ARTICLE 1

SECTION 1

DEFINITIONS

1. GENERAL

This section defines terms commonly used in the Medi-Cal program. Definitions contained in this section are intended to serve as a resource to staff, not to provide regulations. Definitions identified below are in alphabetical order.

2. ABBREVIATIONS

ABD	-	Aged, Blind or Disabled
AFDC	-	Aid to Families with Dependent Children
CMS	-	County Medical Services
CSRA	-	Community Spouse Resource Allowance
CSU	-	Child Support Unit
DSS	-	County Department of Social Services
ETS	-	Employment Training Services
FPL	-	Federal Poverty Level
FSD	-	Family Support Division
HIC	-	Social Security Health Insurance Claim number
HIPP	-	Health Insurance Premium Payment Program
IEVS	-	Income and Eligibility Verification System
IHSS	-	In Home Supportive Services
INS	-	Immigration and Naturalization Service
IRCA	-	Immigration Reform and Control Act
IRWE	-	Income Related Work Expenses
LTC	-	Long Term Care
MCCA	-	Medicare Catastrophic Coverage Act
MEM	-	Medi-Cal Eligibility Manual
MFBU	-	Medi-Cal Family Budget Unit
MI	-	Medically Indigent
MN	-	Medically Needy
MPG	-	Medi-Cal Program Guide
OBRA	-	Omnibus Budget Reconciliation Act
PA	-	Public Assistance
PHP	-	Prepaid Health Plan
POE	-	Proof of Eligibility
PRUCOL	-	Permanently Residing in the U.S. Under Color of Law
QDWI	-	Qualified Disabled Working Individual
QMB	-	Qualified Medicare Beneficiary
RD	-	Renal Dialysis
RSDI	-	Retired Survivor, Disability Insurance
SAVE	-	Systematic Alien Verification for Entitlements
SAWS	-	Special Agricultural Workers
SDHS	-	State Department of Health Services

SDX	-	State Data Exchange
SIS	-	Satisfactory Immigration Status
SLMB	-	Special Low Income Medicare Beneficiary
SNF	-	Skilled Nursing Facility
SOC	-	Share Of Cost
SSI/SSP	-	Supplemental Security Income/State Supplemental Program

3. DEFINITIONS

ACCURATELY REFLECT. A reasonable determination of current income based on what the applicant/beneficiary reported on the Statement of Facts when compared to provided verifications. If there is a discrepancy between the amounts of income declared and the amount reflected on the verification, the worker must use his/her best judgment as to the correct amount of current income. If the worker is not able to determine the correct income, the worker should consult their supervisor. If the worker and supervisor cannot make a reasonable determination of income, or the discrepancy would result in ineligibility to a Medi-Cal program, the worker must contact the applicant/beneficiary to clarify. The determination must be narrated in the case file.

ADEQUATE CONSIDERATION. The receipt of cash or property, which is fair and reasonable under the circumstances considering the net market value of property that is sold, converted or transferred.

ADULT. A person meeting any one of the criteria listed below:

MEM 50014(a)

1) A person who is 21 years of age or older; or

2) A blind or disabled MN person who is 18 to 21 years of age, living in the home of a parent and not currently enrolled in school; or

3) An AFDC-MN or MI person who is 18 to 21 years of age, who is not living in the home of a parent or caretaker relative, is not claimed as a tax dependent of his/her parent(s) and is not receiving out-of-home care from a public agency; or

4) A person 14 to 18 years of age who is not living in the home of a parent or caretaker relative and who does not have a parent, caretaker relative or legal guardian handling any of his/her financial affairs.

ADVERSE ACTION. An action taken, which discontinues Medi-Cal eligibility or increases an MFBU's share of cost.

The following shall not be considered to be an adverse action:

1) Discontinuance due to any of the following reasons:

   a) Death, for a one-person MFBU.

   b) The whereabouts of the beneficiary is unknown and the post office has returned county department mail directed to the beneficiary indicating no forwarding address.

   c) Admission to an institution, which renders the beneficiary ineligible.

d) The beneficiary also has Medi-Cal eligibility under another identity or category, or in another county or state; or will have such dual eligibility as of the first of the coming month if discontinuance action is not taken.

e) Receipt of the beneficiary's clear and signed written statement that does either of the following:

(1) States the beneficiary no longer wishes Medi-Cal benefits.

