspended DA&A Persons

These individuals are considered SSI recipients even though their SSI payments are suspended. They may go back to pay status depending on whether they comply with treatment. Persons in suspended payment status can be identified on the State Data Exchange (SDX) screen of MEDS with a payment status code of N10 (noncompliance with treatment requirements for substance addiction) or N11 (compliant with treatment, but must finish serving sanction months) and will have the letter "P" in the Medicaid eligibility code field on the SDX (QX) screen.

The Data Systems Branch identifies these persons on MEDS with an eligibility status code of "__71," i.e., a "7" in the second digit and a "1" in the third digit. Counties will then be able to control the record and make major changes, if required.

B. Notices for and Listings of Suspended DA&A Individuals

The SSI program's notice of planned action to suspended DA&A persons' SSI grants informs them to contact their county welfare department to report any changes which may impact their Medi-Cal eligibility.

The Department of Health Services' Data Systems Branch will be automatically sending out a notice to all these newly suspended DA&A persons. See Section VII for a copy of Notice Type 20. This notice will inform the person to contact their local county welfare department when there is a change in their income, property, or living conditions, and to contact the Social Security Administration office when there is a change in their disability. Such a change may impact their Medi-Cal eligibility which is currently based on receipt of SSI. A list of these suspended persons will also be provided to the county.

C. County Responsibilities

According to federal law, these suspended individuals remain SSI recipients and are entitled to zero share-of-cost (SOC) Medi-Cal unless there is a change which would impact such eligibility. Therefore, when a change is reported, the county must redetermine SSI property and income eligibility. The suspended DA&A recipient must complete the MC 210 and provide appropriate verification.

If the individual does not meet SSI income and property requirements, he/she must be reevaluated under Medi-Cal-only rules to determine whether he/she would be eligible for Medi-Cal with or without a SOC.

According to the SSA, there should not be any children under the age of 18 years who are suspended DA&A recipients. Generally, any individual 18 years or older is considered an adult for SSI purposes. If the county becomes aware of a suspended DA&A who is under age 18, please inform the DA&A analyst in the Medi-Cal Eligibility Branch.

D. Determination of Eligibility

The following describes how to determine whether a suspended DA&A recipient remains SSI eligible.

1. Property Methodology

(a). SSI Property Limits

The resource limit for a single person is $2,000. The resource limit is $3,000 for a married couple. The resource limits do not increase even if the suspended DA&A recipient and/or his/her spouse have children living in the home.

(b). Determination of Net Nonexempt Property

Resources are determined according to Article 9, Title 22.

(c). Property Eligibility

Compare the suspended DA&A recipient's net nonexempt property to the appropriate SSI property limit. If the net nonexempt property exceeds the limit, the person is ineligible for the SSI program. Eligibility should then be determined using Medi-Cal rules.

2. Income Methodology

(a). SSI/SSP Income Standards

These standards vary according to the living arrangement of the individual. These standards are distributed to the counties each year, usually in January, as part of the updating of the Pickle (Lynch v.Rank) handbook. This chart is found on page 16-1 of the Pickle handbook.

(b). Determination of Net Nonexempt Income

Net nonexempt income is determined according to Article 10, Title 22. The suspended DA&A recipient is a disabled person when determining deductions and exemptions.

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

Note: The term " SSI recipient" includes an individual who is a suspended DA&A recipient who still is in aid code 60, i.e., he/she has not reported any changes to the county which impacts his/her SSI eligibility.

Exception 1: Parental Allocation to Ineligible Children

Instead of the allocation to excluded children as provided in Article 10, Title 22, Section 50558, a parental allocation as described below will be applied.

a. Who may have this allocation:

(i) A spouse (referred to as the ineligible spouse) who is not an SSI recipient, before his/her income is used for determining the SSI income eligibility of the other spouse.

b. Which child the parental allocation is for:

This allocation is available to any ineligible child. An ineligible child is defined as a person who is not on SSI who is (1) unmarried and under age 18 or (2) unmarried, between the ages of 18 and 21 and who is a full time student.

c. How to determine the amount of the parental allocation:

(i) Determine the standard allocation: This amount is the difference between the federal benefit rate (FBR) for a couple and the FBR for an individual. This amount will be provided to counties annually, most likely in January.

(ii) Subtract each ineligible child's own income from the standard allocation, but allow the following student deduction if appropriate.

Student deduction: Each ineligible child is allowed a student deduction for earned income of up to $400 per month, but not to exceed $1,620 per year, if the ineligible child is regularly attending a school, college, university or course of vocational training to prepare him/her for gainful employment.

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

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

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

Exception 2: Non-Deeming By the Ineligible Spouse:

In the situation where only one spouse of a married couple is a suspended DA&A SSI recipient, there is one instance where income from the ineligible spouse is not considered in determining the SSI income eligibility of the other spouse. This occurs when the income of the ineligible spouse (after any allocation to ineligible children, if applicable) is less than the standard allocation. The standard allocation is the difference between the couple FBR and the individual FBR.

Income Eligibility

Compare the suspended DA&A recipient's net nonexempt income to the appropriate SSI payment level standard. If net nonexempt income exceeds the applicable standard, the person is ineligible for the SSI program. Eligibility should then be determined using Medi-Cal rules.

E. Aid Codes for Eligible Individuals

If the suspended DA&A recipient remains eligible for SSI after the above SSI determination, he/she should remain in aid code 60 and continue to be treated as a PA recipient for Medi-Cal Family Budget Unit (MFBU) purposes. If he/she is ineligible for SSI but is eligible for a Medi-Cal-only program, he/she should be placed into the appropriate aid code such as 64 (disabled) if there is no share of cost, or 67 if there is a SOC. Regular MFBU rules for non-PA persons would then apply. The MC 309 DA&A Notice of Action (see section VII for a copy of this form) may be used in either case.

F. Examples:

Example 1:

Mr. Smith contacts the county on July 15 to tell them that his monthly income will increase from $500 unearned income to $1,385 gross income ($485 earned and $900 unearned). According to MEDS, Mr. Smith has been in aid code 60 with an eligibility status code (ESC) of _76 since April. He is therefore a suspended/sanctioned DA&A recipient. He lives alone in an independent living arrangement. He has no property. The county provides him with an MC 210 and other forms used during a redetermination.

The county will first apply SSI rules. Since he has no property, he meets SSI property requirements. The county will then apply SSI income rules.

a. SSI Income Determination:

$ 900	unearned income
- 20	any income deduction
$ 880	net nonexempt unearned income
$ 485	gross earnings
- 65	$65 earned income deduction
- 210	1/2 of remainder earned income deduction
$ 210	net nonexempt unearned income
$ 1,090	Total net nonexempt income ($880 + 210)

Assume the SSI/SSP payment level is $614.40.

Mr. Smith is income ineligible for SSI. The county will inform SSA of Mr. Smith's increase in income and then determine his eligibility for Medi-Cal only.

b. Medi-Cal Only Determination:

Assume Mr. Smith is property eligible.

Medi-Cal Share of Cost Determination

$ 900	unearned income
- 20	any income deduction
$ 880	net nonexempt unearned income
$ 485	gross earnings
- 65	$65 earned income deduction
- 210	1/2 of remainder earned income deduction
$ 210	net nonexempt income
$ 1,090	Total net nonexempt income (880 + 210)

Medi-Cal maintenance need income level (MNIL): $600

Mr. Smith has a share of cost of $490 and the county puts him in aid code 67 with a $490 share of cost.

Example 2:

Mr. Brown contacts the county to tell them he just got married. Based on his current aid code, the county determines he is a suspended/sanctioned DA&A recipient. Mrs. Brown works and earns $1,655 (gross). Mr. Brown has no income. They have one car and a $2,500 savings account. There is no other property.

The county will first determine whether Mr. Brown remains SSI eligible.

a. SSI Property Determination:

The car is exempt and the remaining property (savings account) is under the $3,000 property limit for a couple. Mr. Brown is property eligible.

b. SSI Income Determination:

There are no ineligible children for Mrs. Brown to allocate to. Since Mrs. Brown's income of $1,655 is greater than the SSI standard allocation ($229 in 1995), Mrs. Brown's income is deemed.

$	1655	Gross earned income of Mrs. Brown
-	20	Any income deduction (There is no unearned income to apply this against)
-	65	$65 earned income deduction
-	785	1/2 of remainder earned income deduction
$	785	Net nonexempt income

Assume the SSI payment level for this couple is $1,101.71. Mr. Brown is income eligible. Mr. Brown remains SSI eligible. He remains in aid code 60.

G. Changes Reported By the Beneficiary

Counties are currently able to change an address or make other changes, e.g. name change using the EW 55 transaction. Should the person report changes in family circumstances, income, resources, living circumstances which require the completion of an MC 210 and a face-to-face interview, the county also has the capability to change the current aid code of 60 to a 64, 67, 30, or other appropriate aid code if they do not meet SSI requirements. The changes which affect SSI eligibility should be reported to SSA via the SSA 1610 under Item No. 5 "Remarks" or any form that a county has developed to report such changes. See Section VII for copy of the SSA 1610.

NOTE: An allegation of another or additional disability also should be reported by counties to SSA via the SSA 1610 so that SSA may change the classification of disability to something other than DA&A if applicable.

H. Pickle Persons

SSA has advised us that a DA&A person who is in SSA's suspended status will not be reported to DHS as a potential Pickle person. That is, even if a DA&A person would have been discontinued from SSI due to the SSA cost of living adjustment (COLA), he/she will not be on the Pickle 503 Leads Report. However, should such a DA&A person be inadvertently reported as a potential Pickle person, he/she should be treated as any other potential Pickle person, including having eligibility established for zero share of cost Medi-Cal under the Pickle program for January and ongoing as appropriate even if the county has previously changed them into another aid code due to increased income.

III. PERSON TERMINATED FROM SSI AFTER 12 MONTHS OF SUSPENSION

Persons who have been suspended or sanctioned SSI payment status for 12 consecutive months will be terminated from SSI by SSA. If the person was in aid code 60, MEDS will show a payment status code of T31 and will usually have a "P" on the SDX (QX) screen. These persons will receive the same "Ramos" notice (Type 7), forms, and instructions as any SSI recipient in this status code who is terminated for "other" reasons. Counties will receive a list of these persons. NOTE: This process is not applicable if the county has previously determined that they were income ineligible for SSI and placed them in aid code 64, 67, or another Medi-Cal Only aid code.

For those terminated SSI person in aid code 60, the county will apply regular "Ramos" procedures specified in Article 5E of the Medi-Cal Eligibility Procedures Manual (MEPM). If application forms are received timely, the county will place these persons in an appropriate aid code such as aid code 64 or 67, if otherwise eligible.

IV. PERSONS TERMINATED AFTER 36 MONTHS OF SSI PAYMENT FOR DA&A

Beginning March 1995, SSA began limiting those persons receiving SSI or SSDI to 36 months of payments for DA&A. Months of suspension will not be counted in the 36 months for either program. Medi-Cal and Medicare will continue for those beneficiaries if their disability continues, even though the SSI and SSDI payments are stopped.

SSA has not identified the termination status codes for these persons. It is probable that these persons will receive certain "Ramos" notices and forms to complete for continued Medi-Cal. More information will be provided on this group in the future. The earliest date payments can be terminated by SSA under this provision is March 1998 unless Congress amends this provision.

V. CASE COUNT

Counties will receive a new case count for suspended, sanctioned, or terminated persons if the beneficiary indicates a change in circumstances that require a redetermination of eligibility (MC 210) even if there is no aid code change. Counties will not receive a case count for simple changes such as a change of address.

VI. STATE ADMINISTRATIVE HEARING

Applicants shall have the right to a state hearing if dissatisfied with any action of the DHS. In accordance with California Code of Regulations, Title 22, Section 50995, those persons receiving denial notices who desire a fair hearing will be assisted by the county in the process of filing the hearing request, if the individual requests such assistance.

VII. THE FOLLOWING NOTICE AND FORMS ARE CONTAINED IN THIS SECTION:

A. MC 307	DRUG ADDICTION AND ALCOHOLISM (DA&A) PROPERTY WORK SHEET ADULT
B. MC 308	DRUG ADDICTION AND ALCOHOLISM (DA&A) INCOME ELIGIBLITY WORK SHEET
C. MC 309 (DA&A)	CONTINUATION OF NOTICE OF ACTION (English and Spanish)
D. MC 310 (DA&A)	DISCONTINUANCE OF NOTICE OF ACTION (English and Spanish)
E. NOTICE TYPE 20	SUSPENSION OF SSI/SSP; EXTENDED MEDI-CAL ELIGIBILITY (DA&A)
F. NOTICE TYPE 7	DISCONTINUANCE OF SSI/SSP MEDI-CAL OTHER

DRUG ADDICTION AND ALCOHOLISM (DA&A) PROGRAM
INCOME ELIGIBILITY WORK SHEET
(Individual or couple, applicant with an ineligible spouse)

Case name | Case number

Applicant's name

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

1. Ineligible spouse's total unearned income—do not include if ineligible spouse is receiving public assistance (PA) income ..... $_____
2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include PA- or DA&A-eligible children or children applying for the DA&A program ..... $_____

	CHILD NO. 1	CHILD NO. 2	CHILD NO. 3	CHILD NO. 4
	Name	Name	Name	Name
a. Standard SSI allocation (couple Federal Benefit Rate [FBR] minus individual FBR)				
b. Subtract child's income (exclude for student exclusion)	–	–	–	–

c. Total allocation _____ + _____ + _____ + _____ =$_____

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

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

1. Ineligible spouse's gross earned income ..... $_____
2. Unused portion of allocation for ineligible child(ren) ..... $_____
3. Remaining earned income (subtract II.2. from II.1.) ..... $_____

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS (Add I.3. and II.3.)

If less than the standard SSI allocation (the difference between the FBR for a couple and the FBR for an individual) deeming not applicable. Make no entry for ineligible spouse's income in Part IV. ..... $_____

PART IV. COMBINED INCOMES (Eligible individual or couple and/or ineligible spouse after ineligible child allocations)

Unearned Income

1. Applicant's gross unearned income ..... $_____
2. Ineligible spouse's unearned income (line I.3.) ..... $_____
3. Combined unearned income (add lines IV.1. and IV.2.) ..... $+_____
4. Subtract general income exclusion ..... $_____
5. Combined countable unearned income ..... $ –20 _____ Total Unearned

Earned Income

6. Earned income of applicant and spouse (use amount from line II.3. for ineligible spouse) ..... $_____
7. Subtract balance of general exclusion not offset by unearned income (line IV.4.) ..... $_____
8. Remaining earned income ..... $_____
9. Subtract work expense exclusion ..... $ –65 _____
10. Remaining earned income ..... $_____
11. Subtract 1/2 remaining earned income ..... $ – _____
12. Countable earned income ..... $_____ Total Earned
13. Total countable income (add lines IV.5. and IV.12.) ..... $_____ Combined Total

PART V. DA&A ELIGIBILITY CALCULATION

1. Current SSI/SSP income standard for an individual or a couple ..... $_____
2. Enter total countable income (line IV.13.) ..... $_____

If line V.2 is less than or equal to V.1., the applicant is DA&A income eligible.

Eligibility worker signature	Worker number	Computation date	County use only

MC 397 (12/93)

INSTRUCTIONS
INCOME ELIGIBILITY WORK SHEET MC 307 DA&A
(Individual or couple, applicant with an ineligible spouse)

PART I. INELIGIBLE SPOUSE'S UNEARNED INCOME

Do not include ineligible spouse's income if he/she receives any public assistance (PA).

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

Line I.2. (If there are no children, enter zero on line 2.c.) Enter each ineligible child's first name in boxes provided on line 2.a., enter the standard SSI allocation for any ineligible child(ren) not on PA or applying for or eligible for the DA&A program. On line 2.b., enter any income for each of the children excluding $400 per month, up to $1,260 per year of student income. On line 2.c., enter the remainder for each child and total the allocation for each child.

Line I.3. Subtract line I.2.c. from line I.1. (unearned income) and enter the difference. This is the remaining unearned income amount unless the allocation amount (line I.2.c.) exceeds line I.1. (countable unearned income). In the latter case, the negative figure on line I.3. is carried over to line II.2. (unused portion of allocation).

PART II. INELIGIBLE SPOUSE'S EARNED INCOME

Line II.1. Enter the ineligible spouse's gross earned income.

Line II.2. Enter the amount of any allocation for ineligible children that is not offset by countable unearned income (line I.2.c. minus line I.3.). If line I.1. is equal to or greater than line I.2.c., enter zero in line II.2.

Line II.3. Subtract the allocation amount on line II.2. from line II.1. (gross earned income) and enter the difference.

PART III. INELIGIBLE SPOUSE'S TOTAL INCOME AFTER ALLOCATIONS

Add the amounts in lines I.3. and II.3. to determine the total income after allocations.

NOTE: If, at this point (after the allocation for ineligible children), the total earned and unearned income amount is less than the standard SSI allocation (the difference between the Federal Benefits Rate [FBR] for a couple and the FBR for an individual), there is no income available for deeming to the applicant. In this case, use only the applicant's income in Part IV and the current SSI/SSP payment level for an individual in Part V. If there is combined earned and/or unearned income remaining in excess of the standard SSI allocation, use the amounts from lines I.3. and II.3. in Part IV and the current SSI/SSP payment level for a couple in Part V.

PART IV. COMBINED INCOME

Line IV.1. Enter the applicant's or potentially eligible couple's unearned income.

Line IV.2. Enter the ineligible spouse's unearned income from line I.3. unless there is no deeming according to Part III.

Line IV.3. Enter combined unearned income of applicant(s) (line IV.1.) and/or ineligible spouse (line IV.2.).

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

Line IV.5. Subtract line IV.4. from IV.3. and enter the difference. (If line IV.3. is less than $20, enter zero in line IV.5.)

Line IV.6. Enter combined earned income of the ineligible spouse (unless there is no deeming from the ineligible spouse according to Part IV.) and the applicant(s). Use line II.3. for ineligible spouse's income. If there is no deeming, enter only the applicant's earned income.

Line IV.7. Enter unused portion of the $20 any income exclusion not offset by unearned income.

Line IV.8. Subtract line IV.7. from IV.6. and enter the difference.

Line IV.9. $65 work expense exclusion.

Line IV.10. Subtract line IV.9. from IV.8. and enter the difference.

Line IV.11. Enter half of the amount of line IV.10.

Line IV.12. Subtract line IV.11. from line IV.10. and enter the difference.

Line IV.13. Add line IV.5. and IV.12. and enter total. This is the amount of income to be considered in determining DA&A eligibility. Enter on line V.2.

PART V. DA&A ELIGIBILITY CALCULATION

Line V.1. Enter the current, applicable SSI/SSP payment level. If income is deemed from the ineligible spouse, use the SSI/SSP payment level for a couple. Otherwise use the SSI/SSP payment level for an individual.

