

# Medi-Cal Program Guide Letter (MPG) # 752

May 14, 2012

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**Subject**            **IMPLEMENTATION OF LESS RESTRICTIVE PROVISIONS AND NEW ELECTRONIC FUNDS TRANSFER OPTION FOR PAYMENT FOR THE 250 PERCENT WORKING DISABLED**

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**Effective**

Regulation	Effective Date
Less Restrictive Provisions	August 1, 2011
Electronic Fund Transfer Payment Option	Upon Receipt

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**Reference**        All County Welfare Directors Letter 11-38 and 11-41

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**Purpose**            The purpose of this letter is to inform workers of the less restrictive provisions of assembly bill 1269 and new electronic fund transfer option for payment changes that will affect the 250 Percent Working Disabled Program (250% WDP).

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**Background**     To promote self-sufficiency and encourage the disabled to seek employment without fear of losing essential health care, an optional categorically needy group known as the 250% WDP was adopted. The 250% WDP provides Medi-Cal on a sliding scale monthly premium instead of a SOC for those eligible.

Having a sliding scale monthly premium instead of a SOC reduces the cost of routine doctor visits and prescriptions which increases access to health care and supports the County “Live Well, San Diego!” initiative.

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**Highlighted Changes**        **Electronic Fund Transfer Option for Payment**

Department of Health Care Services (DHCS) contracted with Citibank to offer electronic funds transfers (EFT) as a payment option for payments to DHCS. This option will be offered free of charge to current and new 250% WDP enrollees. 250% WDP participants now have the following two options when making their premium payments:

- Mailing their premium payments by sending a check or money order to DHCS; or
  - Setting up an EFT payment to DHCS.
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## Medi-Cal Program Guide Letter (MPG) # 752, Continued

### Highlighted Changes (continued)

Other Client Correspondence “Important Information On Sending Your Medi-Cal 250% WDP Premium Payments” (14-114 (HSA) [Attachment A](#)) has been uploaded in CalWIN and will be automatically mailed with every 250% WDP Approval NOA (MC338D). **NOTE:** DHCS has mailed a notice to all current enrollees informing them of the new EFT payment option.

### Less Restrictive Provisions

Effective August 1, 2011, the following less restrictive provisions will expand the current 250% WDP:

1	The work requirement for the 250% WDP has been redefined to include temporary unemployment up to 26 weeks per year.
2	Retained Earned Income is defined as earned income held in a separate identifiable account and not comingled with other resources. Retained Earned Income is exempt for the 250% WDP.
3	Social Security disability income converting to Social Security retirement income (including cost-of-living increases) will be exempt for the 250% WDP.
4	The current exemption of retirement arrangements for the 250% WDP participants will extend to those who leave the 250% WDP for other Medi-Cal programs that serve aged, blind and disabled individuals.

### Required Action

#### Workers must take the following actions:

- Inform all 250% WDP applicants of the 2 new payment options.
- Apply the Less Restrictive regulations to:
  - new 250% WDP applications as outlined in [MPG 5.19.03](#)
  - denials/discontinuances dated 8/1/2011 to present by following the steps below:

Step	Action						
1	Review cases identified in the 250% WDP Denials/Discontinuance Report located in the <a href="#">Medi-Cal Program Report SharePoint</a> for denial/discontinuance reason.						
	<table border="1"> <thead> <tr> <th>If the denial/discontinuance is...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>affected with the less restrictive provisions</td> <td>go to Step 2</td> </tr> <tr> <td>not affected with the less restrictive provisions</td> <td>no further actions are necessary</td> </tr> </tbody> </table>	If the denial/discontinuance is...	Then ...	affected with the less restrictive provisions	go to Step 2	not affected with the less restrictive provisions	no further actions are necessary
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affected with the less restrictive provisions	go to Step 2						
not affected with the less restrictive provisions	no further actions are necessary						

## Medi-Cal Program Guide Letter (MPG) # 752, Continued

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**Required Action**  
(continued)

Step	Action
2	Rescind denial/discontinuance.
3	Reinstate 250% WD benefits by applying applicable BENDS.
4	Mail appropriate NOAs.
5	Document all actions in Case Comments.