(2) Gives information that requires discontinuance and includes the beneficiary's acknowledgment that he/she knows Medi-Cal will stop due to this information.

2) An increase in an MFBU's share of cost due to either of the following:

a) The voluntary inclusion of eligible family members who currently are not receiving benefits under any Medi-Cal program.

b) Receipt of the beneficiary's clear and signed statement which gives information which requires an increase in the share of cost and including the beneficiary's acknowledgment that the increase must be the consequence of supplying such INFORMATION.

AID. Cash assistance, food stamps or Medi-Cal.

AID CATEGORY. The specific category under which a person is eligible to receive Medi-Cal.

AID CODE. The two-digit number which indicates the aid category under which a person is eligible.

AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC). The public assistance program that provides cash grant and Medi-Cal to children deprived of parental support or care and their eligible relatives.

APPLICANT. The individual or family:

1) Making an application for aid;

2) On whose behalf an application is made;

3) Requesting a restoration or reapplication.

APPLICATION. A written request for aid. Form CA1 is an application for aid.

APPROVAL OF ELIGIBILITY. The determination made by DSS that a person or family is eligible for Medi-Cal.

BENEFICIARY. A person who has been determined eligible for Medi-Cal.

BOARD AND CARE. Receipt of board, room, personal care and designated supplemental services related to individual needs in one of the following nonmedical protective living environments, (EAS 46-325.3), for a full calendar month:

1) A State licensed residential care facility.

2) The home of a relative or legally appointed guardian or conservator, other than the home of a spouse or the home of a parent for a blind or disabled child.

3) A home in which a child is placed by a court under Welfare and Institutions Code 727 (a).

4) An exclusive use home approved by a licensed home finding agency.

BURIAL INSURANCE. Insurance, which by its terms can only be used to pay the burial expenses of the insured.

CASH GRANT. The money payment made to a person eligible for AFDC or SSI/SSP.

CERTIFICATION DATE FOR CLAIMS CLEARANCE. The date of the most recent service listed on the Record of Health Care Costs, MC 177S or MC 177P.

CERTIFICATION -- EFFECTIVE DATE. The date the person is certified to receive Medi-Cal benefits.

CERTIFICATION FOR MEDI-CAL. The determination by DSS or the State Department that a person is eligible for Medi-Cal and has no share of cost, has met the share of cost, or is in long-term care and has a share of cost, which is less than the cost of long-term care at the Medi-Cal rate.

CHILD. A person under the age of 21 except that the following persons are considered adults by definition.

1) A person 18 to 21 years of age, who is not living in the home of a parent or caretaker relative, not claimed as a tax dependent by the parent, and is not receiving out-of-home care from a public agency; or MEM 50014(a)

2) A blind or disabled MN person who is 18 to 21 years of age, living in the home of a parent and not currently enrolled in school; or

3) A person 14 to 18 years of age who is not living with a parent or caretaker relative and who does not have a parent, caretaker relative or legal guardian handling any of his/her financial affairs.

An unborn is considered a child for Medi-Cal purposes.

APPENDIX A

STATE LAWS REGARDING THE RECOGNITION OF COMMON LAW MARRIAGES

CHILD HEALTH AND DISABILITY PREVENTION PROGRAM (CHDP). The community based program for early identification and referral for treatment of persons under 21 years of age with potentially handicapping conditions.

COMBINATION CASES. AN MFBU, which contains both Medi-Cal and CMS eligible persons.

COMMON-LAW MARRIAGE. A common-law marriage is established when: MEM 50057

1) A man and a woman both agree by written or verbal statement that they are husband and wife. The words must be in the present tense and must express intent to assume the relationship of husband and wife at the time involved and not at some future time. MEM Proc. 1A-1

2) The parties must have capacity to enter the agreement. This means that they must be of sound mind and of the minimum age.

3) There must be cohabitation (living together as husband and wife, and hold themselves out to the public as husband and wife) following the verbal or written statement.

If these facts are established and the state where it occurred recognizes common-law marriages, a marriage is in existence which is valid for all purposes in California and which can only be dissolved by formal divorce even in the state in which it was created. See Appendix A to validate which states recognize common-law marriages.

COMMUNITY SPOUSE. The spouse of an institutionalized individual who is not in long-term care.

COMPETENT. A person able to act on one's own behalf in business and personal matters.