Line V.2. Enter total countable income from line IV.13.

If line V.2. (total countable income) is less than or equal to the current SSI/SSP payment level, the applicant(s) is/are income eligible for the DA&A program.

In a situation where there is a potentially eligible child and parent with an ineligible spouse, first determine the eligible parent's DA&A income eligibility using this work sheet. If the parent is eligible, determine the child's financial eligibility using only the eligible child's countable income.

State of California—Health and Welfare Agency | Department of Health Services

DRUG ADDICTION AND ALCOHOLISM (DA&A) PROPERTY WORK SHEET ADULT (18 Years of Age and Older or Married)

NAME	CASE NUMBER	MONTH

STEP I

Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the DA&A applicant (and spouse); do not consider the property of any other family members in the home.

B. Net nonexempt property of DA&A applicant (and spouse): ..... $ _____

C. Property limit for one person (or two persons if there is a spouse): ..... $ _____

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

☐ Yes, DA&A property requirement met.

☐ No, ineligible due to excess property.

➤ _____ _____

Eligibility Worker Signature | Worker Number

MC 308 (12/95)

State of California Health and Welfare Agency

Department of Health Services

MEDI-CAL
NOTICE OF ACTION
CONTINUATION OF BENEFITS
SUSPENDED SSI RECIPIENT

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

_____
(Name)

Your redetermination for the Medi-Cal Program has been approved. You will continue to receive Medi-Cal services at no share-of-cost.

Carry your Benefits Identification Card (BIC) with you at all times. Present it to your doctor or any other health care provider when you are requesting services.

For additional information, contact your case worker.

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

_____ Eligibility Worker _____ Phone _____ Date

MC 309 DA&A (12/95)

State of California-Health and Welfare Agency

Department of Health Services

NOTICIA DE ACCION DE MEDI-CAL
CONTINUACION DE BENEFICIOS
EX-RECIPIENTE DE BENEFICIOS DE SSI

(County Stamp)

Apellido: _____
Número: _____
Zona: _____
Esto afecta a: _____
_____

Su solicitud para beneficios de Medi-Cal fue aprobada de nuevo. Usted seguirá recibiendo servicios de Medi-Cal sin parte del costo (share-of-cost).

Siempre tiene que llevar su Tarjeta de Identificación para Beneficios (tarjeta BIC). Preséntela a su doctor o cualquier otro proveedor de cuidados médicos cuando necesite atención médica.

Para más información, póngase en contacto con su trabajador(a) de casos.

Dentro de 10 días, tiene que notificar el condado de cualquier cambio en relación con sus ingresos, sus bienes, u otros datos que nos suministró.

Trabajador(a) de elegibilidad	Teléfono	Fecha

MC 709 DABA (Sp) (12-95)

State of California—Health and Welfare Agency

Department of Health Services

MEDI-CAL
NOTICE OF ACTION
DISCONTINUANCE FROM AUTOMATIC SSI CASH-BASED MEDI-CAL

(COUNTY STAMP)

CASE NAME: _____

CASE NO.: _____

DISTRICT: _____

THIS AFFECTS: _____

_____
(Name)

☐ As of _____ your eligibility for Medi-Cal, including the zero share-of-cost Medi-Cal you received because of your receipt of Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits, is discontinued. This is because your property of _____ is more than the property level of $2000 for an individual or $3000 for a couple.

☐ As of _____ your eligibility for the zero share-of-cost Medi-Cal you received because of your receipt of Supplemental Security Income/State Supplementary Program (SSI/SSP) benefits is discontinued because your income is more than the SSI/SSP income level of _____.

HOWEVER, YOU ARE ELIGIBLE FOR MEDI-CAL WITH A SHARE-OF-COST.

☐ You will receive a separate notice of action about your share-of-cost.

☐ Your share-of-cost was computed as follows:

Gross income	$ _____
Net nonexempt income	$ _____
Maintenance need	$ _____
Excess income/share-of-cost	$ _____

Keep your Benefits Identification Card (BIC). Your card will show your provider the amount of your share-of-cost. This is the amount you must pay or obligate to the provider.

The regulation which requires this action is California Code of Regulations, Title 22, Sections 50653 and 50420.

_____ Eligibility Worker _____ Phone _____ Date

MC 310 DAAA (12/95)

State of California-Health and Welfare Agency

Department of Health Services

NOTICIA DE ACCION DE MEDI-CAL
TERMINACION DE BENEFICIOS AUTOMATICOS DE MEDI-CAL
BASADOS EN EL RECIBO DE ASISTENCIA MONETARIA/SSI

County Stamp

Apellido: _____
Número: _____
Zona: _____
Esto afecta a: _____
_____

☐ Empezando el _____, fue cancelada su elegibilidad para los beneficios de Medi-Cal que usted recibía, incluyendo la Parte de Costo de 0 dólares que le había sido otorgada, debido al hecho que también recibía beneficios de Seguridad de Ingreso Suplemental/ Programa Suplementario del Estado (SSI/SSP). Esta decisón fue tomada porque sus bienes de _____ superan el nivel de bienes que está autorizado para una persona sola ($2,000) o para una pareja ($3,000).

☐ Empezando el _____, fue cancelada su elegibilidad para la Parte de Costo de 0 dólares que le había sido otorgada, debido al hecho que también recibía beneficios de Seguridad de Ingreso Suplemental/ Programa Suplementario del Estado (SSI/SSP). Esta decisión fue tomada porque sus ingresos superan el nivel permitido para poder ser elegible para beneficios de SSI/SSP.

SIN EMBARGO, ES ELEGIBLE PARA BENEFICIOS DE MEDI-CAL, CON UNA PARTE DEL COSTO.

☐ Recibirá otro noticia respecto a su Parte del Costo.

☐ Así fue calculada su Parte del Costo:

Ingresos Brutos	$ _____
Ingresos Netos no Exentos	$ _____
Ingresos Necesarios para Mantenerse	$ _____
Exceso Ingreso/Parte del Costo	$ _____

Conserve su Tarjeta de Identificación para Beneficios (tarjeta BIC). Esta tarjeta indicará a su proveedor de cuidados médicos el valor de su Parte del Costo. Es la cantidad que usted debe pagar a su proveedor de cuidados médicos.

La regulación que requiere esta acción se encuentra en el Código de Regulaciones de California, Título 22, Secciones 50653 y 50420.

_____ Trabajador(a) de Elegibilidad

_____ Número de teléfono

_____ Fecha

MC 310 DA&A (Sp) (12/95)

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 20
NOTICE PREPARATION DATE:
March 21, 1996

MEDI-CAL
NOTICE OF ACTION

SUSPENSION OF SSI/SSP
EXTENDED MEDI-CAL ELIGIBILITY
(Drug Addiction and Alcoholism)

DA00002

PUBLIC JOAN Q
JOAN Q PUBLIC
C/O JOHN Q PUBLIC
9876 MAIN ST
CARMEL CA 93901

Social Security Number:
222-22-2222

Beneficiary ID Number:
27-50-9222222-222

The Social Security Administration (SSA) has informed us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check because you did not comply with your treatment program; however, you will not lose your free Medi-Cal benefits. You will continue to get FREE Medi-Cal unless your income, property, or living conditions change.

If you have changes such as your address, income, property, marital status, etc., please inform the county contact listed below.

Monterey County
Department of Social Services
1000 So. Main Street,
Salinas, CA 93901
408-755-4400

IF YOUR DISABLING CONDITION CHANGES OR YOU NOW HAVE A NEW DISABLING CONDITION, YOU SHOULD ALSO REPORT IT TO YOUR LOCAL SSA OFFICE. IF YOU HAVE NO CHANGES, YOU DO NOT NEED TO CONTACT THE COUNTY.

If you have contacted SSA and have been told that you will once again receive an SSI/SSP check, please disregard this notice.

If you are Medicare eligible, the state will continue to pay your Medicare Part B premiums and Part A and B coinsurance and deductibles. If you are a Qualified Medicare Beneficiary (QMB), the state will also continue to pay your Part A premiums.

DO NOT THROW AWAY YOUR PLASTIC CARD! YOU MAY CONTINUE TO USE IT FOR YOUR MEDI-CAL BENEFITS.

KEEP THIS NOTICE.

State of California - Health and Welfare Agency
Department of Health Services
Medical Assistance

NOTICE TYPE 7
NOTICE PREPARATION DATE:
February 6, 1996

MEDI-CAL
NOTICE OF ACTION

DISCONTINUANCE OF SSI/SSP MEDI-CAL
OTHER

0T00001

GREENE NATHANIEL M
NATHANIEL M GREENE

20767 COWPENS BLVD
CAMDEN CA 93333

Social Security Number:
333-33-3333

Beneficiary ID Number:
36-10-9333333-333

The Social Security Administration (SSA) has notified us that you are no longer eligible to receive a Supplemental Security Income/State Supplementary Payment (SSI/SSP) check. Because of this, you will not be eligible for an SSI/SSP Medi-Cal card after February 29, 1996.

The regulations which require this action are California Administrative Code, Title 22, Sections 50227 and 50703.

"IF YOU HAVE CONTACTED SSA AND HAVE BEEN TOLD THAT YOU WILL ONCE AGAIN RECEIVE AN SSI/SSP CHECK, PLEASE DISREGARD THIS NOTICE. SSA WILL NOTIFY THE DEPARTMENT OF HEALTH SERVICES TO RESUME ISSUANCE OF YOUR MEDI-CAL CARD. THIS REINSTATEMENT PROCESS NORMALLY TAKES 4 TO 6 WEEKS. IF YOU HAVE A MEDICAL EMERGENCY AND NEED YOUR MEDI-CAL CARD BEFORE THE REINSTATEMENT PROCESS HAS BEEN COMPLETED, CONTACT YOUR LOCAL SSA OFFICE AND THEY WILL ISSUE YOU AN ELIGIBILITY REFERRAL FORM WHICH YOU CAN TAKE TO THE LOCAL COUNTY WELFARE DEPARTMENT AND OBTAIN ANY MEDI-CAL CARDS TO WHICH YOU ARE ENTITLED"

Even though you are no longer eligible for an SSI/SSP Medi-Cal card, you may still be eligible for Medi-Cal benefits under another Medi-Cal category. If the State has been paying your Medicare Part B premiums, you may again be eligible for this benefit. There may, however be a break in coverage during which Part B premiums may be taken out of your Title II Social Security check, you may receive a bill for your Part B premiums. To minimize this break, we recommend that you contact your county welfare office as soon as possible to apply for Medi-Cal. You should take any bill which you have received to the welfare office when you apply. If premiums have been withheld from your check, you should notify the county welfare office when you apply. The county welfare office will advise you regarding how you can get a refund or get the bill paid for by Medi-Cal
IF YOU ARE INTERESTED IN CONTINUING TO RECEIVE MEDI-CAL BENEFITS, COMPLETE THE APPLICATION AND STATEMENT OF FACTS FORMS THAT ARE ATTACHED. Mail them IMMEDIATELY to the county welfare department at the following address:

San Bernardino County
Dept of Public Social Services
Attn: SSI/SSP Disc
Telephone (714) 387-5040
454 North E. Street
San Bernardino, CA 92415

The county will contact you to set up an appointment for you to come in for an interview with a county worker. This interview and the completion of the forms are necessary to establish your ongoing Medi-Cal eligibility.

If you do not return the forms and participate in the interview, your Medi-Cal eligibility cannot be determined and your Medi-Cal benefits will end in the month shown above.

If you have questions on how to complete the forms, or if you need help with them, contact the county at the address or phone number listed above.

Keep this letter to show the county welfare department. It will help them to determine your Medi-Cal status.

(05/90) PLEASE READ THE ENCLOSED REQUEST FOR FAIR HEARING

...

PROGRAM : XVI017T
REPORT NO: RS-XVI017T-R029

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

RUN DATE: 02/06/96
PAGE: 1

BARBARA BARANSKI
ORANGE COUNTY
SOCIAL SERVICES AGENCY

SANTA ANA, CA 92701
(714) 541-7736
(714) 541-7811 FAX

NOTICES OF DISCONTINUANCE -- SSI/SSP
REGISTER OF DISCONTINUED BENEFICIARIES
*** SUSPENDED DA&A ***
ELIGIBILITY MONTH -- MARCH 1996

BENEFICIARY ID	SSN	BENEFICIARY NAME AND ADDRESS
30609111111111	111-11-1111	JONES JOHN PAUL JOAN T JONES JOAN T JONES FOR 10612 BONHOMME RICHARD AVE INDEPENDENCE CA 91111

COMMENTS:

TOTAL FOR THIS COUNTY 1

PROGRAM : XVI017
REPORT NO: RS-XVI017T-R030

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

RUN DATE: 02/07/96
PAGE: 1

RAQUEL REDEN
SAN BERNARDINO COUNTY
PUBLIC SOCIAL SVC DEPT

SAN BERNARDINO,CA 92401
(909) 387-4735
(909) 387-4750 FAX

NOTICES OF DISCONTINUANCE -- SSI/SSP
REGISTER OF DISCONTINUED BENEFICIARIES
*** TERMINATED DASA ***
ELIGIBILITY MONTH -- MARCH 1996

BENEFICIARY ID	SSN	BENEFICIARY NAME AND ADDRESS
36109030147049	030-14-7049	FIOLIOLI LENA C LENA C FIOLIOLI 20767 SITTING BULL APPLE VALLEY CA 92308

COMMENTS:

TOTAL FOR THIS COUNTY 1

VIII. MEDI-CAL DRUG ADDICTION OR ALCOHOLISM PROGRAM QUESTIONS AND ANSWERS

Question 1: We understand that a list will be sent to the counties informing them about those DA&A recipients whose SSI payments are either sanctioned, suspended or terminated. When will that list be sent to the counties? How often will the counties receive an updated list? When will the suspended DA&A recipients receive the proposed notice telling them to report changes to their county welfare office?

Answer 1: a) The counties will receive a list of the suspended and terminated DA&A recipients. Section 5P-2 addresses the suspended DA&A list and Section 5P-8 addresses the terminated DA&A list. These lists will be generated by the Department of Health Services Data System Branch (DSB) approximately on the 22nd of every month.

b) DSB will send each county a DA&A list on a monthly basis. There will be some months where counties may not receive a list because there is no one on the suspended or terminated list.

c) The Department of Health Services (DHS) Data System Branch (DSB) receives an SDX tape from the Social Security Administration (SSA) that provides the names of persons who have been suspended from SSI for noncompliance with treatment or terminated for 12 consecutive months of suspension for noncompliance. DSB will update their system with the SDX tape and send out this notice within the month of suspension. This notice uses the same schedule as the Ramos process.

Question 2: If the specialist determines that the sanctioned or suspended DA&A recipient remains eligible to Medi-Cal under the SSI program, does the specialist deny the client regular Medi-Cal due to the client receiving Medi-Cal from SSI?

Answer 2: The county must send a notice of action. This notice must inform the DA&A individual that either (1) the reported change has had no impact on Medi-Cal and his/her SSI-cash-based Medi-Cal will continue or (2) because his/her SSI-cash-based Medi-Cal will continue, Medi-Cal under a different program is denied.

Question 3: Notice of Action Type 20 has a section to list the county worker for the DA&A recipient. If the DA&A recipient continues to receive Medi-Cal benefits under the SSI program, their case, cash benefits and MEDS records will still be controlled by SSA. How do we clarify the situation to help the DA&A recipient understand that they should still be contacting their worker at SSA?

Answer 3: Since the suspended DA&A recipient is not receiving SSI cash, any change in circumstances (except for an allegation of a new disability) only has the potential to impact Medi-Cal. Therefore, the DA&A recipient is <u>not</u> to report changes to SSA. All changes are to be reported to the county welfare department. The county is

responsible for determining whether SSI-cash-based Medi-Cal continues, or there is Medi-Cal-Only eligibility or there is no eligibility for any Medi-Cal program. If the DA&A recipient reports a change which concerns his/her disability, the counties should advise him/her to contact the SSA. Also we are adding a statement to the Notice of Action Type 20 advising the DA&A recipient to report any disability changes to the SSA office.

Question 4: When determining continued eligibility for an individual that is also a member of an otherwise eligible PA family (AFDC/MC), do we look at just the SSI/SSP individual's income/property separate from the family's income/property or along with the rest of the family which could result in the entire family being ineligible to PA assistance?

Answer 4: Section 5P-3 describes how determination of eligibility is done. If the county is determining whether there is continuing SSI eligibility for a suspended DA&A recipient whose family is on AFDC cash and AFDC cash-based Medi-Cal, only the income and resources of the DA&A recipient are considered. If the county already determined the suspended DA&A recipient is not eligible for SSI cash-based Medi-Cal and the county is determining his/her eligibility for Medi-Cal only, the Medi-Cal worker would treat the DA&A individual as it does any Medi-Cal beneficiary with an AFDC cash family. In addition, the Medi-Cal worker should advise the AFDC worker that the DA&A individual is no longer an SSI recipient.

Question 5: Is SSP impacted by the DA&A program?

Answer 5: Yes. If the individual is not eligible for SSI, then he/she is not eligible for SSP.

Question 6: How will SSA know when a suspended individual has a change in property or income?

Answer 6: The county will notify SSA of these changes by completing the form 1610 and mailing the form to SSA.

5R - 250 PERCENT WORKING DISABLED PROGRAM

1. LEGISLATIVE BACKGROUND

Section 4733 of the federal Balanced Budget Act of 1997, Public law 105-33, created a new optional categorically needy group for the employed disabled individuals with income below 250 percent of the federal poverty level (FPL). California adopted this option pursuant to Assembly Bill 155, Chapter 820, Statutes of 1999 as the 250 Percent Working Disabled (WD) program with an April 1, 2000 effective date.

2. PROGRAM DESCRIPTION

The 250 percent WD program is full-scope Medi-Cal coverage with the Aid Code of 6G. To be eligible for the 250 percent WD program the individual must:

- be employed;
- meet the federal definition of disability except the individual is allowed to perform Substantial Gainful Activity (SGA);
- have net nonexempt income below 250 percent of the FPL;
- be eligible to receive SSI/SSP benefits if earning were disregarded;
- pay a monthly premium based on the individual's income;
- meet all other non-financial Medi-Cal eligibility requirements.

California adopted the federal option of using the more liberal income and resource methodology to determine eligibility as follows:

- Exempting the individual's disability income, and
- Exempting retirement arrangements authorized through the Internal Revenue Code.

Individuals receive full-scope Medi-Cal for a monthly premium to be paid to the Department of Health Services. Individuals will be issued a monthly premium statement by the Department, including an invoice and envelope with which to return their payments. Individuals will be discontinued from the program if they do not pay premiums for two consecutive months. Eligibility for the program is retained for these two transition months.