**Corrective Action Supervisors will be responsible for:**

- Ensuring the review of all cases identified in the 250% WDP Denials/Discontinuance Report.
  - Providing an updated report weekly until all case reviews have been completed.
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**Automation Impact**

Workers must apply the following BENDS in CalWIN when applying the less restrictive provisions outlined above:

- [BENDS #752 250% WDP 26-Weeks of Temporary Unemployment](#)
- [BENDS #752 250% WDP Exempt Disability Income that Converts to Retirement Income](#)
- [BENDS #752 250% WDP Exempt Retained Earned Income](#)
- [BENDS #752 250% WDP Extend Exemption of Retirement Arrangements for Other Medi-Cal Programs](#)

Click [here](#) for updated automation instruction.

Please note that “click here” hyperlink will be enabled ONLY when the above automation instruction have been revised.

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**Forms Impact**

No Impact.

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**Access Impact**

No Impact.

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**Imaging Impact**

No Impact.

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**PA (CalFresh or CalWORKs) Program Impact**

No Impact.

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## Medi-Cal Program Guide Letter (MPG) # 752, Continued

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**QC/QA  
Impact**

Effective with the June 2012 review month. Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

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**Summary of  
Changes**

The table below shows the changes made in the MPG cites.

<b>Section</b>	<b>Summary of Change</b>
<a href="#">Article 5, Section 19</a>	<ul style="list-style-type: none"><li>• 26 Weeks of Temporary Unemployment</li><li>• Exempt Disability Income that Converts to Retirement Income</li><li>• Exempt Retained Earned Income</li><li>• Extend Exemption of Retirement Arrangements for Other Medi-Cal Programs</li><li>• EFT option for premium payment</li></ul>

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**Approval for  
Release**



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CG (attachment)

# Other Client Correspondence 14-114 (HSA), (Attachment A)

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COUNTYOF XX

Notice Date : XX  
Case Name : XX  
Case Number : XX  
Worker Name : XX  
Worker Number : XX  
Telephone : XX  
Worker Hours : XX  
Address : XX  
: XX  
: XX

XXXXXX  
XXXXXX  
XXXXXX  
XXXXXX  
XXXXXX

**IMPORTANT INFORMATION:  
ON SENDING YOUR MEDI-CAL 250 PERCENT WORKING DISABLED PROGRAM  
PREMIUM PAYMENTS**

Great news! You may now make your 250 Percent Working Disabled Program (WOP) payment on the internet through an electronic funds transfer (EFT). You can securely transfer your payment directly from your checking account to the Department of Health Care Services (DHCS). Before you start, make sure to have your banking/credit union account and routing number. You can contact your bank/credit union for your account information. It's easy and it's free!

To make your EFT payment, follow these steps:

Be sure to have your bank account and routing numbers in front of you.

1. Go to the payment website at: [www.paycalifornia.com](http://www.paycalifornia.com)
2. Click on "California Department of Health Care Services."
3. At "DHCS Account Number," enter your Client Index Number (CIN), which can be found on your Benefits Identification Card. Click "continue."
4. Continue following the online instructions.
5. Once you schedule an EFT payment, you will be given a reference number to keep for your records.

If you do not use EFT to make your 250 Percent WOP payment, you may still send a check or money order payable to DHCS. To avoid delays, write your name and CIN on the check or money order and mail to:

Department of Health Care Services  
MS 4720-Dept. 155  
P.O. Box 997423  
Sacramento, CA 95899-7 423

For more information regarding the EFT process and the 250 Percent WOP, visit our webpage at <http://dhcs.ca.gov/WDP>.

14-114 HSA 04/2012 MEDI-CAL 250 PERCENT WORKING  
DISABLED PROGRAM PREMIUM PAYMENTS

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## 5.19.03 250 Percent Working Disabled (250% WD) Program

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### A. Introduction

To promote self-sufficiency and encourage the disabled to seek employment without fear of losing essential health care. The State elected to impose a sliding scale monthly premium instead of a SOC for those eligible to the 250% WD Program. This program was implemented April 1, 2000.