CONTIGUOUS PROPERTY. Adjacent or adjoining property that is not separated by a road, street, right of way or in any other manner from property being considered.

CONVERSION OF PROPERTY. Changing property from one form to another without changing ownership.

COUNTY AGENCY. Either an administrative division of a county government or a non-county organization that has a contract with the county to act on the county's behalf.

COUNTY CASH-BASED MEDI-CAL ELIGIBILITY. Eligibility for Medi-Cal benefits which is based upon DSS determination of eligibility for a cash grant or IHSS.

COUNTY DOLLAR ERROR RATE. Medi-Cal dollars paid in error in the eligibility quality control sample divided by the Medi-Cal dollar paid in the sample.

COUNTY MEDICAL SERVICES (CMS). A county funded program for adults 21 to 64 years of age who are ineligible for Medi-Cal.

ELIGIBILITY AND ASSISTANCE STANDARDS MANUAL (EAS). The portion of the Manual of Policies and Procedures published by the State Department of Social Services which includes regulations pertaining to the AFDC, and SSP programs.

ELIGIBILITY QUALITY CONTROL.

1) Federally mandated review of Medi-Cal cases to ensure proper determination of eligibility.

AND

2) State mandated review of Medi-Cal cases within individual counties to ensure proper determination of eligibility.

ELIGIBILITY SERVICES. Those services provided by DSS relating to the initial and continuing determination of a person's or family's Medi-Cal eligibility.

EMERGENCY ASSISTANCE (EA). The public assistance programs that provide assistance for 30 days to:

1) Certain families not meeting the qualifications for the federal AFDC-U program.

2) Those children in danger of abuse, neglect or exploitation and to families of such children.

ENCUMBRANCES OF RECORD. Obligations for which property is security as evidenced by a written document.

FAMILY MEMBER. 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 either unmarried parent or of the parent or stepparent.

If there are no children, family member means a single person or a married couple.

FEDERAL POVERTY LEVEL. The federal poverty level means an income level based on the official poverty line as defined by the federal Office of Management and Budget and revised annually or at any shorter interval the Secretary of Health and Human Services deems feasible and desirable pursuant to Section 9902(2), Title 42, United States Code.

HEIRLOOM. Any item of personal property, other than cash and securities, which has substantial sentimental value, has been owned by a family for at least two generations and has intention to be retained by the family in succeeding generations.

HOME. Real or personal property, fixed or mobile, located on land or water, in which a person or family lives.

IMMIGRATION AND NATURALIZATION SERVICE (INS). The branch of the United States Government that administers regulations regarding aliens in the United States.

INCOME AND ELIGIBLITY VERIFICATION SYSTEM (IEVS). The federally mandated system established to obtain, use and verify information relevant to determinations of eligibility and share of cost.

IN-HOME SUPORTIVE SERVICES (IHSS). The social services program, which provides necessary personal and domestic care so that aged, blind and disabled person may remain in their own home.

INMATE. A person living or being cared for in an institution. Excluded from this definition are persons residing at a facility for vocational training or educational purposes, and persons temporarily in an institution pending more suitable arrangements, such as children in a local agency facility pending foster care placement.

INSTITUTION. An establishment which provides food and shelter to four or more persons unrelated to the proprietor and in addition provides some treatment or services which meet needs beyond the basic provision of food and shelter.

1) Institution -- Medical. Any public or private acute care hospital, acute psychiatric hospital, intermediate care facility, skilled nursing facility, or other medical facility licensed by an officially designated state standard setting authority.

2) Institution -- Mental Diseases (IMD). An institution for mental diseases means an institution primarily engaged in providing diagnosis, treatment or care for persons with mental illness.

3) Institution – Non-medical. Any institution providing non-medical residential care, custodial care, custody or restraint. This includes penal institutions.

4) Institution -- Private. A proprietary or nonprofit facility managed and controlled by an individual, private association or cooperation.

5) Institution -- Public. An institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. Excluded from this definition are medical facilities and publicly operated community residences designed to serve and serving no more than sixteen persons.

6) Institution --Tuberculosis. An institution which is primarily engaged in providing diagnosis, treatment or care of persons with tuberculosis, including medical attention, nursing care and related services.

INSTITUTIONALIZED SPOUSE. Beginning with the date of admission into the nursing facility or medical institution an institutionalized spouse is one who is all of the following:

1) Applying for Medi-Cal on or after January 1, 1990.