There is a six-month penalty period following the month of discontinuance based on nonpayment of premiums. Individuals wishing to reenroll in the program during the 6 month penalty period must either:

- pay the premiums for the current month and the premiums owed for the two transition months in which premiums were not paid; or
- reapply after the six-month penalty has passed. No premiums will be owed for past months; the individual is treated as a new applicant.

3. MEDI-CAL FAMILY BUDGET (MFBU) COMPOSITION

The 250 percent WD beneficiary is to be treated as "Other Public Assistance (PA)." He or she is in his or her own MFBU. Couples are in the MFBU together only if both parties of a couple meet the eligibility criteria for the 250 percent WD program.

To determine the MFBU:

- First evaluate the whole family, including the working disabled individual for Section 1931(b) eligibility.
- If the entire family is ineligible for Section 1931(b) with the working disabled person, evaluate the working disabled person for the 250 percent WD program.
- If he or she is eligible, he or she is considered "other PA" and is in his or her own MFBU.
- Evaluate the rest of the family for the Section 1931(b) program without the 250 percent WD individual in that MFBU.
- If the family is ineligible for Section 1931(b), usual Medi-Cal procedures are followed to determine that family's eligibility for other Medi-Cal programs.

In the case of a parent and child both qualifying for the 250 percent WD program, each will be in his or her own MFBU.

4. COUNTY RESPONSIBILITIES

Determine program eligibility for children and adults:

The county welfare department (CWD) shall determine whether an applicant meets Medi-Cal's financial and non-financial requirements, including California residency, and in addition meets all program requirements for the 250 percent WD program.

a. Determine whether the individual is employed. For purposes of the 250 percent WD program "work" is undefined. Individuals are required to provide proof of employment (e.g., pay stubs or written verification from an employer). If an applicant or beneficiary is self-employed, he or she is required to provide bona fide records (e.g., a contract, which may include the work-duration, and W2 forms, or the 1099 Internal Revenue Service form. An individual is considered working if he or she is receiving sick leave or vacation pay from his or her employer.

b. Determine whether a disability exists according to the conditions of the California Code of Regulations, Title 22, Section 50223. For applicants that have not had a disability determination, the CWD shall prepare a disability package in the same manner used for any individual applying for Medi-Cal under the disability category. However, 250 percent WD individuals cannot be denied disability status by the State Disability and Adult Programs Divisions (DAPD) for performing SGA. The CWD shall send the completed disability package to DAPD in accordance with the provisions outlined in Procedures, Section 22-C-6 of the Medi-Cal Eligibility Manual.

   Note: When completing the MC 331, the county shall check the box identified as "Other" in Section No. 8 and annotate the following in Section No. 10, "**250 Percent Working Disabled Program-No SGA Determination Required.**"

c. Determine net nonexempt income in accordance with the provisions outlined in CCR, Title 22, Article 5, except as follows:

   1. Determine inkind income using Supplemental Security Income's (SSI's) requirements for treating inkind support and maintenance (ISM). See Section 5, and the attached Section 14 of the Pickle Handbook which provides detailed instructions about ISM.

2. Disregard all disability income, including workman's compensation of the working disabled individual.

3. Deduct all impairment related work expenses (IRWEs) from income as based on SSI methodology. IRWEs are the expenses of a working applicant/beneficiary that are necessary for the individual to become or remain employed (eg, attendant care services, transportation costs, and medical devices.

4. Base spousal/parental deeming on SSI methodology.

5. Disregard one-third of child support received by a child applicant.

   Note: The methodology for determining income, including the above exceptions, is contained in the new income test worksheet forms.

d. Determine net nonexempt property in accordance with the provisions outlined in CCR, Article 9. Exempt the resources of the working individual in the form of retirement arrangements authorized under the Internal Revenue Code. This includes:

- Individual Retirement Accounts (IRAs);
- Plans for self-employed individuals, such as KEOGH Plans;
- Work related pension funds administered by an employer or union, for income when employment ends, such as Deferred Compensation and Thrift Plans.

e. Determine whether the net nonexempt family income of the disabled working individual is less than 250 percent of the FPL. To calculate net nonexempt income using SSI/SSP methodology see section (f)(2) below:

1. Consider only the income of the working disabled individual and his/her spouse (or parent, if a child) using form the MC 338 "250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program-Adults" for Adults and MC 338-B "250 Percent and SSI/SSP Income Test Work Sheet for the 250 Percent Working Disabled Program-Child Applying With or Without Ineligible Parent(s)" for children. Whether spousal or parental deeming applies and the income of the parent(s) or ineligible spouse is to be counted as net nonexempt income of the applicant, is determined by completing these worksheets.

2. For a child, or individual without a spouse, net nonexempt income must be less than 250 percent of the FPL for one person.

3. For an applicant with an ineligible spouse, whose income is not to be counted using SSI spousal deeming rules, net nonexempt income must be less than 250 percent of the FPL for one person.

4. For an applicant with an ineligible spouse, whose income is to be counted using SSI spousal deeming rules, the net nonexempt income must be less than 250 percent of the FPL for two persons.

f. Determine whether the working disabled individual would be eligible for SSI/SSP in the absence of his or her earnings:

1. Review alien status:

a. Aliens who are or would be limited to restricted services under a regular Medi-Cal program (such as the Medically Needy program) are ineligible under federal requirements for SSI/SSP. Since eligibility for the 250 percent WD program requires an individual to be eligible for SSI/SSP when earnings are disregarded, these aliens are also ineligible for the 250 percent WD program.

b. Aliens listed below who are, or could be receiving full-scope services under regular Medi-Cal, are not eligible for the 250 percent WD program unless they are lawfully residing in the United States and were receiving SSI on August 22,1996:

- Voluntary Departure (INS Section 242(b))
- Order of Supervision (INA Section 242)
- Registry of Alien (INA Section 249)
- Indefinite Stay of Deportation
- Suspension of Deportation (INA Section 244)
- In United States with Permission of INS
- Deferred Action Status
- Indefinite Voluntary Departure
- Extended Voluntary Departure
- Stay of Deportation (INA Section 106)
- Immediate Relative Petition
- Application for Adjustment Status
- Lawful Temporary Resident

These aliens who were on SSI on August 22, 1996, meet the SSI alien status requirements and must continue to be evaluated for the 250 percent WD program.

The following categories of immigrants are eligible for the 250 percent WD program:

- Lawful Permanent Residents;
- Aliens Granted Asylum under Section 208 of the Immigration and Nationality Act (INA);
- Refugees admitted to the United States under Section 207 of the INA;
- Aliens paroled into the United States under INA, Section 212(d)(5) for at least one year;
- Aliens for whom deportation is being withheld under Section 243(h) of the INA;
- Aliens granted conditional entry under Section 203(a)(7) of the INA;
- Aliens who are Cuban and Haitian entrants as defined in Section 501(e) of the Refugee Education Assistance Act of 1980; and
- Battered aliens who meet the requirements for qualified alien status.

2. SSI/SSP income determination:

a. This determination is based on SSI/SSP methodology (with the additional exemption of the individual's disability income and earnings). To determine whether the individual's income is less than the SSI/SSP payment standard complete the MC 338A "SSI/SSP Income Test Worksheet for the 250 Percent Working Disabled Program-ADULTS" or the "MC 338B "250 Percent and SSI/SSP Income Test Worksheet for the 250 Percent Working Disabled Program-CHILD."

b. To determine whether the individual(s) meet the SSI/SSP income test, net nonexempt

income must be equal to or less than the SSI/SSP payment level for:

- One person, if the individual is a child, an adult without a spouse, or an adult with an ineligible spouse and spousal deeming does not apply; or
- Two persons, if a couple is applying, or an individual with an ineligible spouse is applying and spousal deeming applies.

3. SSI/SSP property determination:

   a. To determine whether net nonexempt property meets the SSI/SSP property test, complete the MC 338C, "SSI/SSP Property Test Worksheet for the 250 Percent Working Disabled Program Adults and Child Applicants".

   b. To meet the SSI/SSP property test, the net nonexempt property of a child or single individual must be less or equal to the property level for one ($2,000) or, for an individual with a spouse, the property level for two ($3,000).

4. Ensure that the individual is provided with the MC 338G entitled "Premium Payment Information for the 250 Percent Working Disabled Program" at the time of initial approval and redetermination. This form describes the various requirements relating to the premium payment system. Although no face-to-face interview is required, if an interview is requested, the county must review the contents of this form with the individual.

g. Determine premium amounts:

Based on the nonexempt net countable income as determined by completing the MC 338, "250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program-Adults" for either an individual or a couple; or the MC 338B, "250 Percent and SSI/SSP Income Test Work Sheet for the 250 Percent Working Disabled Program-Child Applying With or Without Ineligible Parent(s)" for a child, the county will determine the monthly premium amount according to the following chart.

Net Countable Income		Premium Amount for One Eligible Individual	Premium Amount for an Eligible Couple
From	To		
$1	$600	$20	$30
$601	$700	$25	$40
$701	$900	$50	$75
$901	$1,100	$75	$100
$1,101	$1,300	$100	$150
$1,301	$1,500	$125	$200
$1,501	$1,700	$150	$225
$1,701	$1,900	$175	$275
$1,901	$2,100	$200	$300
$2,101	Up to 250 percent of the FPL for two	$250	$375

Use the net countable income for one if an individual or child is applying.

Use the net countable income for two if an individual is applying and the spouse's income is counted or if a couple is applying.

h. Reporting to MEDS:

If the CWD determines that the individual is eligible for the 250 percent WD program, the county must report his or her Aid Code 6G via a transaction to MEDS through standard operating procedures. The county shall report the amount of premium in the share-of-cost (SOC) field.

The premium amount will show in the SOC amount field on the INQM screen. This screen will show the 6G with an eligibility status code reflecting whether the month:

1. is a month in which full premiums have been paid;
2. is an unpaid retroactive month;
3. is one of the "history" months (eligibility was reported for a month or months prior to the current MEDS months);
4. is one of the two months of exception eligibility where the individual has not paid full premiums but is still eligible (eligibility is terminated after two consecutive months of nonpayment of premiums); or
5. is a month of ineligibility because the individual has been terminated from the 250 percent WD program.

i. Redetermining for other programs

DHS will send an MC 338F "Notice of Action" with appeal rights to individuals that are discontinued from the 250 percent WD program for failure to pay premiums. Refer to Section VIII of these procedures for additional information of the premium payment process.

DHS will update the MEDS to show ineligibility and will notify the county of the discontinuance via a worker alert. The CWD shall conduct an expedited exparte redetermination as to whether the individual is eligible for any other Medi-Cal program.

5. INKIND SUPPORT AND MAINTENANCE (ISM):

ISM is defined as any food, clothing, or shelter that is either given to or received by a 250 percent WD individual that is paid for by another person. Shelter includes room, rent, gas, electricity, water, sewer, and garbage collection services. ISM is valued using two different methods described below. The following chart will describe when to use VTR or PMV.

a. The value of the one-third reduction (VTR). This value is one third of the SSI (but not the combined SSI/SSP) payment rate.

b. The presumed maximum value (PMV). This value is one-third of the SSI (but not the combined SSI/SSP) payment rate plus $20. This value may be rebutted if the actual values for the item are less than the PMV.

Unless the VTR applies, PMV applies when the individual receives partial or full support from someone who is not a legally responsible relative. PMV can apply if given by a person outside the individual's home/household.

An individual is not charged both VTR and PMV in the same month. If VTR is charged, PMV may not be used. These values are unearned income and used to determine income eligibility.

An individual is not charged both VTR and PMV in the same month. If VTR is charged, PMV may not be used. These values are unearned income and used to determine income eligibility.

The following chart describes the most common situations involving ISM. For additional information or to answer questions regarding more specific situations, refer to the Pickle Handbook, Section 14, attached to these procedures.

Living Arrangement	VTR: Count 1/3 of the applicable SSI (but not SSP) payment level as unearned income	PMV: Count 1/3 of the SSI (but not SSP) payment level + $20 as unearned income
Applicant/beneficiary lives in own home, i.e., ▪ He or she and spouse living in home have ownership or life estate interest or rental liability, ▪ He or she pays pro rata share, or; ▪ All members of the household are receiving public assistance income payments.	VTR does not apply	Count PMV to the applicant if any combination of food, shelter, or clothing is given by a person who is not a responsible relative.
Applicant and his or her: ▪ Spouse; ▪ Minor child; ▪ Ineligible spouse (or ineligible parent if applicant is a child) whose income may be deemed to the applicant; ▪ Live in the household of another person who is not one of these above persons.	Count VTR as unearned income to the applicant if the other person gives/pays for the applicant's food <u>and</u> shelter.	If VTR does not apply, count PMV as unearned income to the applicant if the other person give/pays for any other combination of the applicant's food, shelter, or clothing.
Applicant lives throughout the whole month in the household of another person who is not his/her eligible or ineligible spouse, parent, or child.	Count VTR if the other person is giving/paying the applicant's/ beneficiary's full food AND shelter.	If no VTR, then count PMV if the other person gives any other combination of food, shelter, or clothing, e.g., the applicant shares in expenses but does not pay pro rata share.

6. <u>PREMIUM COLLECTION SYSTEM DESCRIPTION:</u>

a. Determining Eligibility and Amount of Premiums:

Counties will determine eligibility and the amount of premiums for individuals in the 250 percent WD program and report them to MEDS.

b. Mailing of invoices:

When the county reports initial eligibility and the amount of premium, DHS will send an invoice and postage-paid envelope to the individual as soon as initial eligibility is reported on MEDS. The invoice will be for the current month of eligibility. DHS will also send a second invoice with amount of premiums due for all history months of eligibility (months in which eligibility is established prior to the current month of eligibility and reported to MEDS by the county).

Once the initial 250 percent WD eligibility is reported and for as long as the individual is not terminated from the program, DHS will generate and send monthly invoices and preaddressed postage paid envelopes to program eligibles based on the monthly premium amount reported to MEDS by the counties. Invoices will be mailed approximately on the 23rd of each month after MEDS renewal and will inform the individual that premiums are due by the 10th of the following month. Notices will include the monthly premium payment amount, the total premium amount due for the current month, and will reflect any credits made to the individual's account.

c. Collection of Premiums:

Premium payments will be returned to:

Department of Health Services
Recovery Section - PAU
MS 4720, Department 155
P.O. Box 997423
Sacramento, CA 95899-9917

The Recovery Section will process premiums as they are received. Premiums returned in the pre-addressed, color-coded envelope, with system-generated invoice will be posted within 24 hours of receipt. Premiums returned in any other envelope or without the system generated invoice must be researched and will be posted as soon as possible. If a partial premium for a month is received, it will be deposited and reported to MEDS. MEDS' program logic will be able to recognize both full and partial premiums allowing for multiple payments to be made for each month.

d. Discontinuance for Failure to Pay Premiums:

If full payments have not been paid for two consecutive months, DHS will send a timely Notice of Action (NOA), with appeal rights, to the individual informing him/her of discontinuance from the 250 percent WD program for failure to pay the required premiums. The NOA will also inform the beneficiary that the county will automatically evaluate eligibility under other Medi-Cal programs. DHS will update the MEDS record to show ineligibility and will notify the county via a worker alert of the discontinuance.

During the two month period of non-payment, individuals will continue to be eligible under the 250 percent WD program even though full premiums for these months have not been paid. MEDS will have an eligibility status code showing exception eligibility.

If a beneficiary is discontinued from the 250 percent WD program for failure to pay full premiums for two consecutive months, there will be a six-month penalty period. Should an otherwise eligible person wish to reenroll during the six-month penalty period, he or she will be required to pay the premium for the current month and the two transition months in which he or she was eligible for covered services, but failed to pay full premiums. If an otherwise

eligible person wants to reenroll after the end of the penalty period, he or she is a new applicant and must prepay the premium for the first month of current eligibility.

e. Discontinuance for Reason Other than Nonpayment of Premiums:

If a beneficiary is discontinued from the program for reasons other than nonpayment of premiums and does not appeal the decision. He or she is again treated as a new applicant and will not receive covered services under the 250 percent WD program until eligibility is re-established and a new initial premium for one month is paid.

f. Eligibility for History and Retroactive Months:

History months are the months of eligibility beginning with the month of application and ending with the month prior to the month of current eligibility. These months are not a factor in determining whether a beneficiary has or has not paid premiums for two consecutive months. That is, even if the county reports eligibility for one or more history months, this coverage does not establish two months of exception eligibility nor are the nonpayment of premiums tracked to see whether the beneficiary is to be discontinued due to nonpayment of premiums.

Retroactive months are the months prior to the month of application. An individual may be eligible for three months of retroactive Medi-Cal benefits if otherwise eligible and if the applicable premium is paid for each month for which retroactive coverage is requested.

The nonpayment of premiums in one or more of the three retroactive months is not a factor in determining whether the beneficiary has failed to pay premiums for two consecutive months. Each retroactive month is a closed period on MEDS. For example, assume a beneficiary requests retroactive coverage for one or more months in the retroactive period. If the county establishes eligibility and reports this information to MEDS, DHS will generate and send invoices to the beneficiary for these retroactive months and there is no discontinuance or penalty period even if the beneficiary chooses not to enroll in these months.

7. NOTICE OF ACTION:

The CWD shall send notification in writing of the applicant's Medi-Cal eligibility status and notify beneficiaries of any changes in eligibility. The Notice of Action shall be issued for approvals, denials, changes in premium amounts, or discontinuance of eligibility for reasons other than nonpayment of the required premiums.

8. BENEFITS IDENTIFICATION CARDS (BIC):

Beneficiaries covered under the 250 percent WD program will be issued a BIC for medical services authorized by Medi-Cal

9. FORMS:

MC 338	250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS
MC 338.INSTR	INSTRUCTIONS 250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS
MC 338 A	SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULTS

MC 338 B	250 PERCENT AND SSI/SSP INCOME TESTS WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)
MC 338 C	SSI/SSP PROPERTY TEST WORKSHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM-ADULT AND CHILD APPLICANTS
MC 338 D	MEDI-CAL NOTICE OF ACTION-APPROVAL FOR BENEFITS AS A 250 PERCENT WORKING DISABLED INDIVIDUAL OR COUPLE (ENGLISH AND SPANISH)
MC 338 E	MEDI-CAL NOTICE OF ACTION-CHANGE OF PREMIUM AMOUNT IN THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
MC 338F	MEDI-CAL NOTICE OF ACTION-DISCONTINUANCE FOR FAILURE TO PAY FULL PREMIUMS IN THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
MC 338 G	250 PERCENT WORKING DISABLED PROGRAM PREMIUM PAYMENT INFORMATION
MC 338 H	MEDI-CAL NOTICE OF ACTION-APPLICATION FOR RETROACTIVE ELIGIBILITY FOR THE 250 PERCENT WORKING DISABLED PROGRAM (ENGLISH AND SPANISH)
MC 338 J	PREMIUM DIFFERENTIAL WORKSHEET IN THE 250 PERCENT WORKING DISABLED PROGRAM

State of California—Health and Human Services Agency

Department of Health Services

250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Case name	Case number
Applicant(s) name(s)	

I. Income of Potential 250 Percent Individual or Couple and Income From the Ineligible Spouse With or Without Children

A. Nonexempt Unearned Income	(a) Individual or Couple Applicant(s)	(b) Ineligible Spouse
1. Applicant's retirement and survivor's social security. Do not include social security disability income.		
2. Social Security (RSDI) ineligible spouse.		
3. Net income from property.		
4. Other—itemize. Exempt any other disability income of applicant(s).		
5. Add lines 1 through 4 to get subtotal(s).		