ACWDLs  
00-16  
00-51  
01-14

### B. General

All applicants (throughout this section “applicant” refers to a beneficiary at redetermination and restoration of benefits) must:

ACWDL  
09-28

1.	Meet all non-financial Medi-Cal program eligibility requirements.
2.	Meet the federal definition of disability as defined in federal law for Social Security disability programs, except that Substantial Gainful Activity (SGA) rules do not apply.
3.	Work as defined in <a href="#">MPG 5.19.3h</a> .
4.	Have net non-exempt countable income less than 250% of the FPL.
5.	Have net non-exempt property within Medi-Cal limits.
6.	Meet the eligibility requirements of the SSI/SSP program as outlined below.
7.	Pay a monthly premium based on net countable income.

Reporting responsibilities are the same for the 250% WD Program as other Medi-Cal programs.

250% WD beneficiaries are entitled to a state Medicare Part B buy-in.

MPG LTR 703 (9/10)

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## 5.19.03 250 Percent Working Disabled (250% WD) Program,

Continued

### C. Application Processing

The 250% WD Program is a voluntary program. Applicants may choose to participate in either a SOC program to which they are eligible or the 250% WD Program.

ACWDL  
09-33

The worker must provide the 250% WD comparison brochure [Appendix A](#) to the individual and allow the individual to choose which program they prefer. When the individual has notified the worker of their choice, the worker will place the individual in the appropriate aid code.

Working disabled individuals who have been previously denied SSDI benefits by Social Security based on the capacity to perform SGA or insufficient work quarters shall be evaluated for Medi-Cal eligibility under the 250% WD Program.

Applicants must be evaluated for potential 1931(b) eligibility before the 250% WD Program and granted 1931(b), if eligible.

1	Evaluate the entire family first for 1931(b).
2	If the family is not eligible, remove the potential working disabled person from the MFBU and evaluate for the 250% WD Program.
3	If he/she is eligible, evaluate the other members of the family again for 1931(b), excluding the WD person from the MFBU.
4	Continue to evaluate the other family members for other programs if they are not eligible to 1931(b) or all family members if the potential WD person is not eligible to the 250% WD Program.

MPG LTR 703 (9/10)

### D. SSDI Requirements for 250% WD

Workers must apply the following when referring applicant's to SSDI:

ACWDL  
09-33

If the applicant's gross earnings...	Then ...
exceed the SGA limit	do not refer to apply for SSDI
are below the SGA limit	refer to apply for SSDI

**NOTE:** When the gross earnings of a 250% WD beneficiary decrease below SGA, the beneficiary is then required to apply for SSDI.

MPG LTR 703 (9/10)

*Continued on next page*

## 5.19.03 250 Percent Working Disabled (250% WD) Program,

Continued

### E. Aid Code

The following aid code will be used for adults and children in the 250% WD:

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09-29

Aid Code	Level of Benefits
6G	Full scope

**NOTE:** Effective July 1, 2009 all those in the 6G aid code may enroll in a managed health care plan.

### F. 250 Percent Working Disabled MFBUs

Workers will determine the Medi-Cal Family Budget Unit (MFBU) as follows:

If the 250% WD eligible is a...	Then...
child or adult	his/her own MFBU
couple	couple will be together in their own MFBU
parent	WD eligible child will be in separate FBUs

**NOTE:** 250% WD eligible person is treated as an Other Public Assistance person in his/her family's MFBU.

MPG LTR 504 (7/02)

### G. Definition of a Child

For the 250% WD Program, a child must be unmarried and not the head of a household and either:

- under the age of 18
- under the age of 22 and a student regularly attending school, college or a training that is designed to prepare him/her for a paying job.

### H. Work Requirements

"Work" is undefined for the purposes of this program and there is no minimum work requirement in order to qualify; however, the individual must be able to prove they are working or temporarily unemployed as follows:

ACWDL  
11-38

Full time work
Part time work
Self Employment with countable earnings at or below the 250% of the FPL
Receiving earned in-kind income
Receiving unemployment

Continued on next page

## 5.19.03 250 Percent Working Disabled (250% WD) Program, Continued

### H. Work Requirements (continued)

When the applicant/beneficiary reports temporary unemployment the worker shall:

ACWDL  
11-38

Step	Action						
1	Document the date employment ended in CalWIN Case Comments.						
2	Enter the "250% WD Temporary Unemployment" Special Indicator in CalWIN (See <a href="#">BENDS #752</a> for detailed CalWIN instructions).  Click <a href="#">here</a> for updated automation instruction. Please note that "click here" hyperlink will be enabled ONLY when the above automation instruction have been revised.						
3	Continue the 250% WDP benefits for up to 26 weeks. The timeline for measuring the period of unemployment will begin: <ul style="list-style-type: none"> <li>• the date that the 250% WDP beneficiary reports their unemployment or;</li> <li>• the date the worker verifies unemployment through IEVS.</li> </ul>						
4	Monitor case on the 250% WDP Temporary Unemployment Report. After the 26-week period expires the worker must contact the 250% WDP beneficiary regarding their employment status. <table border="1" data-bbox="548 1241 1401 1614"> <thead> <tr> <th>If the 250% WDP beneficiary...</th> <th>Then the worker will...</th> </tr> </thead> <tbody> <tr> <td>remains unemployed past 26 weeks for this annual eligibility period</td> <td>review the case and redetermine eligibility for other Medi-Cal programs</td> </tr> <tr> <td>returns to work</td> <td> <ul style="list-style-type: none"> <li>• verify employment begin date and wages</li> <li>• review the case and redetermine eligibility for the 250% WDP</li> </ul> </td> </tr> </tbody> </table>	If the 250% WDP beneficiary...	Then the worker will...	remains unemployed past 26 weeks for this annual eligibility period	review the case and redetermine eligibility for other Medi-Cal programs	returns to work	<ul style="list-style-type: none"> <li>• verify employment begin date and wages</li> <li>• review the case and redetermine eligibility for the 250% WDP</li> </ul>
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returns to work	<ul style="list-style-type: none"> <li>• verify employment begin date and wages</li> <li>• review the case and redetermine eligibility for the 250% WDP</li> </ul>						

All cases must be evaluated for good cause before discontinuance. Good cause includes:

- hospitalization
- inability to work that is directly related to the disability
- former worksite closure
- loss of transportation

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## 5.19.03 250 Percent Working Disabled (250% WD) Program,

Continued

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### H. Work Requirements (continued)

If good cause exists and the beneficiary meets all other eligibility requirements, the county shall continue the eligibility of the beneficiary for two months following the month that the work ceased.

MPG LTR 752 (05/12)

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### I. Determine Disability

A person is considered disabled if he/she meet the criteria in Title II or Title XVI of the Social Security Act.

ACWDL  
02-34

For applicant's that have not had a disability determination or it is no longer current workers must follow DDSD procedures in [MPG 5.4](#) and the steps outlined below:

Step	Action
1	Offer the WD coverage to the individual (contingent on the disability determination).
2	Verify the 250% WD individual's employment. <b>NOTE:</b> SGA rules will not apply.
3	Ensure that the individual meets the 250% WD criteria.
4	Complete the MC 221 Transmittal as follows: <ul style="list-style-type: none"><li>• check the box identified as "Other" in Section No. 8</li><li>• notate "250 Percent Working Disabled Program" in section No. 10</li></ul>

In situations where the applicant's DDSD packet has already been submitted do Not submit a new DDSD package. When an individual moves from one program to another a new referral is not needed.

Example: A 250% WD Program individual moving to the A&D Program or a MN individual moving to the 250% WD Program. The exception to this rule is when there is indication of an individual's improved condition, or a reevaluation is past due or within 90 days.

- It is not appropriate to send cases to DDSD to evaluate for different programs for various months.

Example: The individual may be potentially eligible for the 250% WD Program for the retroactive months of January and February 2002, and eligible for the MN Program for the additional retroactive month of March and current month of April.

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## 5.19.03 250 Percent Working Disabled (250% WD) Program, Continued

### I. Determine Disability (continued)

DDSD will evaluate cases as of the current month and retroactive months (if requested by the HSS) under the 250% WD Program only.