2) Beginning a continuous period of institutionalization on or after September 20, 1989, as an inpatient in a medical institution or nursing facility.

3) Is expected to remain in the medical institution or nursing facility for a continuous period of at least 30 consecutive days as evidenced by a statement, signed and dated by the physician of the institutionalized spouse. Non-receipt of nursing facility level of care for a full calendar month shall be considered a termination of a continuous period of institutionalization.

4) Is married to a community spouse.

5) Is not AFDC-MN.

INTERMEDIATE CARE FACILITY (ICF). A facility which provides services to patients who:

1) Require a protection and supportive care above the board and care level; and

2) Do not require continuous supervision by a licensed registered or vocational nurse; and

3) Do not have an illness, injury or disability for which hospital or skilled nursing facilities are required.

INTERPROGRAM TRANSFER. A transfer of eligibility from one aid category to another aid category, in which the first digit of the aid code changes.

INTRAPROGRAM STATUS CHANGE. A change in person or family's eligibility from one aid category to another aid category, in which the first digit of the aid code remains the same.

LIFE INSURANCE. A contract for which premiums are paid during the life time of the insured, and on which the insuring company pays the face amount of the policy to the beneficiary upon the death of the insured. Life insurance may also be purchased by a single premium or by letting dividends accumulate.

LIMITED SERVICE STATUS. The beneficiary's use of the Medi-Cal care is limited because of enrollment in a nonprehensive prepaid health plan, improper utilization of service, application as a child under minor consent services or participation in a pilot project conducted by the stated.

LINKED. Meeting the SSI/SSP requirements of age, blindness or, disability or the AFDC requirements of deprivation of parental support and care.

LONG TERM CARE (LTC) SPOUSE. An institutionalized spouse regardless of the date of admission into the LTC facility. ACWDL 91-84

LONG TERM CARE (LTC) STATUS. Inpatient medical care, which lasts for more than the month of admission and is expected to last for at least one full calendar month after the month of admission. ACWDL 90-01

MARRIAGE. The state of being married, including a legal common-law marriage (*for further details on legal common-law marriage, see common-law marriage).* MEM 50057

MEM Proc. 1A-1

MEDI-CAL. California's medical assistance program and the benefits available under that program.

MEDI-CAL CARD. A computer printed or hand typed card issued each month to a person certified to receive Medi-Cal. Identifies the person as a Medi-Cal beneficiary and authorizes the receipt of Medi-Cal covered services by that person.

MEDI-CAL DOLLAR ERROR RATE STANDARD. The statewide dollar error rate tolerance level established by the State to measure county performance in the accurate determination of Medi-Cal eligibility and share of cost for MN and MI beneficiaries.

MEDI-CAL FAMILY BUDGET UNIT (MFBU). The persons who will be included in the Medi-Cal eligibility and share of cost determination.

MEDI-CAL-ONLY ELIGIBILITY. A person's or family's eligibility for Medi-Cal benefits that has been determined independently of an eligibility determination for any other aid or benefit programs.

MEDICALLY INDIGENT (MI) PERSON OR FAMILY. A person or family eligible under the Medically Indigent program. These people are not linked to a federal program.

MEDICALLY NEEDY (MN) PERSON OR FAMILY. A person or family eligible under the Medically Needy program. These people are linked to a federal program.

MINIMUM BASIC STANDARD OF ADEQUATE CARE (MBSAC). The amount necessary to provide an AFDC family with basic needs as specified in the EAS manual.

MINOR CONSENT SERVICES. Services means services related to:

1) Sexual assault.

2) Drug or alcohol abuse for children 12 years of age or older.

3) Pregnancy.

4) Family planning.

5) Venereal disease for children 12 years of age or older. Sexually transmitted diseases designated by the State for children 12 years of age or older.

6) Mental health care for children 12 years of age or older who are mature enough to participate intelligently and which is needed to prevent the children from seriously harming themselves or others or because the children are the alleged victims of incest or child abuse.

MULTIPLE DWELLING UNIT. Any dwelling with more than one separate living unit, which normally would include, as a minimum, a bathroom and a kitchen.

NONRECURRING LUMP SUM PAYMENT. A payment accrued over more than one calendar month and not expected to be received again in the future. It does not include the amount of the monthly benefit for the month the lump sum is received. For instance, a social security lump sum payment would have the current month payment subtracted from the lump sum payment to determine the amount of the lump sum.