STOP HERE and complete Sections II and III for the ineligible spouse. Then complete the remainder of this section for the applicant(s) and, if spousal deeming applies, complete the remainder for the ineligible spouse.

6. Allocation to ineligible children from ineligible spouse (Section II, line 5).		
7. Subtract line 6(b) from line 5(b). If minus, enter amount, without the minus sign, on line 12(b) and zero (0) on line 7(b). Otherwise, enter amount on line 7(b).		
8. Add unearned income from line 5(a) and, if spousal deeming applies, from line 7(b).		
9. Any income deduction.	-$20	
10. Subtract line 9 from line 8 to get countable unearned income. If minus amount, enter amount, without minus sign, in instruction box on line 17.		
B. Nonexempt Earned Income		
11. Enter gross earned income of applicant(s) and, if deeming applies, from ineligible spouse.		
12. Per line 7(b), unused portion of allocation to ineligible children.		
13. Subtract line 12(b) from line 11(b). If minus, enter zero.		
14. Add line 11(a) and line 13(b) to get combined earned income.		
15. Enter any IRWE of potential 250 percent applicant(s).		
16. Subtract line 15 from line 14.		
17. Enter $65 earned income deduction plus $_____ of unused $20.		
18. Subtract line 17 from line 16.		
19. Divide line 18 by 2 to get countable earned income.		
20. Add line 10 and line 19 to get total countable income. Also enter this amount on Section IV, line 1.		

MC 338 (1/01)

II. Allocation to Minor Child(ren) from the Ineligible Spouse. DO NOT allocate from applicant(s). DO NOT include children on SSI/SSP or children eligible for the 250 Percent Program.

(Use additional sheet if more than three children.)	(a) Child One	(b) Child Two	(c) Child Three
1. Name.			
2. Standard SSI allocation.			
3. Enter ineligible minor child's gross income. Evaluate for student deduction. Allow student a $400 monthly disregard from earned income, up to $1,620 per year.			
4. Subtract line 3 from line 2 to determine the allocation to each child. Enter zero if a minus.			
5. Add columns 4(a), 4(b), and 4(c) to get allocation to ineligible children. Enter here and in Section III, line 4. $ _____			

III. Ineligible Spouse Income Exemption Determination. This section used for evaluation purposes only.	
1. Enter gross unearned amount for ineligible spouse from Section I, line 5(b).	
2. Enter amount of gross earned income of ineligible spouse.	
3. Add lines 1 and 2.	
4. Allocation to ineligible children entered from Section II, line 5.	
5. Subtract line 4 from line 3 to get remainder.	
6. If line 5 is less than the current standard SSI allocation, STOP. There is no spousal deeming. Do not complete any more boxes in Section I, column (b). If there is spousal deeming, complete Section I, column (b).	Please check (✔) one ☐ Spousal deeming ☐ No spousal deeming
IV. 250 Percent Income Eligibility Determination	
1. Enter amount from Section I, line 20, rounded to nearest dollar.	
2. List 250 percent of the current federal poverty level (FPL). NOTE: If there is spousal deeming or a couple is applying, use the FPL for two. If only the income of the applicant is used, use the FPL for one.	
3. If line 1 is less than line 2, the applicant(s) (individual or couple) are eligible. If a couple is ineligible, redo form with only one applicant and an ineligible spouse.	

MC 338 (1/01)

INSTRUCTIONS
250 PERCENT INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Form MC 338, 250 Percent Income Test Work Sheet for the 250 Percent Working Disabled Program—ADULTS, is used to determine whether the ADULT applicant (individual) or applicants (couple) meet the income requirement for coverage under the 250 Percent Working Disabled program. This form is completed at the time of a new application, restoration, redetermination, change in income, or other circumstances affecting the income or correction of the income.

Instructions for Completion
Note: The term applicant includes a recipient for whom a redetermination is being completed.

Identification Section
Enter: Case name, case number, and the name of the applicant or names of both applicants if a couple is applying.

Net nonexempt income of ineligible spouses and ineligible children is determined in accordance with the provisions outlined in Title 22, Article 5 and current All County Welfare Directors Letters, except that no in-kind or support and maintenance income is counted; there is no $50 child support disregard; ineligible children are allowed the student deduction from earned income.

Section I. Income of Potential 250 Percent Individual/Couple and Income of Ineligible Spouse With or Without Children
Note: In Section I, Column a is used for the applicant and Column b is used for the ineligible spouse, if applicable. If a couple is applying, the amounts in Column a are a combination of the couple's income.

A. Nonexempt Unearned Income

Line 1. Enter any social security retirement and survivors insurance income of the applicant(s). Do NOT include any Title II disability income.

Line 2. Enter any retirement, survivors, or disability insurance income of the ineligible spouse.

Line 3. Enter any net income from property.

Line 4. Enter all other unearned income. If there is unearned income based on the SSI in-kind support and maintenance requirement, enter that amount here. Do not count any other kinds of disability income of the applicant(s).

Line 5. Add the amounts in Section I, Column a, lines 1, 3, and 4. This is a subtotal of gross unearned income of the 250 Percent applicant(s). Add the amounts in Section I, Column b, lines 2, 3, and 4. This is a subtotal of the gross unearned income of the ineligible spouse. Also enter the subtotal for the ineligible spouse in Section III, line 1.

- Stop here and complete Sections II and III for the ineligible spouse to determine whether spousal deeming applies. If spousal deeming does not apply, do not complete the remainder of Column b for the ineligible spouse. Cross out boxes 6(b), 7(b), 11(b), 12(b), and 13(b) to ensure that no income of the ineligible spouse is combined with that of applicant(s).
- Complete the remainder of this section for the applicant(s). If spousal deeming applies, complete the remainder of Column b for the ineligible spouse.

Line 6. Enter on line 6(b) the total amount allocated to the minor child(ren) from the ineligible spouse. This amount is found in Section II, line 5. NOTE: Income can only be allocated from an ineligible spouse.

Line 7. Subtract line 6(b) from line 5(b) and enter this amount on line 7(b). If line 7(b) is a minus figure, enter zero on line 7(b) and enter the amount (without the minus sign) on line 12(b). Otherwise, enter the actual amount onto line 7(b).

Line 8. Add lines 5(a) and 7(b). This is the combined unearned income of the applicant(s) and if spousal deeming applies, that of the ineligible spouse.

Line 9. No entry. This shows the $20 any income deduction.

Line 10. Subtract line 9 from line 8. This is the total countable unearned income. If the countable unearned income is a minus figure, enter zero on line 10 and enter the minus figure without the minus sign, which is the unused portion of the $20 any income deduction, on the blank line in the instruction box on line 17.

B. Nonexempt Earned Income

Line 11. Enter the gross earned income.

Line 12. This is the amount of any allocation for any ineligible minor child(ren) that is not offset by countable unearned income. (This amount was entered pursuant to line 7(b).)

Line 13. Subtract line 12(b) from line 11(b). Enter the remainder on line 13(b). Exception: Enter zero on line 13(b) if line 12(b) is greater or equal to line 11(b).

Line 14. Add lines 11(a) and 13(b). This is the combined nonexempt earned income of the applicant(s) and ineligible spouse if there is spousal deeming.

Line 15. Enter any impairment related work expenses the potential applicant may have.

Line 16. Subtract line 15 from line 14 and enter this amount on line 16. Exception: Enter zero on line 16 if line 15 is greater than or equal to line 14.

Line 17. Enter the $65 of the $65 and one-half deduction plus any unused portion of the $20 any income deduction.

Line 18. Subtract line 17 from line 16 and enter the difference on line 18. If line 17 is greater than or equal to line 16, enter zero.

Line 19. Divide line 18 by 2. The figure equals the countable earned income.

Line 20. Add lines 10 and 19 and enter on line 20 and on line 1 of Section IV. This is the total countable income of the applicant(s).

Section II. Allocation to Minor Child(ren) from the Ineligible Spouse (Do NOT Allocate from Applicants)

Line 1. Enter the name(s) of ineligible child(ren). Do not include any SSI/SSP child or children eligible for the 250 Percent Working Disabled program.

Line 2. Enter the current year's standard SSI allocation which is the difference between the SSI federal benefit rate for a couple and for an individual. These amounts are sent out by DHS annually. If no child(ren), enter zero on line 5 and in Section I, line 6(b).

Line 3. Enter the income amount for each child, excluding the student deduction (up to $400 per month or $1,620 per year from the student's earned income).

Line 4. Subtract line 3 from line 2. This is the allocation to each ineligible child. Enter zero if a minus.

Line 5. Total the allocation to each child. This is the total allocation to ineligible child(ren). Enter in Section III, line 4 and also complete all of Section III to determine whether this figure is also to be entered in Section I, line 6(b). If Section III, line 5 is less than the current year's standard SSI allocation, stop and do not enter in Section I, line 6(b). Otherwise, continue to complete Section I, Column (b).

Section III. Ineligible Spouse Income Exemption Determination

Line 1. Enter gross unearned income of the ineligible spouse from Section I, line 5(b). Do not include public assistance.

Line 2. Enter the gross earned income of the ineligible spouse.

Line 3. Add and enter the total of lines 1 and 2.

Line 4. Enter the allocation to ineligible minor children from Section II, line 5.

Line 5. Subtract line 4 from line 3 to determine the ineligible spouse's net income.

Line 6. If line 5 is less than the current standard SSI allocation amount, this income is exempt and there is no spousal deeming. Enter the federal poverty level (FPL) for one in Section IV, line 2. Check the box "No spousal deeming" on line 6.

DO NOT complete the remainder of Section I, column (b) and cross out lines 6(b), 7(b), 11(b), 12(b), and 13(b). Complete Section I, column (a) for the applicant.

If line 5 equals or is greater than the current standard SSI allocation amount, there is spousal deeming. Enter the FPL for two in Section IV, line 2. Check the box, "Spousal deeming" on line 6. Complete the remainder of Section I, including Column (b).

Section IV. 250 Percent Income Eligibility Determination

Line 1. Enter the total countable income from Section I, line 20.

Line 2. Enter 250 percent of the current federal poverty level (FPL). Enter the FPL for a family size of one if a single individual is applying or if there is no deeming from the ineligible spouse. If a couple is applying or there is spousal deeming, use the FPL for a family size of two.

Line 3. If line 1 is less than line 2, the individual or couple is eligible for the 250 Percent Working Disabled Program. If line 1 is greater or equal to line 2 and the determination was for a couple, complete this form again for one member of the couple and make the other spouse an ineligible spouse.

Remaining Information

The eligibility worker must sign this form, enter his/her county number, if one exists, and the date this form was completed. Completion of the county use box is optional.

MC 338 (1/01) Instructions

State of California—Health and Human Services Agency

Department of Health Services

SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—ADULTS

Case name	Case number
Applicant(s) name(s)	

Complete the MC 338 250 Percent Income Test Work Sheet before completing this form. Determine whether spousal deeming applies by reviewing Part III, line 6, of the MC 338. ***Note: Earnings of the applicant are exempt.***

Complete Part I or Part II as appropriate.

Part I. Spousal Deeming Applies	
1. Enter the amount from line 10, MC 338 to determine total countable unearned income.	
2. Enter the amount from line 13, MC 338, to determine ineligible spouse's earned income after allocation to ineligible children.	
3. Enter the amount from line 17, MC 338.	
4. Subtract line 3 from line 2. If a minus, enter zero.	
5. Divide line 4 by 2 to get ineligible spouse's net earned income.	
6. Add line 1 and line 5 to get total countable income. Enter in Part III, line 8. Enter the SSI/SSP payment level for two in Part III, line 9.	
Part II. Spousal Deeming Does Not Apply	
7. Enter amount from line 10, MC 338, to get applicant(s) unearned income. Also, enter this amount in Part III, line 8.	
Part III. SSI/SSP Income Test	
8. This is the total income entered pursuant to Part I, line 6, or Part II, line 7.	
9. Enter the SSI/SSP payment level for: • one, if only a single applicant is applying or if an individual with an ineligible spouse is applying and spousal deeming does not apply, *or* • two, if a couple is applying or if an individual with an ineligible spouse is applying and spousal deeming applies.	
10. If line 8 is less than line 9, the applicant(s) are SSI income eligible. Otherwise, the applicant(s) are ineligible. If a couple is ineligible, redo with only one applicant.	

Eligibility Worker signature	Worker number	Computation Date	*County Use*

MC 338 A (1/01)

State of California—Health and Human Services Agency | Department of Health Services

250 PERCENT AND SSI/SSP INCOME TEST WORK SHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM—CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT(S)

Case name	Case number
Applicant(s) name(s)	

Note: There is no deeming from an ineligible parent if there also is a parent in the home who is on SSI/SSP or in the 250 Percent Working Disabled Program. Net nonexempt income of ineligible parents and ineligible children is determined in accordance with the provisions outlined in Title 22, Article 5 and current All County Welfare Directors Letters, except that no in-kind or support and maintenance income is counted; there is no $50 child support disregard; ineligible children are allowed the student deduction from earned income.

I. Income of Ineligible Parent(s) of Potential 250 Percent Child	
A. Nonexempt Unearned Income	**Ineligible Parent(s)**
1. Social Security (RSDI)	
2. Net income from property	
3. Other—itemize.	
4. Add lines 1 through 3.	
5. Allocation to ineligible child(ren) entered from Section II, line 5.	
6. Remainder. Subtract line 5 from line 4. If minus amount, enter zero on line 6 and the remainder without the minus sign in the instruction box on line 10.	
7. Any income deduction.	-$20
8. Remainder. Subtract line 7 from line 6. If minus, enter amount without minus in instruction box on line 11 and zero on this line. This is countable unearned income. Enter on line 14.	
B. Nonexempt Earned Income	**Ineligible Parent(s)**
9. Gross earned income.	
10. Unused portion of allocation to ineligible child(ren) _____. Subtract from line 9.	
11. Add $65 earned income deduction plus $_____ amount of unused $20 (any income deduction).	
12. Subtract line 11 from line 10.	
13. Divide by 2 to get countable earned income.	
14. This is countable unearned income from line 8.	
15. Add lines 13 and 14.	
16. Enter parental deduction. (FBR for one if one parent lives in the home or for two if both parents live in the home.)	
17. Subtract line 16 from line 15 for the Allocation to Potential 250 Percent child. If zero or negative, enter zero in Section III, line 1 and zero on this line. **NOTE: If more than one child is applying, the allocation is prorated between the children.**	

MC 338 B (1/01)

II. Parental Allocation to Minor Child(ren) from Ineligible Parent(s). Do not allocate to children on SSI/SSP or children eligible for the 250 percent program. (Use additional sheets if more than three children.)

	(a) Child One	(b) Child Two	(c) Child Three
1. Name			
2. Standard SSI allocation			
3. Enter ineligible minor child's gross income. Evaluate for student deduction. Allow student a $400 per month income disregard from earned income, up to $1,620 per year.			
4. Subtract line 3 from line 2 to determine the allocation to each child. Enter zero if minus.			

5. Add columns 4a, 4b, and 4c to get allocation to ineligible children. Enter in Section I, line 5.

III. Determine Whether Child Meets 250 Percent Test and SSI/SSP Test

A. Child's Net Nonexempt Unearned Income	**Child**
1. This is the allocation from ineligible parent(s) from Section I, line 17.	
2. Enter child's social security income (do NOT include social security disability income).	
3. Enter other unearned income, excluding any other disability income.	
4. Add lines 1 through 3.	
5. Any income deduction.	$20
6. Subtract line 5 from line 4. If a minus, enter amount without minus in instruction box line 9 and zero on this line. Amount on line 6 is net nonexempt unearned income. Enter on line 12 and line 17.	
B. Child's Net Nonexempt Earned Income	**Child**
7. Child's gross earned income.	
8. Subtract dollar amount of IRWE and student deduction.	
9. Add $65 and _____ of the unused portion of the $20 any income deduction.	
10. Subtract line 9 from line 8. If a minus, enter zero.	
11. Divide line 10 by 2 to get net nonexempt earned income.	
12. Net nonexempt unearned income from line 6.	
13. Add line 11 and line 12 to get total net nonexempt income.	
14. List 250 percent of the current federal poverty level for one.	
C. 250 Percent Test	
15. If line 13 is less than line 14, the child meets the 250 percent income test.	
D. SSI/SSP Test—Note: Child's earnings are exempt.	
16. Enter the SSI/SSP payment level for one.	
17. Net nonexempt unearned income from line 6.	
18. If line 17 is less than line 16, the child meets the SSI/SSP income test.	

Eligibility Worker signature	Worker number	Computation date	*County Use*

MC 338 B (1/01)

State of California—Health and Human Services Agency

Department of Health Services

SSI/SSP PROPERTY TEST WORKSHEET FOR THE 250 PERCENT WORKING DISABLED PROGRAM ADULTS AND CHILD APPLICANTS

Case name	Case number
Applicant(s) name(s)	

Property is defined under Article 9, Title 22, except that resources in the form of retirement arrangements of the working disabled applicant are exempted. Complete Part I or Part II as appropriate.

I. Applicant(s) Are Adults	
1. Enter only the net nonexempt property of the applicant and spouse. Do not consider the property of any other family members in the home.	$
2. Enter the property limit for one person if there is no spouse or for two persons if there is a spouse.	$
3. If line 1 is less than or equal to line 2, the property requirement is met.	$
II. Applicant Is a Child Who is Unmarried and Under Age 18	
A. Parental Allocation Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.	
4. Enter parent(s) net nonexempt property.	$
5. Enter the property limit for one person if only one parent is in the home or for two if two parents are in the home.	$
6. Subtract line 5 from line 4. Enter zero if a minus. This is the total allocation.	$
7. Divide line 6 by the number of 250 percent working disabled children in the home to get each applicant child's share.	$
B. Child's Net Nonexempt Property	
8. Enter child's own net nonexempt property.	$
9. Enter the child's share from line 7.	$
10. Add line 8 and line 9 to get child's net nonexempt property.	$
11. Enter the property limit for one.	$
12. If line 10 is less than or equal to line 11, the property requirement is met.	$
III. Child in Section II Is Ineligible (e.g., Attainment of Age 18 or There is Property Ineligibility) and There Are Additional 250 Percent Child Applicants.	
13. Take the total allocation of the property deemed from the parent(s) in line 6 and redivide it among the remaining 250 percent child applicants in the home.	$
14. Repeat section II B for each of the remaining children.	$

Eligibility Worker signature	Worker number	Computation date	*COUNTY USE*

MC 338 C (1/01)

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL
NOTICE OF ACTION
APPROVAL FOR BENEFITS AS A 250 PERCENT WORKING DISABLED INDIVIDUAL OR COUPLE

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

District: _____

This affects: _____

_____
(Name)

We have reviewed your application/case to see if you are eligible for the 250 Percent Working Disabled program. This program allows eligible individuals and couples to pay premiums for full coverage under Medi-Cal.

We have determined that beginning _____/_____/_____, you meet the basic eligibility requirements for the 250 Percent Working Disabled program. However, before Medi-Cal can begin to cover your medical expenses under this program, you must pay the first continuous month's premium.

If you already have a plastic Benefits Identification Card (BIC), this card will be used for this program. If you do not already have a BIC card, you will receive one soon. Do not throw this card away. This card is good as long as you are eligible for Medi-Cal. Take this plastic card to your doctor or other Medi-Cal provider when you request medical services.

The amount of your monthly premium is $_____. This is based on your net nonexempt income of $_____. We have not counted your disability income in making this determination.

You will receive an invoice from the California Department of Health Services (DHS) with a preaddressed, color-coded, postage-paid envelope for you to use in making this payment. **PLEASE ATTACH THE INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND YOUR CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.**

To continue your enrollment under this program, you must pay the monthly premium that is due. Each month, DHS will send you a monthly invoice with a preaddressed postage-paid envelope. Your premium payment is due by the fifth of the following month.

This action is required by All County Welfare Directors' Letter 00-16.

Si Ud. necesita una traducción de este aviso en español, pongase en contacto con su oficina de bienestar del condado.

_____ Eligibility Worker _____ Phone _____ Date

MC 338 D (1/01)

PLEASE READ THE REVERSE SIDE OF THIS NOTICE

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL
APROBACIÓN DE BENEFICIOS COMO PERSONA O PAREJA INCAPACITADA QUE TRABAJA UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Distrito: _____

Esto afecta a: _____

_____
(Nombre)

Hemos evaluado su solicitud/caso para determinar si usted reúne los requisitos para el programa de Incapacitados que Trabajan un 250 Por Ciento *(250 Percent Working Disabled program)*. Este programa permite a las personas y parejas que reúnen los requisitos que paguen primas para cobertura completa bajo el programa de Medi-Cal.

Hemos determinado que a partir del _____/_____/_____, usted reúne los requisitos básicos de elegibilidad para el programa de Incapacitados que Trabajan un 250 Por Ciento. Sin embargo, antes de que el programa de Medi-Cal pueda comenzar a cubrir sus gastos médicos bajo este programa, usted tiene que pagar la prima del primer mes continuo.

Si usted ya tiene una Tarjeta de Identificación de Beneficios de plástico *(BIC)*, esta tarjeta se utilizará para este programa. Si usted todavía no tiene una *BIC*, pronto recibirá una. No tire esta tarjeta. Esta tarjeta es válida mientras usted reúna los requisitos del programa de Medi-Cal. Lleve esta tarjeta de plástico consigo cuando solicite servicios médicos de su doctor(a) u otro proveedor de Medi-Cal.

La cantidad de su prima mensual es de $_____. Ésta se basa en sus ingresos netos no exentos de $_____. Al tomar esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

Usted recibirá una factura del Departamento de Servicios de Salud de California *(California Department of Health Services—DHS)* con un sobre de un color clave, rotulado previamente y con franqueo pagado, para que lo utilice al hacer su pago. **POR FAVOR, ADJUNTE LA FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.**

Para continuar su inscripción en este programa, usted tiene que pagar la prima mensual que se debe. Cada mes, el *DHS* le enviará una factura, con un sobre rotulado previamente con franqueo pagado. El pago de su prima se vence el quinto día del siguiente mes.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

_____	_____	_____
Trabajador(a) de elegibilidad	Teléfono	Fecha

POR FAVOR LEA EL REVERSO DE ESTA NOTIFICACIÓN

MC 338 D (SP) (1/01)

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL
NOTICE OF ACTION
CHANGE OF PREMIUM PAYMENT AMOUNT IN THE 250 PERCENT WORKING DISABLED PROGRAM

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

Change in premium for: _____

_____
(Names)

Your premium for enrollment in the 250 Percent Working Disabled program has been changed to $_____ per month beginning _____.
The Department of Health Services (DHS) will put this new amount on your invoice.

The amount of your monthly premium is based on your net nonexempt income of $_____.
We have not counted your disability income in making this determination.

PLEASE BE SURE TO ATTACH YOUR INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND YOUR CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.

To continue your enrollment under this program, you must pay the monthly premium that is due. Each month, DHS will send you a monthly invoice with a preaddressed, postage-paid envelope. Your premium payment is due by the fifth of the following month.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 E (1/01)

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

CAMBIO DE LA CANTIDAD DEL PAGO DE LA PRIMA EN EL PROGRAMA DE INCAPACITADOS QUE TRABAJAN UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Cambio de prima para: _____

_____
(nombres)

Su prima de inscripción en el programa de Incapacitados que Trabajan un 250 Por Ciento *(250 Percent Working Disabled program) se ha cambiado a* $_____ al mes, a partir del_____. El Departamento de Servicios de Salud de California *(California Department of Health Services—DHS)* pondrá esta nueva cantidad en su factura.

La cantidad de su prima mensual se basa en sus ingresos netos no exentos de $ _____. Al hacer esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

POR FAVOR, ASEGÚRESE DE ADJUNTAR SU FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.

Para continuar su inscripción en este programa, usted tiene que pagar la prima mensual que se debe. Cada mes, el *DHS* le enviará una factura, con un sobre rotulado previamente con franqueo pagado. El pago de su prima se vence el quinto día del siguiente mes.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MC 338 E (SP) (1/01)

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL
NOTICE OF ACTION
DISCONTINUANCE FOR FAILURE TO PAY FULL PREMIUMS IN THE 250 PERCENT WORKING DISABLED PROGRAM

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

District: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

Discontinuance from the 250 Percent Working Disabled program for: _____

_____
(names)

We have reviewed all information about your payment of premiums in the 250 Percent Working Disabled program and have determined that you have not paid the required premiums for **two months**.

Your enrollment in the 250 Percent Working Disabled program will be discontinued, effective the last day of _____.

If you have any questions about your premium payments, you may call the Department of Health Services, Third Party Liability Branch, at (916) 324-4162.

If you are eligible for Medicare, this means that _____ (month) is the last month the State will pay your premium for Part B Medicare supplementary insurance coverage. You will receive a written notice from the Social Security Administration, or you may call your Social Security district office if you have questions about your Medicare status.

This discontinuance action does not affect your eligibility for any other Medi-Cal program. You will receive another notice from your county Department of Social Services concerning any other Medi-Cal coverage for which you may be eligible. If you have any questions about such eligibility, please write or telephone your county eligibility worker.

DO NOT THROW YOUR PLASTIC ID CARD AWAY. You can use it again if you become eligible for Medi-Cal in the future.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 F (1/01)

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL
DESCONTINUACIÓN POR NO PAGAR LAS PRIMAS COMPLETAS EN EL PROGRAMA DE INCAPACITADOS QUE TRABAJAN UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Distrito: _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Descontinuación del programa de Incapacitados que ___

Trabajan un 250 Por Ciento de : _____

_____
(nombres)

Hemos evaluado toda la información acerca de su pago de primas en el programa de Incapacitados que Trabajan un 250 Por Ciento *(250 Percent Working Disabled program)*, y hemos determinado que usted no ha pagado las primas requeridas por **dos meses.**

Su inscripción en el programa de Incapacitados que Trabajan un 250 Por Ciento se descontinuará, a partir del último día de _____.

Si usted tiene alguna pregunta sobre los pagos de sus primas, puede llamar a la Sección de Responsabilidad de Pago de Terceros, del Departamento de Servicios de Salud, al (916) 324-4162.

Si usted reúne los requisitos del programa de Medicare, esto significa que _____ es el último
(mes)
mes en que el estado pagará la prima de la cobertura de seguro suplementaria de la Parte B de Medicare. Usted recibirá una notificación por escrito de la Administración del Seguro Social, o si tiene alguna pregunta sobre su situación en lo que respecta a Medicare, puede llamar a la oficina del Seguro Social del distrito.

Esta acción de descontinuación no afecta su elegibilidad para ningún otro programa de Medi-Cal. Usted recibirá otra notificación del Departamento de Servicios Sociales de su condado, con respecto a cualquier otra cobertura de Medi-Cal para la que posiblemente usted reúna los requisitos. Si tiene alguna pregunta sobre dicha elegibilidad, por favor escriba o llame por teléfono al/a la trabajador(a) de elegibilidad de su condado.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE PLÁSTICO. Usted puede utilizarla de nuevo, si en el futuro vuelve a reunir los requisitos para el programa de Medi-Cal.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MC 338 F (SP) (1/01)

250 PERCENT WORKING DISABLED PROGRAM PREMIUM PAYMENT INFORMATION

There are two steps for coverage under the 250 Percent Working Disabled program. First, you must meet the eligibility requirements, such as California residency and the income and property tests. Second, after you are determined eligible, you must pay a monthly premium payment amount to be ***enrolled*** so that this program can cover services. This program requires the payment of premiums just like an insurance program, even if there are no services expected to be received in a month.

Eligible couples pay a combined monthly premium to be enrolled. If a couple is enrolled, all payments are applied to each one. The payment cannot be designated for one individual.

Payments received by the Department of Health Services are to be applied to the oldest month with an unpaid balance.

The County Department of Social Services (CDSS) determines eligibility and the amount of the premium. If you are eligible, the CDSS reports this information to the California Department of Health Services (DHS). DHS will be the agency that sends the invoices (bills) to you.

Enrollment in the 250 Percent Working Disabled program does not preclude individuals from Personal Care Services program eligibility.

Here are the rules for enrolling and for staying enrolled.

Enrollment

1. ***New Coverage for Current Month:*** When the county reports new eligibility and the premium amount for the current month to DHS, DHS will send the newly eligible individual an invoice listing the premium amount due, along with a color-coded, preaddressed, postage-paid envelope to return the premium and invoice to DHS. A new applicant must pay the premium for the current month before he/she can be enrolled for current and future coverage. Eligible couples will have a combined premium which must be met in full before either individual is enrolled.

   If a new applicant does not pay the current premium within two months, he/she will be discontinued from this program and no additional invoices will be sent to him/her. DHS will send the individual a notice of action and will alert the county to the discontinuance.

2. ***Retroactive Coverage:*** An individual may request an eligibility determination from the county for any or all of the three months prior to the month of application. These months are called retroactive months. If an individual is determined eligible for any or all of those months, the county will report eligibility and premium amounts to DHS. DHS will send the eligible individual an invoice listing the premium amounts and a preaddressed, color-coded, postage-paid envelope.

   When the individual receives the retroactive invoice, he/she can then decide whether to submit the premium(s). If the individual wants to be enrolled for coverage in any of those retroactive months, he/she first must pay the premium for each such month.

   Nonpayment of these premiums does not affect enrollment for current or future months.

3. ***History Months:*** There will be instances where eligibility cannot be determined immediately by the county during the month of application, (e.g., when a disability determination is being conducted). The months between the month of application and the month in which the county approves the case are referred to as history months. Once the county completes the eligibility determination, the county will report to DHS the history months in which there is eligibility and the amount of the premiums for these months. DHS will send the individual an invoice with the premium amounts for the history months along with a preaddressed, color-coded, postage-paid envelope.

   If the individual wants to be enrolled for coverage in any or all of those history months, he/she first must pay the premium for each such month. When the individual receives the net history months invoice, he/she can then decide whether to submit the premium(s). Nonpayment of these premiums does not affect enrollment for current or future months.

Payment Information

4. When making a payment, it is very important that you:

   - Put your name, address, and Client Index number (which is found on the invoice) on your check or money order so DHS can immediately credit it to your account; *and*
   - Attach the invoice to the payment and return BOTH the payment and the invoice in the color-coded envelope to DHS.

   This will ensure expedited processing of your premium payment.

   Please do not send your payment in cash.

5. Payments will be due by the fifth of the next month.
6. There will be a $25 charge if a check is returned for such reasons as insufficient funds in the individual's checking account.
7. A beneficiary will be discontinued from this program for failure to pay full premiums for two months. If you are discontinued, your CDSS will evaluate you for other Medi-Cal programs.
8. If a beneficiary is discontinued for failure to pay full premiums for two months, the following occurs:

   - The individual will be treated as a new applicant if he/she wants to reenroll and must contact the county for this to occur. The county will have to redetermine/reestablish eligibility and report to DHS.
   - He/she will have a six-month penalty period as follows:
     - If the individual wants to reenroll during the six-month penalty period, he/she will have to pay the premium for the first month of current coverage, the past due premiums for the two months when full premiums were not paid.
     - If the beneficiary wants to reenroll after the six-month penalty period, he/she will have to pay the premium for the first month of current coverage.

   Individuals with questions about their eligibility or the amount of their premium should call their county eligibility worker. Questions about the payments that have been made should be directed to the DHS Premium Collection Unit at (916) 322-0019.

State of California—Health and Human Services Agency

Department of Health Services

MEDI-CAL
NOTICE OF ACTION
APPLICATION FOR RETROACTIVE ELIGIBILITY FOR THE 250 PERCENT WORKING DISABLED PROGRAM

(COUNTY STAMP)

Notice date: _____

Case number: _____

Worker name: _____

Worker number: _____

Worker telephone: _____

Worker hours: _____

This affects: _____

_____
(names)

We have reviewed all information available to us about your circumstances and find that effective for the month(s) of _____, you meet the basic eligibility requirements for retroactive coverage under the 250 Percent Working Disabled program. You are responsible for making premium payments for each month in which you want to be enrolled for retroactive coverage.

The amount of your monthly premium for _____ is $ _____.

The amount of your monthly premium for _____ is $ _____.

The amount of your monthly premium for _____ is $ _____.

This is based on your net nonexempt income of $ _____. We have not counted your disability income in making this determination.

You will receive an invoice for these months from the Department of Health Services (DHS) with a pre-addressed, color-coded, postage-paid envelope for you to use in returning your premium payment to DHS.

You may choose to be enrolled for any or all of these retroactive months. You must indicate which month(s) you wish to be enrolled in and pay that month's premium before you are covered for that month(s).

PLEASE ATTACH THE INVOICE TO YOUR PAYMENT. TO EXPEDITE PROCESSING, ALSO INCLUDE YOUR NAME AND CLIENT INDEX NUMBER (WHICH IS FOUND ON YOUR INVOICE) ON YOUR PAYMENT.

Take your plastic card to each medical provider where you received services in the above month(s). If you have paid your premium(s) for these retroactive months, your plastic card will show your provider that you are enrolled.

This action does not affect your application for current and ongoing Medi-Cal. If you have any questions about this action or if there are more facts about your conditions which you have not reported to us, please write or telephone us at _____.

This action is required by All County Welfare Directors' Letter 00-16.

MC 338 H (1/01)

State of California—Health and Human Services Agency

Department of Health Services

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

SOLICITUD PARA LA ELEGIBILIDAD RETROACTIVA PARA EL PROGRAMA DE INCAPACITADOS QUE TRABAJAN UN 250 POR CIENTO

(COUNTY STAMP)

Fecha de la notificación: _____

Número del caso: _____

Nombre del/de la trabajador(a): _____

Número del/de la trabajador(a): _____

Teléfono del/de la trabajador(a): _____

Horario del/de la trabajador(a): _____

Esto afecta a: _____

_____
(nombres)

Hemos evaluado toda la información a nuestra disposición acerca de sus circunstancias, y hemos determinado que a partir del/de los mes(es) de _____, usted reúne los requisitos básicos de elegibilidad para cobertura retroactiva bajo el programa de Incapacitados que Trabajan un 250 Por Ciento *(250 Percent Working Disabled program)*. Usted es responsable de hacer los pagos de las primas de cada mes durante el cual usted desea estar inscrito(a) para cobertura retroactiva.

La cantidad de su prima mensual para _____ es de $ _____.

La cantidad de su prima mensual para _____ es de $ _____.

La cantidad de su prima mensual para _____ es de $ _____.

Esto se basa en sus ingresos netos no exentos de $_____. Al tomar esta determinación, no hemos tomado en cuenta sus ingresos por incapacidad.

Usted recibirá una factura del Departamento de Servicios de Salud de California *(California Department of Health Services—DHS)* con un sobre de un color clave, rotulado previamente y con franqueo pagado, para que lo utilice al enviar su pago al *DHS*.

Usted puede elegir estar inscrito(a) para cualquier o todos estos meses retroactivos. Usted tiene que indicar qué mes(es) desea estar inscrito(a), y pagar la prima de ese mes, antes de que esté cubierto(a) para ese(os) mes(es).

POR FAVOR, ADJUNTE LA FACTURA CON SU PAGO. PARA AGILIZAR EL TRÁMITE, TAMBIÉN INCLUYA SU NOMBRE Y SU NÚMERO DE ÍNDICE COMO CLIENTE (EL CUAL SE INDICA EN SU FACTURA) CON SU PAGO.

Lleve su tarjeta de plástico a cada proveedor médico de donde recibió servicios en el/los mes(es) indicado(s) anteriormente. Si usted ha pagado su(s) prima(s) por estos meses retroactivos, su tarjeta de plástico le demostrará a su proveedor que usted está inscrito(a).

Esta acción no afecta su solicitud para recibir beneficios actuales o continuos de Medi-Cal. Si usted tiene alguna pregunta sobre esta acción, o si hay más información sobre sus condiciones, que usted no nos ha reportado, por favor escríbanos o llámenos al _____.

La Carta 00-16 de los Directores del Departamento de Bienestar Social de Todos los Condados exige esta acción.

MC 338 H (SP) (1/01)

State of California—Health and Human Services Agency | Department of Health Services

PREMIUM DIFFERENTIAL WORK SHEET IN THE 250 PERCENT WORKING DISABLED PROGRAM

Case name	Case number
Applicant(s) name(s)	

This form is used to determine the impact of spousal or parental deeming on the premium being charged a 250 Percent Working Disabled (WD) beneficiary. Any increase in premium due to such deeming is an income deduction against the income of the spouse or parent(s) in computing their eligibility or share-of-cost in other Medi-Cal programs.

This determination is not completed if there is no spousal or parental deeming. NOTE: Parental deeming stops in the month after a child turns age 18.

I. Premium Based on Spousal or Parental Deeming

If the 250 Percent beneficiary is an adult, complete the MC 338 with spousal deeming. If the beneficiary is a child under age 18 or in the month of his/her 18th birthday, complete the MC 338 B with parental deeming.