NURSING FACILITY. An intermediate care facility or a skilled nursing facility.

OBLIGATE. To incur a cost for health care services.

OTHER PUBLIC ASSISTANCE (OTHER PA) RECIPIENT. A person eligible for Medi-Cal under one of the categories in the Other Public Assistance program. Other public assistance includes SSI/SSP, AFDC, IHSS, but is not limited to these programs.

OVERPAYMENT. The receipt of Medi-Cal benefits when there is no entitlement to all or a portion of the benefits received.

PARENT. The natural or adoptive parent of a child.

PARENT -- MINOR. A parent who meets the definition of a child and has his/her children living in the home. MEM 50068.5

PARENTS -- UNMARRIED. Parents who are living together with their common child and the parents are not married to each other.

PATIENT. A person receiving individual professional services directed by a licensed practitioner of the healing arts towards maintenance, improvement, or protection of health, or the alleviation of disability or pain.

PERSONS LIVING IN THE HOME.

1) Includes all of the following:

a) Persons physically present in the home.

b) Persons temporarily absent from the home because of hospitalization, visiting, vacation, trips in connection with work, or because of similar reasons as limited by (4) below. MEM 50068.5

c) Persons away at school or vocational training who will resume living in the home as evidenced by the person returning home for vacations, weekends and at other times.

2) A temporary absence is normally one in which the person leaves and returns to the home in the same month or the following month.

3) A child temporarily absent from the home shall be considered to be living in the home as long as the parent continues to have responsibility for the care and control of the child. A parent continues to have responsibility for the care and control of a child until the court removes this responsibility or the parent voluntarily relinquishes it.

4) An 18 or 21 year old or unmarried minor parent living on the parent's property shall not be considered to be living in the parent's home if both of the following conditions exist:

a) The 18 or 21 year old or unmarried minor parent does not receive any support from the parents; and

b) The building the 18 or 21 year old or unmarried minor parent lives in would be considered other real property of the parents.

5) A person whose institutional status results in ineligibility for Medi-Cal shall not be considered to be living in the home during any full month of institutionalization.

PREPAID HEALTH PLAN C COMPREHENSIVE. A prepaid health plan that is required by contract with the State to provide the full scope of benefits available under the Medi-Cal program.

PRIMARY CARE CASE MANAGEMENT (PCCM) PLAN.

PCCM plan means any person or organization who:

1) Has entered into a contract with the State Department of Health Services on a capitated or risk sharing basis, or both, to provide or arrange for the provision of health care services under the provisions of Article 2.9 commencing with Section 14088, Welfare and Institutions Code; and

2) Meets the requirements for participation in the Medicaid Program, as stated in Title XIX of the Social Security Act, on an at-risk basis.

PROPERTY C COMMUNITY. Property acquired by either spouse during marriage, unless the

property was acquired as separate property or with funds that can be identified as separate property.

1) Property C Personal. Possessions or interests, exclusive of real property, that may be easily transported or stored; including but not limited to cash on hand, bank accounts, notes, mortgages, deeds of trust, cash surrender value of life insurance, motor vehicles, uncollected judgments, an interest in a firm in receivership, a lawsuit, patents and copyrights.

2) Property C Real. Land and improvements, which generally includes any immovable property attached to the land and any oil, mineral, timber or other rights related to the land.

3) Property C Separate. Any item that is to be considered separate property under California Property Law. Generally, separate property is acquired by an individual by any method prior to marriage, after obtaining an interlocutory or final judgment of dissolution, or while voluntarily separated; or at any time by gift or inheritance, or purchases made with funds that are separate property or with funds from the sale of separate property.

4) Property C Share of Community. For the purpose of determining Medi-Cal eligibility, share of community property is to be treated as if each spouse owns one-half of the community property.

PUBLIC AGENCY. An administrative division of local, state or federal government, or an organization that has a contract to act in behalf of the local, state or federal government.

PUBLIC ASSISTANCE (PA) RECIPIENT. A person or family receiving assistance under the AFDC, SSI/SSP, or Refugee Assistance programs.

PUBLIC FUNDS. Monies provided by local, state or federal government.

PUBLICLY OPERATED COMMUNITY RESIDENCE. A facility designed and planned to serve no more than 16 residents, which is actually serving 16 or fewer residents. The facility provides foods and shelter and must provide some additional services such as:

1) Social services

2) Help with personal activities.