1. Enter total countable income from Section I, line 20 of the MC 338 or Section III, line 13 of the MC 338 B. _____
2. Enter the amount of the premium based on income on line 1. _____

II. Premium Without Spousal or Parental Deeming

Complete the following for only the beneficiary:

3. Enter amount of retirement and survivors social security. Do not include any disability income. _____
4. Enter any other unearned income, including net income from property. _____
5. Add lines 3 and 4. _____
6. Subtract the $20 any income deduction to get ***net nonexempt unearned income***. (-$20) _____
7. Enter gross earned income. _____
8. Subtract $_____ of IRWE. _____
9. Add $65 and $_____ of any unused portion of the any income allocation and enter. _____
10. Subtract line 9 from line 8. Enter zero (0) if a minus. _____
11. Divide line 10 by 2 to get ***net nonexempt earned income***. _____
12. Add amount from line 6 to get ***total net nonexempt income***. _____
13. Enter premium amount based on line 12. _____

Premium Differential

Subtract line 13 from line 2. Enter zero (0) if a minus. _____

This is the amount of the income deduction to be applied against the income of the deemor(s).

MC 338 J (1/01) (250% WD Program Premium Differential)

5S – SECTION 1931(b) PROGRAM

A. BACKGROUND

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (Public Law 104-193) established a new mandatory coverage group at Section 1931(b) of the Social Security Act. Section 1931(b) requires that Medi-Cal be provided to low-income families, who meet the provisions of the July 16, 1996, Aid to Families with Dependent Children (AFDC) State plan requirements for income, resources and deprivation, (income and resources subject to modification at State option). PRWORA also deleted many of the requirements for establishing deprivation based on unemployment and allows States to modify some changes to the definition of unemployment.

Section 161 of AB 1542 (Chapter 270, Statutes of 1997) established the California Work Opportunity and Responsibility to Kids (CalWORKs) program and provided that it was to be implemented January 1, 1998. This law also provided that to the extent federal financial participation is available, the Department of Health Services shall extend eligibility for health care services under Medi-Cal to all recipients of aid under CalWORKs. This law adopted Section 14005.30 of the Welfare and Institutions (W&I) Code and also established Section 1931(b)-only for families who met the former AFDC rules.

For purposes of establishing requirements for the Section 1931(b) group, the July 16, 1996, AFDC provisions have been modified as of January 1, 1998, to the extent possible as permitted by PRWORA, in order to align the Section 1931(b) program with CalWORKs. Therefore, former AFDC rules will be referred to as the Section 1931(b) rules.

B. PURPOSE OF THE SECTION 1931(b) PROGRAM

It is important to determine eligibility under the Section 1931(b) because:

1. Families that are discontinued from CalWORKs or Section 1931(b) due to excess earnings from employment or increased child/spousal support are eligible for either the Transitional Medi-Cal (TMC) or the Four-Month Continuing program. Medically Needy (MN) persons are not.

2. Recipients may work over 100 hours and remain eligible if the family income is below the limit.

3. There are no time limits under this program. Families not eligible for CalWORKs solely because the time limit on their CalWORKs eligibility has expired qualify for the Section 1931(b) program.

4. Families may choose to separately apply for the Section 1931(b) program because they do not wish to be CalWORKs recipients or because they are not eligible for CalWORKs.

5. A family may not be eligible for CalWORKs but may be eligible for the Section 1931(b) program due to certain less restrictive AFDC rules which continue to apply to the Section 1931(b) program but are no longer applicable to CalWORKs. For example, families who have too much income to qualify for CalWORKs, but who have deductible child care costs, may qualify for the Section 1931(b) program.

NOTE: Persons who are not eligible for CalWORKs such as those who are GAIN sanctioned, fleeing felons,and aliens without satisfactory immigration status are eligible for Section 1931(b) without a separate determination if other family members remain eligible for CalWORKs. Exceptions are (1) non-needy caretaker relatives, whose income is not considered by CalWORKs and (2) a minor mother when she and her child are living with a senior parent. The minor mother is ineligible due to the senior parent's income and/or resources; but the minor's baby is eligible for CalWORKs. These persons must have a regular 1931(b) determination.

C. IMPLEMENTATION DATES

New Applications: All new Medi-Cal applications for families and children were to be evaluated for the Section 1931(b) program beginning no later than January 1, 1999. As counties handled these cases, they were to be evaluated for current and future Section 1931(b) eligibility.

Ongoing Cases: Because CalWORKs was effective January 1, 1998, the new Section 1931(b) provisions also went into effect on January 1, 1998. For this reason, retroactive eligibility for all AFDC-MN, MI children, federal poverty level cases with infants and children and Aid Code 38 (Edwards) with or without a share of cost (SOC) were evaluated back to January 1, 1998. This was important in the event eligibility for Transitional Medi-Cal needs to be established at a later date.

Counties were to complete their evaluation of Aid Code 38 cases for Section 1931(b) eligibility by April 30, 1999. Counties were to complete their evaluation of all other cases for Section 1931(b) within one year, i.e., no later than December 31, 1999.

Those MFBUs which had a SOC in a retroactive month but had no SOC for the month after the Section 1931(b) evaluation were entitled to:

1. Having future SOC amounts adjusted; or
2. Seeking reimbursement from the provider.

Counties were to follow procedures outlined in Medi-Cal Procedures Manual Section 12-C (Processing Cases When a SOC Has Been Reduced Retroactively).

D. SECTION 1931(b) ELIGIBILITY REQUIREMENTS

Persons applying separately for the Section 1931(b)-only program must first meet residency, age, deprivation, and family requirements. After these non-financial requirements have been met, persons must meet the income and property financial requirements.

1. DEPRIVATION

Unemployed Parent

The MN and Section 1931(b) programs follow similar rules for determining the unemployed parent as in the former AFDC program. The principal wage earner (PWE) is the parent who has earned the greater amount of income in the 24-month period immediately proceeding either of the following: (1) The month of application, reapplication or restoration or (2) the date of a redetermination that a family's circumstances have changed in such a way as to meet the requirements for deprivation due to the unemployment of a parent. (See Section 50215(c). The only exception to this rule is if the PWE is unemployed, becomes incapacitated, and then returns to work. The PWE is not redetermined. Section 1931(b) will continue to follow these rules. Therefore, if an absent parent returns to the home, deprivation may no longer exist if the PWE is not unemployed or a parent is not incapacitated.

The deprivation rules for the Section 1931(b) program are the same as those for the medically needy (MN) program with the following exceptions:

The 100-Hour Rule:

The 100-hour rule requirement that the unemployed parent PWE work less than 100 hours in a month for unemployment to exist applies to applicants for Section 1931(b) and to applicants and beneficiaries applying for or receiving coverage under the AFDC-MN program. However, as of March 1, 2000, the definition of unemployment was expanded. If the PWE works 100 hours or more, but the parents or parent and spouse's earned income is not more than 100 percent of the federal poverty level, the PWE is still determined to be unemployed. (AB 1107, Chapter 146, Statutes of 1999, Section 14008.85). Note: Effective May 1, 2001, all earned income of the children in the family is exempt in this determination. Only the net nonexempt earned income of the parents or the parent and the parent's spouse will be counted.

The 100-hour rule does not apply to Section 1931(b) PWE recipients. A recipient for purposes of disregarding the 100-hour rule is a person who receives Section 1931(b) the month after the person became eligible as an applicant and who has no break in eligibility or change in deprivation whether he/she received CalWORKs or Section 1931(b)-only in that prior month. If the family did not return requested information from the county such as the MC 210E and did not have good cause for the termination to be rescinded, the PWE must be redetermined as he/she is not considered a recipient. For more information, see Article 5C.

2. Pregnant Women

(a) A pregnant woman in her last trimester (last four months) who has no other eligible children (but the unborn who when born would be deprived) may not be aided under the Section 1931(b) program until her last trimester which is defined by the CalWORKs program as the last four months of pregnancy. If the father of the unborn is living in the home, he may not be aided under this program until the baby is born and the baby is deprived. The father can be aided under the Medically Needy (MN) program because he has linkage. The spouse's income is counted in the Section 1931(b) Medi-Cal Family Budget Unit (MFBU) of the pregnant woman and the unborn, even though he is an ineligible member of that MFBU until the child is born. The unmarried father may be an ineligible member of the MFBU or opt out of the MFBU if he provides information (when required) to establish deprivation for the unborn.

(b) If the pregnant woman is in her first or second trimester, the unborn may be counted in the maintenance need prior to the last trimester if there are other deprived children. For more information on the MFBU, see Article 8G.

3. The Definition of a Child

Section 1931(b) children are only covered up to their eighteenth birthday except that children up to age 19 may be covered if they are attending school as discussed in the next sentence. As in the former AFDC program, a child 18 years of age is eligible only if he/she is enrolled as a full-time student (as defined by the school) in high school, or if he/she has not completed high school, is in a vocational or technical training program which cannot result in a college degree, provided he/she can reasonably be expected to complete either program before reaching age 19. If the applicant is considered an adult and has a deprived child in the home, the applicant may apply separately from the senior parent even if the senior parent is in the home as long as the senior parent does not have care and control of the minor's child.

4. Deprived Child With No Share of Cost

To be eligible for Section 1931(b), there must be at least one deprived child in the family who is eligible for any no cost Medi-Cal program, e.g., PA, 1931(b), MN, MI, CE, CEC, Bridging, or the Percent programs. If the only eligible child has a share of cost (SOC), the parent is not eligible for Section 1931(b).

5. Essential Stepparent

A stepparent may be aided as an "essential person" in the Section 1931(b) program which is similar to rules under the former AFDC and the current CalWORKs program regardless of whether he/she has deprived children or non deprived mutual children of his or her own. His/her linkage may be based only on the fact he/she is a spouse of a parent who has a separate child deprived by an absent parent. The MN program only allows a stepparent to be linked if he/she is a spouse of a parent who has a separate child who is deprived by that parent's incapacity. However, regardless of whether or not the stepparent wishes to be aided under Section 1931(b), he/she is included in the budget unit as an eligible or ineligible person depending on his/her choice. The exception would be when only the separate children of the parent wish to be aided and the parent does not. The parent is an ineligible member of the MFBU. The stepparent would not be in the budget unit; however, the parent would deem some income to the stepparent and any mutual children. This is also similar to the MN program.

6. Adult Parent, Minor Child, and Caretaker Relative Living in the Home

The CalWORKs program will allow an otherwise eligible adult parent, his/her minor child, and a caretaker to all be aided when they reside in the same home. The parent is still financially responsible even if the caretaker has care and control. Therefore, we will follow those rules for the Section 1931(b) program. However, the MN program (Section 50085 of the California Code of Regulations) does not aid a caretaker relative if there is an adult parent and his/her minor child in the home.

7. MFBU COMPOSITION

The (Medi-Cal Family Budget Unit) MFBU, including unborns, for Section 1931(b) shall be the basic unit for persons considered in determining an individual's or family's eligibility and share of cost. Note: Sneede is applicable to the Section 1931(b) determination.

A family (or an individual, if Sneede applies) must pass both the property and income tests specified below in order to meet the financial eligibility requirements of Section 1931(b). More information about MFBU composition for Section 1931(b) is provided in Section 8G.

8. INCOME

A family's countable income must be less than the Section 1931(b) income limit for that size family in order for the family to be income eligible for the Section 1931(b) program. A family cannot become eligible for Section 1931(b) by meeting their share of cost since Section 1931(b) has no share of cost process. A family's countable income is determined by subtracting certain income exclusions from the family's gross income. If the family is not income eligible for Section 1931(b), they should be evaluated for the AFDC-MN program or any other Medi-Cal program for which they may be eligible.

To meet federal and state law requirements, the Section 1931(b) program must provide income eligibility for a family or individual who would meet either the income eligibility criteria of the CalWORKs program or the former AFDC program. While most of the income rules for the CalWORKs program are unchanged from those of the former AFDC program, there are instances where CalWORKs rules have changed or are dissimilar from a corresponding AFDC rule. In these instances, the Section 1931(b) program adopts the more liberal of the two corresponding rules. Except for these changes, the computation of net nonexempt income for the Section 1931(b) program is very similar to AFDC and the Medi-Cal AFDC-MN program computations of net nonexempt income. More information on income will be provided in future procedures under Income. Counties should review the appropriate All County Welfare Director's Letters (ACWDLs).

9. PROPERTY

PRWORA requires that the property methodologies of the Section 1931(b) program be no more restrictive than the rules of the former AFDC program as in effect July 16, 1996. State law requires that the Section 1931(b) regulations be expanded to ensure that all CalWORKs recipients are eligible for Medi-Cal under Section 1931(b). The CalWORKs program is using the Food Stamps property rules for personal property, motor vehicles and property limits, but is using the rules of the former AFDC program for real property. Generally, personal property shall be determined, defined, counted, and valued in accordance with the Food Stamps rules while real property shall be determined, defined, counted and valued in accordance with the July 16, 1996 AFDC rules.

The property limits are based on those in CalWORKs, i.e., the Food Stamps limits since they are higher than the limit in the July 16, 1996 AFDC program. The property limit is $3,000 for MFBUs of one. For all other family sizes, the Medically Needy resource limits are used. More information about property rules may be reviewed in ACWDLs on this subject and future procedures under Property.

Note: A family which is not eligible for the Section 1931(b) program only because it had excess income or property should be evaluated for eligibility for the MN program which, for some families, has less restrictive financial eligibility requirements.

10. NON-FINANCIAL INELIGIBILITY FOR CalWORKs

CalWORKs looks at the entire family's income and resources in terms of evaluating a child's continued eligibility for CalWORKs. If a child is eligible for CalWORKs, but the parents are not aided for a non-financial reason such as time limits, then the parents still meet the Section 1931(b) requirements which do not impose time-limit requirements. This means the parents can be put into Section 1931(b) aid codes (as described below) without a separate Medi-Cal-Only determination. Counties may find it easier to allow CalWORKs workers to put parents into Section 1931(b) without a separate Medi-Cal determination or a separate Medi-Cal case.

E. AID CODES FOR THE SECTION 1931(b) PROGRAM

Aid Code 3N: [(1931(b).] Individuals who are not CalWORKs recipients but who meet the Section 1931(b) requirements will be identified on Medi-Cal Eligibility Data System (MEDS) under Aid Code 3N which will provide full-scope benefits with no share of cost (SOC).

Aid Code 3V: (1931(b)-Only - Restricted). Not Qualified Aliens who are not CalWORKs recipients but who meet the Section 1931(b) requirements will be identified on MEDS under Aid Code 3V which will provide benefits restricted to pregnancy-only and emergency services with no SOC.

These aid codes will not roll into Aid Code 38 when terminated.

F. SNEEDE REQUIREMENTS

The requirements of the Sneede lawsuit apply to the Section 1931(b) determination. That is, there is a mandatory exception to using the modified July 16, 1996 AFDC methodology. This exception relates to the Medi-Cal Sneede lawsuit which limits financial responsibility to a spouse for a spouse or a parent for a child. Such prohibitions did not exist in the AFDC program, but the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) indicated that Sneede must apply to the Section 1931(b) program as it does for all other Medi-Cal programs.

This means that if a family is determined ineligible for Section 1931(b) rules because of excess property or failure to meet the MBSAC income test, Sneede provisions apply if there is a Sneede class member.

Generally, the same Sneede methodology used in the regular Medi-Cal program is followed under Section 1931(b) except for the following:

Income exceptions: Under regular Sneede, deductions for the aged, blind, and disabled are applicable. These deductions are not permitted in the Section 1931(b) Sneede determination. Under regular Sneede, the SOC is based on the Maintenance Need Income Level (MNIL) (or prorated amount), and a parental needs amount of $600 (which relates to the MNIL for one) is allowed for the parent before the parent allocates to others for whom that parent is responsible. Under Section 1931(b) Sneede, income eligibility is based on the MBSAC minus $1 (or its prorated amount) and the parent is allowed a $389 parental needs deduction as of July 1, 1999 (which relates to the MBSAC for one as specified in the AFDC Title IV-A State Plan in effect on July 16, 1996) before allocating to others. This amount changes based on the CalWORKs income limit.

Note: The $240 deduction and the "½" earned income deduction are not applied to applicants; however, under Sneede, each recipient may receive these deductions if applicable, which is similar to regular Sneede rules described in Section 8F of the Medi-Cal Eligibility Procedures Manual. As of March 1, 2000, recipients had a choice between the $240 and ½ deduction and the current 1931(b) income limit (Alternative A) or a $90 deduction and an income limit of 100 percent of the FPL (Alternative B). Applicant income limits were raised to 100% of the FPL. Effective November 1, 2002, applicants began receiving a $240 deduction from Social Security or private disability benefits plus the $90 deduction from earned income (Alternative B)

Property exception: The property limits under Section 1931(b) and Sneede are the same as for the MN program with the exception of a single adult who has a limit of $3,000. For more information see the Procedures Article 8G.

G. TRANSITIONAL MEDI-CAL (TMC) PROGRAM

Previously, TMC only applied to certain persons terminated from AFDC for employment related reasons. PRWORA now provides TMC to recipients of the Section 1931(b) program who are discontinued for the same reasons as before. To be eligible for the TMC program the individual must: (1) have been eligible for the CalWORKs program or Section 1931(b)-only program in three of the six months preceding the month of discontinuance and (2) have lost CalWORKs or Section 1931(b)-only program eligibility for increased earnings from employment. While PRWORA includes loss of a time-limited earned income disregard or hours of employment as employment related reasons, there are no time-limited earned income disregards that apply to California's Section 1931(b) program, nor

does the 100-hour rule apply to Section 1931(b)-only recipients. Therefore, these two reasons are not applicable. Persons who have been terminated from CalWORKs must be first evaluated for Section 1931(b)-only before placing them into the TMC program. If they are eligible for Section 1931(b)-only, they remain in that program until their earnings causes them to be ineligible. Only then should the family be evaluated for TMC. See Section 5B in Medi-Cal Procedures for more information.

H. FOUR-MONTH CONTINUING (AID CODE 54)

Four-month Continuing Medi-Cal applies to Section 1931(b) recipients as well as CalWORKs if they are terminated due to the collection or increased collection of child or spousal support payments. See Section 5B in Medi-Cal Procedures for more information.

I. NOTICES OF ACTION (NOA)

There are two approval Section 1931(b) NOAs and one denial Section 1931(b) NOA:

1. Continuation of Section 1931(b) Benefits (MC 349)
2. Continuation of Section 1931(b) Benefits - Spanish (MC 345 SP)
3. Section 1931(b) Approval for Benefits (MC 339)
4. Section 1931(b) Approval for Benefits - Spanish (MC 339 SP)
5. Denial or discontinuance of Section 1931(b) Benefits (MC 340)
6. Denial or discontinuance of Section 1931(b) Benefits - Spanish (MC 340 SP)

J. FORMS and CHARTS

1. Section 1931(b) Applicant and Recipient (Alternative B) Budget Form MC 176 MA - 1931 Group
2. Section 1931(b) Recipient Budget Form MC 176 MA (Alternative A)- 1931 Group
3. Section 1931(b) Recipient Worksheet (MC 176M- 1931Group 3+earner
4. Section 1931(b) *Sneede v. Kizer* Net Nonexempt Income Determination - Applicant and Recipient (Alternative B) MC 175-3I.2A - 1931 Group
5. Section 1931(b) *Sneede v. Kizer* Net Nonexempt Income Determination - Recipient MC 175-3I. 2R - 1931 Group
6. 2003 Federal Poverty Level Chart
7. Section 1931(b) *Sneede v. Kizer* Prorated FPL Income Standard and Property Levels -4/1/03
8. Section 1931(b) Recipient Income Limits (MBSAC)
9. Section 1931(b) *Sneede v. Kizer* Prorated Income Standard and Property Limits (MBSAC)

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL
NOTICE OF ACTION
CONTINUATION OF SECTION 1931(b) BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

Although your cash benefits for the California Work Opportunity and Responsibility to Kids (CalWORKs) program have stopped, your Medi-Cal will continue under the Section 1931(b) program. This program provides no-cost Medi-Cal benefits to certain low-income persons with eligible children.

You do not have to fill out monthly or quarterly status reports to keep Medi-Cal; however, if your cash benefits stopped because you did not return your CalWORKs monthly report ***and*** you had changes that you haven't reported to your cash worker, you must report those to your Medi-Cal worker now.

Receiving these Medi-Cal benefits does not count against any CalWORKs program time limits.

In order to remain eligible for this Medi-Cal program, you must:

- Have an eligible child living in the home who qualifies for Medi-Cal with no share-of-cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.
- Have income and property under a certain limit.
- Continue to meet all other Medi-Cal requirements.
- Report within ten days any significant changes that could affect your eligibility such as changes in your income, property, medical condition, or household situation.
- Complete the form for your Medi-Cal annual review when it is sent to you.

Always show your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MC 349 (3/01)

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL
CONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECTION 1931(b)

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

Aunque sus beneficios de dinero en efectivo del programa de Oportunidades de Empleo y Responsabilidad hacia los Hijos de California *(California Work Opportunity and Responsibility to Kids—CalWORKs)* han parado, sus beneficios de Medi-Cal continuarán bajo el programa de la Sección 1931(b). Este programa proporciona beneficios de Medi-Cal, sin costo alguno, a ciertas personas de bajos ingresos con niños que reúnen los requisitos.

Usted no tiene que llenar reportes mensuales o trimestrales sobre su situación para retener la Medi-Cal. Sin embargo, si sus beneficios en efectivo pararon porque usted no regresó su informe mensual de *CalWORKs* **y** tuvo cambios en su situación que no ha reportado a su trabajador(a) encargado(a) del efectivo, usted tiene que reportárselos ahora a su trabajador(a) de Medi-Cal.

La recibir estos beneficios de Medi-Cal no se toman en cuenta para cualesquier límites de tiempo del programa de *CalWORKs.*

A fin de seguir reuniendo los requisitos para este programa de Medi-Cal, usted tiene que:

- Tener un(a) niño(a) que reúne los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo, porque uno de sus padres ha muerto, está ausente, incapacitado(a), desempleado(a), (o trabaja con ingresos limitados), o usted tiene que ser un(a) niño(a) que reúne los requisitos, que vive con un(a) pariente.
- Tener ingresos y bienes por debajo de cierto límite.
- Continuar reuniendo todos los otros requisitos de Medi-Cal.
- Reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, bienes, condición médica o situación en el hogar.
- Completar el formulario para su evaluación anual de Medi-Cal, cuando éste se le envíe.

Siempre presente su Tarjeta de Identificación de Beneficios *(BIC)* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU *BIC* DE PLÁSTICO.

La regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones de California.

MC 349 (SP) (3/01)

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL
NOTICE OF ACTION
SECTION 1931(b)
APPROVAL FOR BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

The Section 1931(b) program provides no-cost Medi-Cal benefits to certain low-income persons with eligible children.

☐ You are entitled to full benefits beginning _____.

☐ Your benefits cover only emergency and pregnancy-related services beginning _____.

In order to remain eligible for this program, you must:

Have an eligible child living in the home who qualifies for Medi-Cal with no share-of-cost because one parent is deceased, absent, incapacitated, unemployed (or working with limited earnings), or you must be an eligible child living with a relative.

- Have income and property under a certain limit.
- Continue to meet all other Medi-Cal requirements.
- Report within ten days any significant changes that could affect your eligibility, such as changes in your income, property, medical condition, or household situation.
- Complete the form for your Medi-Cal annual review when it is sent to you.

Always present your Benefits Identification Card (BIC) to your medical provider whenever you need care. This card is good as long as you are eligible for Medi-Cal. DO NOT THROW AWAY YOUR PLASTIC BIC.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MC 339 (3/01)

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL

APROBACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECCIÓN 1931(b)

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del trabajador: _____
Número del trabajador: _____
Número de teléfono del trabajador: _____
Horas hábiles: _____
Notificación para: _____

El programa de la Sección 1931(b) proporciona beneficios de Medi-Cal, sin costo alguno, a ciertas personas de bajos ingresos que tengan niños que reúnan los requisitos.

☐ Usted tiene derecho a beneficios completos, a partir del _____.

☐ Sus beneficios cubren sólo los servicios de emergencia y los relacionados con el embarazo, a partir del _____.

A fin de seguir reuniendo los requisitos para este programa, usted tiene que:

- Tener un(a) niño(a) que reúna los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo, porque uno de sus padres ha muerto, está ausente, incapacitado(a), desempleado(a) (o trabaja con ingresos limitados), o usted tiene que ser un(a) niño(a) que reúne los requisitos, que vive con un(a) pariente.
- Tener ingresos y bienes por debajo de cierto límite.
- Continuar reuniendo todos los otros requisitos de Medi-Cal.
- Reportar, en un plazo de diez días, cualesquier cambios importantes que podrían afectar su elegibilidad, como por ejemplo cambios en sus ingresos, bienes, condición médica o situación en el hogar.
- Completar el formulario para su evaluación anual de Medi-Cal, cuando éste se le envíe.

Siempre presente su Tarjeta de Identificación de Beneficios *(BIC)* a su proveedor médico, cada vez que necesite atención. Esta tarjeta es válida, mientras usted reúna los requisitos para recibir beneficios de Medi-Cal. NO TIRE SU *BIC* DE PLÁSTICO.

La regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones California.

MC 339 (SP) (3/01)

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

MEDI-CAL
NOTICE OF ACTION
SECTION 1931(b)
DENIAL OR DISCONTINUANCE OF BENEFITS

(COUNTY STAMP)

Notice date: _____
Case number: _____
Worker name: _____
Worker number: _____
Worker telephone number: _____
Office hours: _____
Notice for: _____

☐ Your benefits under the Section 1931(b) program will be discontinued effective the last day of _____.

☐ You are not eligible for the Section 1931(b) program.

Here is/are the reason(s) why:

☐ Your income is over the limit.

☐ Your property is over the limit. The limit is _____.

☐ You do not have an eligible child living in the home who qualifies for Medi-Cal without a share-of-cost.

☐ You are working 100 hours or more and your family's earned income is over the limit.

☐ Your child is over the age limit.

☐ Other: _____

_____

You will receive another notice if you are eligible for another Medi-Cal program.

DO NOT THROW AWAY YOUR PLASTIC BENEFITS IDENTIFICATION CARD (BIC). You can use it again if you become eligible or are eligible for another Medi-Cal program.

The regulation that requires this action is California Code of Regulations, Title 22, Section 50226.

MC 340 (3/01)

State of California—Health and Human Services Agency

Department of Health Services
Medi-Cal Program

NOTIFICACIÓN DE ACCIÓN DE MEDI-CAL
NEGACIÓN O DESCONTINUACIÓN DE BENEFICIOS BAJO EL PROGRAMA DE LA SECCIÓN 1931(b)

(COUNTY STAMP)

Fecha de la notificación: _____
Número del caso: _____
Nombre del/de la trabajador(a): _____
Número del/de la trabajador(a): _____
Número de teléfono del/de la trabajador(a): _____
Horas hábiles: _____
Notificación para: _____

☐ Sus beneficios bajo el programa de la Sección 1931(b) se descontinuarán, a partir del último día de _____.

☐ Usted no reúne los requisitos bajo el programa de la Sección 1931(b).

Ésta(s) es/son la(s) razón(es):

☐ Sus ingresos están por encima del límite.

☐ Sus bienes están por encima del límite. El límite es de _____.

☐ Usted no tiene un(a) niño(a) que reúna los requisitos viviendo en su hogar, que cumpla con los requisitos para recibir Medi-Cal, sin parte del costo.

☐ Usted está trabajando 100 horas o más, y los ingresos ganados de su familia están por encima del límite.

☐ Su niño(a) sobrepasa la edad límite.

☐ Otra razón: _____

_____

Usted recibirá otra notificación, si reúne los requisitos para otro programa de Medi-Cal.

NO TIRE SU TARJETA DE IDENTIFICACIÓN DE BENEFICIOS DE PLÁSTICO *(BIC)*. Usted puede usarla de nuevo, si vuelve a reunir los requisitos, o si reúne los requisitos para otro programa de Medi-Cal.

regulación que exige esta acción es la Sección 50226, del Título 22, del Código de Regulaciones de California.

MC 340 (SP) (3/01)

SEC. 1931 APPLICANT AND RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR APPLICANTS; AND FOR RECIPIENTS UNDER ALTERNATIVE B

CASE NAME:	COUNTY DISTRICT:	COUNTY USE:
☐ NEW APP. ☐ REDETERMINATION ☐ CHANGE ☐ RETRO ELIG. ☐ CORRECTION	EFFECTIVE ELIG. DATE FOR THIS BUDGET: MONTH: _____ YEAR: _____	

NAME MFBU MEMBER #1:	NAME MFBU MEMBER #6:	OTHER COVERAGE:
NAME MFBU MEMBER #2:	NAME MFBU MEMBER #7:	
NAME MFBU MEMBER #3:	NAME MFBU MEMBER #8:	
NAME MFBU MEMBER #4:	NAME MFBU MEMBER #9:	
NAME MFBU MEMBER #5:	NAME MFBU MEMBER #10:	

1	ENTER NON-EXEMPT UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE DISABILITY INCOME HERE).	TOTAL MFBU UNEARNED INCOME: $ _____	UNEARNED INCOME MFBU MEMBER # ___ $ _____ + UNEARNED INCOME MFBU MEMBER # ___ $ _____ +	UNEARNED INCOME MFBU MEMBER # ___ $ _____ + UNEARNED INCOME MFBU MEMBER # ___ $ _____ +
2	☐ EDUCATIONAL EXPENSE (§50547)	- $ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):	
3	☐ $50 SUPPORT RECEIVED (§50554.5)	- $ _____		
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = $ _____		
5	ENTER NON-EXEMPT DISABILITY INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT ENTER SDI & TWC HERE BECAUSE THEY ARE CONSIDERED EARNINGS)	TOTAL MFBU DISABILITY-BASED INCOME: $ _____	DBI OF MFBU MEMBER # ___ $ _____ + DBI OF MFBU MEMBER # ___ $ _____ +	DBI OF MFBU MEMBER # ___ $ _____ + DBI OF MFBU MEMBER # ___ $ _____ +
6	$240 DEDUCTION	- $240		
7	REMAINING NON-EXEMPT DISABILITY INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = $ _____		
8	ENTER EARNINGS OF EACH MFBU MEMBER, SUBTRACT $90 WORK EXPENSE DEDUCTION FROM EACH, THEN TOTAL REMAINDERS FOR MFBU.	TOTAL MFBU EARNINGS: $ _____	EARNINGS, MFBU MEMBER # ___ $ _____ - $90 WRK EXP DED = $ _____ / EARNINGS, MFBU MEMBER # ___ $ _____ - $90 WRK EXP DED = $ _____	EARNINGS, MFBU MEMBER # ___ $ _____ - $90 WRK EXP DED = $ _____ / EARNINGS, MFBU MEMBER # ___ $ _____ - $90 WRK EXP DED = $ _____

9	☐ DEPENDENT CARE DEDUCTION (§50553.5)	$ _____	13	☐ ALLOCATION TO EXCLUDED CHILDREN (§50558)	- $ _____
10	REMAINING NON-EXEMPT EARNED INCOME	BOX 10 = $ _____	14	☐ ALLOCATION TO PA FAMILY MEMBER (§50557)	± $ _____
11	TOTAL REMAINING INCOME: NON-EXEMPT UNEARNED INCOME & NON-EXEMPT EARNED INCOME (LINES 4 + 7 + 10)	$ _____	15	TOTAL MFBU NET NON-EXEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR).	= $ _____
12	☐ CHILD/SPOUSAL SUPPORT PYMTS (§50554)	- $ _____	16	SEC. 1931 FPL INCOME LIMIT FOR FAMILY	$ _____ (ENTER FPL INCOME LIMIT APPROPRIATE FOR FAMILY SIZE HERE)
	IF INCOME FROM LINE 15 IS LESS THAN OR EQUAL TO LIMIT FROM LINE 16, FAMILY IS INCOME ELIGIBLE.	☐ ELIGIBLE	☐ NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDI-CAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.		

ELIGIBILITY WORKERS SIGNATURE:	WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:

MC 176 MA –1931 Group—APPL/RECIP (11/02)

SEC. 1931 RECIPIENT BUDGET FORM: FOR DETERMINING NET NON-EXEMPT INCOME AND SECTION 1931 INCOME ELIGIBILITY FOR RECIPIENTS UNDER ALTERNATIVE A

CASE NAME:	COUNTY DISTRICT:	COUNTY USE:
☐ NEW APP. ☐ REDETERMINATION ☐ CHANGE ☐ RETRO ELIG. ☐ CORRECTION	EFFECTIVE ELIG. DATE FOR THIS BUDGET: MONTH: _____ YEAR: _____	

NAME MFBU MEMBER #1:	NAME MFBU MEMBER #6:	OTHER COVERAGE:
NAME MFBU MEMBER #2:	NAME MFBU MEMBER #7:	
NAME MFBU MEMBER #3:	NAME MFBU MEMBER #8:	
NAME MFBU MEMBER #4:	NAME MFBU MEMBER #9:	
NAME MFBU MEMBER #5:	NAME MFBU MEMBER #10:	

1	ENTER UNEARNED INCOME OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU (DO NOT INCLUDE NON-EXEMPT DISABILITY-BASED INCOME HERE).	TOTAL MFBU UNEARNED INCOME: $ _____	UNEARNED INCOME MFBU MEMBER # ___ $ _____ +	UNEARNED INCOME MFBU MEMBER # ___ $ _____ +
			UNEARNED INCOME MFBU MEMBER # ___ $ _____ +	UNEARNED INCOME MFBU MEMBER # ___ $ _____ +
2	☐ EDUCATIONAL EXPENSE (§50547)	- $ _____	EXEMPT INCOME (LIST EXEMPT INCOME HERE):	
3	☐ $50 SUPPORT RECEIVED (§50554.5)	- $ _____		
4	REMAINING NON-EXEMPT UNEARNED INCOME	BOX 4 = $ _____		
5	ENTER DISABILITY-BASED INCOME (DBI) OF EACH MFBU MEMBER, THEN TOTAL FOR MFBU	TOTAL MFBU DISABILITY-BASED INCOME: $ _____	DBI OF MFBU MEMBER # ___ $ _____ +	DBI OF MFBU MEMBER # ___ $ _____ +
			DBI OF MFBU MEMBER # ___ $ _____ +	DBI OF MFBU MEMBER # ___ $ _____ +
6	$240 DEDUCTION	- $240		
7	REMAINING NON-EXEMPT DISABILITY – BASED INCOME (DBI) (IF DEDUCTION EXCEEDS DISABILITY BASED INCOME, ENTER "0")	BOX 7 = $ _____	7A UNUSED $240 (LINE 6 – LINE 5; IF NEGATIVE ENTER 0)	$_____ (UNUSED $240)
8	ENTER EARNINGS FOR UP TO TWO MFBU MEMBERS, THEN TOTAL FOR MFBU (IF 3 OR MORE PERSONS WITH EARNINGS, SKIP LINES 8 & 9 AND PROCEED TO WORKSHEET FOR 3+ EARNERS).	TOTAL MFBU EARNINGS: $ _____	EARNINGS OF MFBU MEMBER # _____ $ _____	EARNINGS OF MFBU MEMBER #_____ $ _____
9	☐ UNUSED $240 DEDUCTION (FROM BOX 7A)	- $ _____	14	TOTAL REMAINING NON-EXEMPT UNEARNED INCOME, NON-EXEMPT DISABILITY-BASED INCOME & NON-EXEMPT EARNED INCOME (TOTAL FROM BOX 4, 7 & 13) $ _____
10	REMAINING NON-EXEMPT EARNED INCOME (OR FROM LINE 12 WORKSHEET); IF DEDUCTION EXCEEDS EARNED INCOME, ENTER "0"	= $ _____	15	☐ CHILD/SPOUSAL SUPPORT PYMTS (§50554) - $ _____
11	50% DEDUCTION (DIVIDE AMOUNT IN LINE 10 BY 2)	= $ _____	16	☐ ALLOCATION TO EXCLUDED CHILDREN (§50558) - $ _____
12	☐ DEPENDENT CARE DEDUCTION (§50553.5)	- $ _____	17	☐ ALLOCATION TO PA FAMILY MEMBER (§50557) ± $ _____
13	REMAINING NON-EXEMPT EARNED INCOME	BOX 13 $ _____	18	TOTAL MFBU NET NON-EXCEMPT INCOME (ROUNDED DOWN TO THE NEAREST DOLLAR) = $ _____
			19	SEC. 1931 MBSAC INCOME LIMIT FOR FAMILY $ _____
	IF INCOME FROM LINE 18 IS LESS THAN LIMIT FROM LINE 19, FAMILY IS INCOME ELIGIBLE.	☐ ELIGIBLE	☐ NOT ELIGIBLE: IF NO SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR OTHER MEDI-CAL PROGRAMS; IF SNEEDE – ELIGIBLE CLASS MEMBER, EVALUATE FOR SEC. 1931 UNDER SNEEDE.	