3) Training in socialization and life skills.

Excluded from this definition are:

1) Residential facilities located on the grounds or immediately adjacent to any large institution or multi-purpose complex.

2) Educational or vocational training facilities.

3) Correctional or holding facilities for persons detained under the penal system.

4) Medical treatment facilities.

QUALIFIED DISABLED AND WORKING INDIVIDUAL (QDWI) means an individual who meets the eligibility criteria for the Qualified Disabled and Working Individual program specified in Article 5, Section 13.

QUALIFIED MEDICARE BENEFICIARY (QMB) means an individual who meets the eligibility criteria for the Qualified Medicare Beneficiary program specified in Article 5, Section 13.

REAPPLICATION. Reapplication means an application for Medi-Cal only eligibility made in the same county as a previous application, if the previous application was denied or withdrawn, or Medi-cal only eligibility based on the previous application has been discontinued for more than 12 months.

RECIPIENT. A person or family receiving aid under a public assistance program or the Other Public Assistance program.

REDETERMINATION. The review of a person's or family's Medical eligibility.

RELATIVE. A parent (1st degree), grandparent (2nd degree), sibling (3rd degree), a great-grandparent (3rd degree), uncle or aunt (3rd degree), nephew or niece (3rd degree), great-great grandparent (4th degree), great-uncle or aunt (4th degree), great-great-great grandparent (5th degree), great-great uncle or aunt (5th degree) or a first cousin once removed (5th degree). A stepfather, stepmother, stepbrother or stepsister. A spouse even after the marriage has been terminated by death or dissolution but not by annulment. A person (or his/her relatives) who legally adopts the child. ACWDL 94-66 MEM PROC 8E

Example: If A and B are first cousins, B's children are first cousins once removed to A and A's children are first cousins once removed to B. A's children and B's children are second cousins.

1) Relative C Caretaker. Caretaker relative means a relative, as specified above, who provides care and supervision to a child. The caretaker relative may be any relation by blood, marriage, or adoption who is within the fifth degree of kinship to the dependent child.

2) Responsible Relative. Responsible relative means a relative who is responsible to contribute to the cost of health care services received by a Medi-Cal beneficiary.

REPAYMENT. The recovery of an overpayment in response to a demand by the State Department of Health Services.

RESIDENCE. The place in which a person or family lives or is physically present if the person or family has no present intention of leaving.

RESTORATION. The approval of Medi-Cal only eligibility for a person or family in the same county as that in which they were previously eligible for Medi-Cal only, if the effective date of the approval occurs within 12 months of the end of the previous period of eligibility.

SHARE OF COST. A person's or family's net income in excess of their maintenance need that must be paid or obligated toward the cost of health care services before the person or family may be certified and receive Medi-Cal cares.

SHARE OF ENCUMBRANCE. That portion of the encumbrances attributed to each portion of jointly owned property.

SKILLED NURSING FACILITY (SNF). A health facility or a distinct part of a hospital, which provides skilled nursing care and supportive care to patients whose primary need is for skilled nursing care on an extended basis. It provides 24-hour care and, as a minimum includes nursing, dietary, pharmaceutical services and an activity program.

STATE DATA EXCHANGE (SDX). The data system by which the Federal Government provides information to the State regarding the eligibility of SSI/SSP applicants and recipients.

STEPPARENT. A person who is married to the parent of a child and who is not the natural or adoptive parent of the child.

SUBSTANTIAL GAINFUL ACTIVITY (SGA) DISABLED. Persons who were once determined disabled by SSI/SSP, became ineligible for SSI/SSP because of SGA (employment), and still have the medical impairment which was the basis of the SSI/SSP disability determination.

SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTAL PROGRAM (SSI/SSP). The federal and state payments, respectively, which are based on need, and are paid to aged, blind or disabled persons.

THERAPEUTIC WAGES. Wages earned by an individual when all of the following conditions are met:

1) A physician who does not have a financial interest in the long-term care facility in which the individual resides, and who is in charge of the individual's case prescribes this work as therapy for the individual.

2) The individual must be employed by the same long-term care facility in which he or she resides.

3) The individual's employment does not displace any existing employees.

4) The individual has resided in a long-term care facility continuously since September 1979.

THIRD PARTY LIABILITY. The responsibility of insurers for payment of claims which are connected with injuries or trauma sustained by recipients as a result of fault or negligence of third parties (e.g., auto accident claims). The State is responsible for assuring the use of third party assets or for detection and collection of third party liability payments.

TITLE II Social Security Benefits (RSDI) provides monthly payments to aged, blind or disabled persons who have a previous earnings history. Payments are also paid to certain dependents and survivors. Social Security checks are normally received on the third of each month. RSDI recipients are not automatically entitled to receive Medi-Cal.

TITLE IVA Aid to Families with Dependent Children (AFDC). This program is administered by State agencies. Families receiving assistance through this program are automatically entitled to Medi-Cal.

TITLE XVI Supplemental Security Income (SSI) cash grant program. SSA administers this program that provides cash assistance to aged, blind and disabled persons whose income and resources are below certain levels. California has a State Supplemental Program (SSP). The SSI/SSP checks are received on the first of each month. Persons receiving SSI/SSP assistance are automatically entitled to Medi-Cal.

TITLE XVII Medicare. This Program is administered by SSA and provides health insurance to almost all aged individuals and certain disabled individuals. Medicare recipients are not automatically entitled to receive Medi-Cal.

TITLE XIX Medicaid Program. This Program is administered by the state and agencies. The single agency in California is the State Department of Health Services. In California, the program is called Medi-Cal.

TRANSFER OF PROPERTY. Transfer of property means a change in ownership whereby a person no longer holds title to, or beneficial interest in, property.

VERIFICATION. Verification means the process of obtaining acceptable evidence, which substantiates statements made by an applicant/ beneficiary.

APPENDIX A

STATE LAWS REGARDING THE RECOGNITION OF COMMON LAW MARRIAGES

STATE	MUTUAL AGREEMENT	COHABITATION	ADDITIONAL REQUIREMENTS OR COMMENTS
Alabama	X	X	Recognized. Mutual assumption of marital duties
Alaska			Abolished 12-31-1963
Arizona			Abolished 1902
Arkansas			Abolished 1905
California			Abolished 1895
Colorado	X	X	Recognized
Connecticut			Abolished
Delaware			Never recognized
District of Columbia	X	X	Recognized
Florida	X	X	Recognized before 01-02-1968: cohabitation or mutual assumption of marital duties meets requirements.
Georgia	X	X	Recognized. Consummation according to law.
Hawaii			Not recognized
Idaho	X		Abolished 1996
Illinois	X	X	Abolished 1905, except Quakers
Indiana	X	X	Abolished 01-01-1958; open acknowledgement of the relationship
Iowa	X	X	Recognized
Kansas	X	X	Recognized. Holding each other out to public as husband and wife.
Kentucky	X		Abolished
Louisiana			Not recognized
Maine			Not recognized
Maryland			Abolished
Massachusetts			Abolished; but can prove marriage by cohabitation
Michigan	X	X	Abolished 01-01-1957
Minnesota	X	X	Abolished 04-27-1941
Mississippi	X	X	Abolished 04-05-1956
Missouri			Abolished 06-20-1921
Montana	X	X	Recognized. Assumption of marital relationship and repute in the community.
Nebraska	X	X	Abolished 1923. Holding out to public
Nevada	X		Abolished 03-29-1943
New Hampshire	X	X	Partially recognized
New Jersey	X		Abolished 12-01-1939
New Mexico	X	X	Abolished 1929
New York	X	X	Valid prior to 1902 and from 01-01-1908 to 04-29-1933. Abolished 04-29-1933. Open assumption of marital duties
North Carolina			Abolished
North Dakota			Abolished 1890

STATE	MUTUAL AGREEMENT	COHABITATION	ADDITIONAL REQUIREMENTS OR COMMENTS
Ohio	X	X	Abolished 10-10-1991. Holding each other out as husband and wife
Oklahoma	X	X	Recognized
Oregon			Abolished
Pennsylvania	X	X	Recognized
Rhode Island	X	X	Recognized
South Carolina	X	X	Recognized
South Dakota	X	X	Abolished 07-01-1959, marriage in fact, needs exceptional circumstances.
Tennessee			Abolished
Texas	X	X	Recognized. Holding each other out to public as husband and wife.
Utah	X	X	Recognized as of 04-27-1987
Vermont			Abolished
Virginia			Abolished
Washington			Abolished
West Virginia			Abolished
Wisconsin			Abolished 1918
Wyoming			Abolished 1931; standards unclear