ELIGIBILITY WORKERS SIGNATURE:	WORKER NUMBER:	COMPUTATION DATE:	COUNTY USE:

MC 176 MA –1931 Group—RECIP (2/ 02)

State of California—Health And Human Services Agency

Department of Health Services

SEC. 1931 PROGRAM WORKSHEET: APPLYING THE $240 & ½ DEDUCTION TO RECIPIENT FAMILIES WITH 3 OR MORE PERSONS WITH EARNINGS

	NAME:				
1	**Family's Non-exempt earned income**	$_____	$_____	$_____	$_____
2	**Non-exempt earned income of two highest earners**	$ _____			
3	Unused $240 deduction (from box 7a Recipient Budget Sheet [MC176M 1931 RECIP]; if result is 0 or less, enter 0)	- $ _____			
4	**Remaining Non-exempt earned income of two highest earners** (if deduction exceeds earned income, enter "0.")	= $ _____			
5	**Non-exempt earned income of 3rd highest earner**	$ _____			
6	$120 deduction	- $120			
7	**His/her remaining Non-exempt earned income** (if deduction exceeds earned income, enter "0.")	= $ _____			
8	**Non-exempt earned income of 4th highest earner**	$ _____			
9	$120 deduction	-$120			
10	**His/her remaining Non-exempt earned income** (if deduction exceeds earned income, enter "0.")	= $ _____			
11	**Other remainder Non-exempt earned income** (If 5 or more persons with earnings, enter Total of their remainder earned income after subtracting $120 from earnings of each.) (If deduction exceeds earned income, enter "0.")	= $ _____			
12	**Non-exempt earned income Subtotal** (total of all remainder earned income: add lines 4, 7, 10 & 11 this worksheet); enter amount on Section 1931 Program Budget Sheet (line 10)	= $ _____			

MC 176M-A –1931Group– 3+earner (5/99)

SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION – APPLICANT

Case Name	County District	County Use
Case Number	Effective Date Month	Year

CASE TYPE: APPLICANT OR RECIPIENT USING FEDERAL POVERTY LEVEL (FPL) (ALTERNATIVE B)

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for educational expenses, as provided in Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	☐ Parent A or ☐ Caretaker Relative	☐ Parent B or ☐ Caretaker Relative	☐ Child	☐ Child	☐ Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income.*					
2. Net child/spousal support received. ①					
3. In-kind income (IKI). ②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3, and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

① Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative. Divide the $50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.
② Unearned IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal family budget unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (PA)/other PA, and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.

Child/Spousal support and/or IKI computations:

B. DISABILITY-BASED INCOME					
6. Source and amount of disability-based income.					
7. Section 1931(b) $240 deduction.					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					

C. NONEXEMPT EARNED INCOME					
9. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
10. $90 work expense deduction.					
11. Child care deduction.					
12. Other deductions.					
13. Total deductions (add lines 10, 11 and 12).					
14. Total net nonexempt earned income (subtract line 13 from line 9).					

D. TOTAL COUNTABLE INCOME					
15. Total countable nonexempt unearned income (line 5).					
16. Total countable disability-based income (line 8).					
17. Total countable nonexempt earned income (line 14).					
18. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
19. Total countable income (add lines 15, 16, 17 and 18).					

E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
20. Court-ordered child support or alimony.					
21. Income used to determine PA eligibility (see MC 175-6, Section B).					
22. Other deductions:					
23. Total deductions (add lines 20, 21 and 22).					
24. Total net countable income (subtract line 23 from line 19). Enter this amount in Part 2 if no parent in MFBU. If parent in MFBU, continue.					

F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
25. P/S own needs (use FPL for one person).					
26. Total unearned in-kind income, income from PA, or income allocated from LTC/B&C spouse (add lines 3, 4 and 18).					
27. Parent's total net nonexempt income (subtract line 26 from line 24).					
28. Parent's net nonexempt income less P/S own needs (subtract line 25 from line 27); if negative, enter 0.					
29. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
30. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
31. Child's natural/adoptive parent – check if Parent A and/or B (see MC 175-2).			☐A ☐B	☐A ☐B	☐A ☐B
32. Parent A's allocation to spouse (if any) and natural/adopted children (divide Parent A's line 28 by line 29 and enter in applicable box). Do not enter under Parent B if unmarried.					

33. Parent B's allocation to spouse (if any) and natural/adopted children (divide Parent B's line 28 by line 30 and enter in applicable box). Do not enter under Parent A if unmarried.					
34. Enter the lesser of either line 25 or 27.					
35. Parent's total net nonexempt income (add lines 26, 34 and 32 or 33).					
36. Child's total net nonexempt income (add lines 24, 32 and 33); enter in Part 2.					

PART 2

SECTION 1931(b) MBU DETERMINATION – PROPERTY AND INCOME

☐ Section 1931(b) Income Test ☐ Section 1931(b) Property Determination

Instructions:

1. Include unborn in the mother's MBU and property limit/FPL income level unless mother is married, and only her separate children want Medi-Cal. If the pregnant woman is PA/other PA, include the unborn in the spouse's or father's MBU.
2. Do not include an excluded child.
3. Do not list MBU members in more than one MBU.
4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
5. Property determinations: enter the allocation for each spouse from MC 324, line 29.
6. Enter each person's net nonexempt income from lines 35 or 36.

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:
☐ Excess property – FAIL
☐ Income ineligibility – exceeds FPL – Property eligible – FAIL
☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:
☐ Excess property – FAIL
☐ Income ineligibility – exceeds FPL – Property eligible – FAIL
☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:
- ☐ Excess property – FAIL
- ☐ Income ineligibility – exceeds FPL – Property eligible – FAIL
- ☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:
- ☐ Excess property – FAIL
- ☐ Income ineligibility – exceeds FPL – Property eligible – FAIL
- ☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:
- ☐ Excess property – FAIL
- ☐ Income ineligibility – exceeds FPL – Property eligible – FAIL
- ☐ Income eligible – at or below FPL – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBU ☐ Property Limit ☐ FPL	

Check one:
- ☐ Excess property – FAIL
- ☐ Income ineligibility – exceeds FPL – Property eligible – FAIL
- ☐ Income eligible – at or below FPL – Property eligible – PASS

SECTION 1931(b) SNEEDE V. KIZER NET NONEXEMPT INCOME DETERMINATION AND MINI BUDGET UNIT (MBU) DETERMINATION – RECIPIENT

Case Name	County District	County Use
Case Number	Effective Date Month	Year

CASE TYPE: RECIPIENT (ALTERNATIVE A)

PART 1

NOTE: The only deduction applicable to the Section 1931(b) program is the deduction for educational expenses, as provided In Section 50547, Title 22, California Code of Regulations.

ENTER NAME OF EACH MFBU MEMBER (Do not list unborns)	Name	Name	Name	Name	Name
Person Type	☐ Parent A or ☐ Caretaker Relative	☐ Parent B or ☐ Caretaker Relative	☐ Child	☐ Child	☐ Child
A. NONEXEMPT UNEARNED INCOME (EXCLUDING DISABILITY-BASED INCOME)					
1. Source and amount of nonexempt unearned income.*					
2. Net child/spousal support received. ①					
3. In-kind income (IKI). ②					
4. Income available from PA/other PA (see MC 175-6, line A.4).					
5. Total nonexempt unearned income (add lines 1, 2, 3, and 4).					

* Sources include: net income from property, Social Security nondisability payments, etc.

① Child/Spousal Support Payments Received	Child support is income to the child, not to the parent or caretaker relative. Divide the $50 per month child/spousal support deduction by the number of persons for whom the income is intended. Any unused remainder will be prorated among the remaining persons who still have support payments to apply against the deduction.
② Unearned IKI	Prorate the unearned IKI among the persons who receive the income. Example: Medi-Cal family budget unit (MFBU) of four receives free housing. Use IKI for four and each person receives one-fourth of the IKI. Add an unborn's share of IKI to the pregnant woman's share. If the pregnant woman is Public Assistance (PA)/other PA, and not in the MFBU, give the unborn's share to the father of the unborn if he is in the MFBU.

Child/Spousal support and/or IKI computations:

B. DISABILITY-BASED INCOME					
6. Source and amount of disability-based income. (Continue to line 7, even if no disability income.)					
7. Section 1931(b) $240 deduction.					
8. Remaining nonexempt disability-based income (subtract line 7 from line 6). Enter 0 if negative.					
9. Unused Section 1931(b) deduction. (If line 6 is 0, enter $240. Otherwise, subtract line 6 from line 7.) Enter 0 if negative.					

C. NONEXEMPT EARNED INCOME					
10. Source and amount of nonexempt earned income (include TWC, SDI and earned IKI).					
11. Section 1931(b) deduction from line 9.					
12. Remaining nonexempt earned income (subtract line 11 from line 10).					
13. 50% earned income deduction (one-half of line 12).					
14. Child care deduction.					
15. Other deductions.					
16. Total deductions (add lines 13, 14 and 15).					
17. Total net nonexempt earned income (subtract line 16 from line 12).					

D. TOTAL COUNTABLE INCOME					
18. Total countable nonexempt unearned income (line 5).					
19. Total countable disability-based income (line 8).					
20. Total countable nonexempt earned income (line 17).					
21. Income allocated from LTC/B&C person to family members at home (from MC 176W, Part B, or from MC 175-7, line C.2).					
22. Total countable income (add lines 18, 19, 20 and 21).					

E. TOTAL NET COUNTABLE INCOME AFTER OTHER DEDUCTIONS					
23. Court-ordered child support or alimony.					
24. Income used to determine PA eligibility (see MC 175-6, Section B).					
25. Other deductions:					
26. Total deductions (add lines 23, 24 and 25).					
27. Total net countable income (subtract line 26 from line 22). Enter this amount in Part 2 if no parent in MFBU. If parent in MFBU, continue.					

F. PARENTAL/SPOUSAL (P/S) ALLOCATION COMPUTATION (Skip if no parent in MFBU)					
28. P/S own needs (subtract $1 from MBSAC for one person).					
29. Total unearned in-kind income, income from PA, or income allocated from LTC/B&C spouse (add lines 3, 4 and 21).					
30. Parent's total net nonexempt income (subtract line 29 from line 27).					
31. Parent's net nonexempt income less P/S own needs (subtract line 28 from line 30); if negative, enter 0.					
32. Number of persons for whom Parent A is responsible (MC 175-2, Section A). DO NOT COUNT PARENT A.					
33. Number of persons for whom Parent B is responsible (MC 175-2, Section B). DO NOT COUNT PARENT B.					
34. Child's natural/adoptive parent – check if Parent A and/or B (see MC 175-2).			☐A ☐B	☐A ☐B	☐A ☐B

35. Parent A's allocation to spouse (if any) and natural/adopted children (divide Parent A's line 31 by line 32 and enter in applicable box). Do not enter under Parent B if unmarried.					
36. Parent B's allocation to spouse (if any) and natural/adopted children (divide Parent B's line 31 by line 33 and enter in applicable box). Do not enter under Parent A if unmarried.					
37. Enter the lesser of either line 28 or 30.					
38. Parent's total net nonexempt income (add lines 29, 37 and 35 or 36).					
39. Child's total net nonexempt income (add lines 27, 35 and 36); enter in Part 2.					

PART 2

SECTION 1931(b) MBU DETERMINATION – PROPERTY AND INCOME

☐ Section 1931(b) MBSAC Income Test ☐ Section 1931(b) Property Determination

Instructions:

1. Include unborn in the mother's MBU and property limit/MBSAC income level unless mother is married, and only her separate children want Medi-Cal. If the pregnant woman is PA/other PA, include the unborn in the spouse's or father's MBU.
2. Do not include an excluded child.
3. Do not list MBU members in more than one MBU.
4. If any MBU has excess property, check to see if Medi-Cal linkage still exists for other family members.
5. Property determinations: enter the allocation for each spouse from MC 324, line 29.
6. Enter each person's net nonexempt income from lines 38 or 39.

MBU NUMBER	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs ☐ Property Limit ☐ MBSAC	

Check one:
☐ Excess property – FAIL
☐ Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL
☐ Income eligible – below MBSAC – Property eligible – PASS

MBU NUMBER	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs ☐ Property Limit ☐ MBSAC	

Check one:
☐ Excess property – FAIL
☐ Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL
☐ Income eligible – below MBSAC – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs ☐ Property Limit ☐ MBSAC	

Check one:
- ☐ Excess property – FAIL
- ☐ Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL
- ☐ Income eligible – below MBSAC – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs ☐ Property Limit ☐ MBSAC	

Check one:
- ☐ Excess property – FAIL
- ☐ Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL
- ☐ Income eligible – below MBSAC – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs ☐ Property Limit ☐ MBSAC	

Check one:
- ☐ Excess property – FAIL
- ☐ Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL
- ☐ Income eligible – below MBSAC – Property eligible – PASS

MBU NUMBER _____	
Person name/number	Net Nonexempt ☐ Property ☐ Income
1.	
2.	
3.	
4.	
5.	
6.	
TOTAL	
MBUs ☐ Property Limit ☐ MBSAC	

Check one:
- ☐ Excess property – FAIL
- ☐ Income ineligibility - at/exceeds MBSAC – Property eligible – FAIL
- ☐ Income eligible – below MBSAC – Property eligible – PASS

2003 FEDERAL POVERTY LEVEL CHART

Effective 4/1/03

Persons	Monthly MMNL($)	MMNL as % of FPL	100%($) Monthly	Annual($) 100% FPL	120% Monthly ($)	133% Monthly ($)	185% Monthly ($)	200% Monthly ($)	250% Monthly ($)
1	600	81	749	8980	898	996	1385	1497	1871
2	750	75	1010	12120	1212	1344	1869	2020	2525
2 Adults	934	93	1010	12120	1212	1344	1869	2020	2525
3	934	74	1272	15260	1526	1692	2353	2544	3180
4	1100	72	1534	18400	1840	2040	2837	3067	3834
5	1259	71	1795	21540	2154	2388	3321	3590	4488
6	1417	69	2057	24680	2468	2736	3805	4114	5142
7	1550	67	2319	27820	2782	3084	4289	4637	5796
8	1692	66	2580	30960	3096	3432	4773	5160	6450
9	1825	65	2842	34100	3410	3780	5258	5684	7105
10	1959	64	3104	37240	3724	4128	5742	6207	7759
For each addtn'l member add:	14		262	3140	314	349	485	524	655

$35: = for Resident in LTC Facilities

MMNL: = for Medically Needy Program

100% FPL: = for Qualified Medicare Beneficiary (QMB) Program; and
= for Children Ages 6 Up To 19 Percent Program; and
= for FPL Program for Aged and Disabled; and
< for Section 1931 Applicants and for Certain Recipient's

120% FPL: < for Specified Low Income Beneficiaries

133% FPL: = for Children Ages 1 Up To Age 6

185% FPL: = for Transitional Medi-Cal (TMC)

200% FPL: = for Qualified Working Disabled Individuals; and
= for Pregnant Women and Infants Up To Age 1 (disregard is in the 200% FPL)

250% FPL: = for Healthy Families Program, and for Working Disabled Program

Notes:
"=" means: eligibility if budget unit income is equal to or less than income limit.
"<" means: eligibility if budget unit income is less than income limit.
Figures in above chart are rounded up to next dollar where necessary.

Section 1931(b) Determinations: Sneede v. Kizer
Prorated FPL Income Standard and Property Levels
- April 1, 2003 -

I. MBU Contains an Adult - May also Include an Unborn

Person Type	1931(b) Income	Property
Single Parent	$ 749	$3,000
Single Parent with Unborn	1,010	3,000
Married Couple -Two Adults	1,010	3,000
Married Couple with Unborn	1,272	3,150
Unmarried Couple - Each Unmarried Partner	749	3,000

II. MBU Contains Adult(s) and Child(ren)

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

III. MBU Contains a Nonparent Caretaker Relative or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA or Not in the MFBU

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparents) and They Are in the Same MFBU. (Do not include a parent who is PA/other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU.)

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	$ 505	$1,500	$ 424	$1,050
2	848	2,100	767	1,650
3	1,151	2,475	1,077	2,070
4	1,436	2,760	1,372	2,400
5	1,715	3,000	1,657	2,679
6	1,988	3,215	1,935	2,925
7	2,258	3,413	2,211	3,150
8	2,527	3,600	2,484	3,360
9	2,794	3,780	2,754	3,437
10*	3,060	3,819	3,024	3,500

***NOTE:** Add $262 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.

$$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}} \times \text{1931(b) Income Standard for Parent(s) + Child(ren) in MBU} = \text{Prorated income}$$

APPENDIX A

TABLE 1: SECTION 1931(b) INCOME LIMITS EFFECTIVE JULY 1, 1999

Family Size	Effective Section 1931 Income Limit**
1	$390
2	$639
3	$793
4	$942
5	$1,074
6	$1,208
7	$1,327
8	$1,445
9	$1,567
10	$1,701*

*Add $14 dollars for each additional needy person over 10.

** The figures in this column will used for purposes of determining Section 1931(b) income eligibility. If the family's net non-exempt income is less than the amount in this column appropriate for that size family, the family is eligible for the Section 1931(b) program.

Section 1931(b) Determinations: Sneede v. Kizer
Prorated MBSAC Income Standard and Property Levels
- July 1, 1999 -

I. MBU Contains an Adult - May also Include an Unborn

Person Type	1931(b) Income	Property
Single Parent	$ 390	$3,000
Single Parent with Unborn	639	3,000
Married Couple -Two Adults	639	3,000
Married Couple with Unborn	793	3,150
Unmarried Couple - Each Unmarried Partner	390	3,000

II. MBU Contains Adult(s) and Child(ren)

Allow the full non-Sneede Section 1931(b) income/property limits for the MBU based on the number of individuals in the MBU.

III. MBU Contains a Nonparent Caretaker Relative, or Child(ren) with No Parents Living in the Home, or Child(ren) Whose Parent is PA/Other PA and Not in the MFBU

Each MBU receives full non-Sneede 1931(b) income/property limit based on the number of persons in each MBU. If there is a pregnant minor in the MFBU, include the unborn in the pregnant minor's MBU.

IV. MBU Contains Only Children Who Live with One or Both Parents (Not Stepparents) and They Are in the Same MFBU (Do not include a parent who is PA/other PA and not in the MFBU. Also, if there is a pregnant minor in the MFBU, her unborn is considered as another child in the pregnant minor's MBU.)

No. of Children in MBU	One Parent		Two Parents	
	Prorated Income	Prorated Property	Prorated Income	Prorated Property
1	$ 320	$1,500	$ 265	$1,050
2	529	2,100	471	1,650
3	707	2,475	645	2,070
4	860	2,760	806	2,400
5	1,007	3,000	948	2,679
6	1,138	3,215	1,084	2,925
7	1,265	3,413	1,219	3,150
8	1,393	3,600	1,361	3,360
9	1,531	3,780	1,404	3,437
10*	1,560	3,819	1,441	3,500

***NOTE:** Add $14 for each additional child after 10 to Section 1931(b) income standards to determine prorated income standards.

$\frac{\text{No. Children in MBU}}{\text{Parent(s) + No. Children in MBU}}$ X 1931(b) Income Standard for Parent(s) + Child(ren) in MBU = Prorated income