MPG LTR 504 (7/02)

### J. Determine Net Non-Exempt Income

Income is determined in accordance to [MPG 10.1](#) with the following exceptions:

Source	Treatment										
In-Kind Income	Workers must use SSI program requirements for treating in-kind support and maintenance (ISM) as unearned income. ISM rules and chart may be found in <a href="#">Appendix B</a> and <a href="#">Appendix C</a> .										
Disability Income	All disability income, including worker's compensation, of the working disabled individual is disregarded (e.g., federal, state or private disability income).										
Impairment related work expenses	Impairment Related Work Expenses (IRWE) as defined in <a href="#">MPG 10.6.3m</a> also applies to the 250% WD Program.										
Spousal/Parental Deeming	Spousal/parental deeming based on SSI methodology applies to the 250% WD Program. Use form <a href="#">MC 338 J</a> to assist in this computation.										
Child Support	One third of child support received by an applicant who is a child is disregarded. The remainder is treated as unearned income.										
Social Security Income that converts to Social Security Retirement	When workers identify individuals whose Social Security Disability income converts to Social Security Retirement income they must: <table border="1" data-bbox="703 1514 1401 1852"> <thead> <tr> <th>Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Verify that the disability income is from Social Security and not from some other source. <table border="1" data-bbox="824 1703 1386 1852"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>yes</td> <td>go to Step 2</td> </tr> <tr> <td>no</td> <td>include the retirement income in the budget computation</td> </tr> </tbody> </table> </td> </tr> </tbody> </table>	Step	Action	1	Verify that the disability income is from Social Security and not from some other source. <table border="1" data-bbox="824 1703 1386 1852"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>yes</td> <td>go to Step 2</td> </tr> <tr> <td>no</td> <td>include the retirement income in the budget computation</td> </tr> </tbody> </table>	If ...	Then ...	yes	go to Step 2	no	include the retirement income in the budget computation
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yes	go to Step 2										
no	include the retirement income in the budget computation										

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11-38

Continued on next page

## 5.19.03 250 Percent Working Disabled (250% WD) Program, Continued

### J. Determine Net Non-Exempt Income (continued)

Social Security Income that converts to Social Security Retirement, (continued)	<b>Step</b>	<b>Action</b>						
	2	Verify that the Social Security Disability income, is converting to Social Security Retirement income and not retirement income from other sources such as other public or private retirement organization.						
		<table border="1"> <tr> <td><b>If ...</b></td> <td><b>Then ...</b></td> </tr> <tr> <td>yes</td> <td>go to Step 3</td> </tr> <tr> <td>no</td> <td>include the retirement income in the budget computation</td> </tr> </table>	<b>If ...</b>	<b>Then ...</b>	yes	go to Step 3	no	include the retirement income in the budget computation
	<b>If ...</b>	<b>Then ...</b>						
yes	go to Step 3							
no	include the retirement income in the budget computation							
3	Exempt the Social Security Retirement income; including any increases (cost of living) from the budget computation (See <a href="#">BENDS #752</a> for detailed CalWIN instructions).  Click <a href="#">here</a> for updated automation instruction. Please note that “click here” hyperlink will be enabled ONLY when the above automation instruction have been revised.							

ACWDL  
11-38

MPG LTR 752 (05/12)

### K. Determine Net Non-Exempt Property

The property amount for a 250% WD applicant is determined in accordance with [MPG 9.2](#) with the following exceptions:

ACWDL  
11-38

- retirement arrangements authorized under the Internal Revenue Code are exempt
- retained earned income is exempt

**NOTE:** Workers will extend the current exemption of retirement arrangements for the 250 Percent WDP participants to those who leave the 250 Percent WDP for other Medi-Cal programs that serve aged, blind and disabled individuals (See [BENDS #752](#) for detailed CalWIN instructions).

Click [here](#) for updated automation instruction. Please note that “click here” hyperlink will be enabled ONLY when the above automation instruction have been revised.

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## 5.19.03 250 Percent Working Disabled (250% WD) Program, Continued

### K. Determine Net Non-Exempt Property (continued)

Retirement arrangement include the following:

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1	Individual Retirement Accounts (IRAs).
2	Work related pension funds for income when employment ends, which are administered by an employer or union, including such plans as Deferred Compensation Plans and Thrift Plans.
3	Plans for self-employed individuals such as KEOGH Plans.

Retained Earned Income is defined as earned income held in a separate identifiable account and not comingled with other resources. When a 250% WDP beneficiary reports retained earned income the worker must:

Step	Action						
1	Obtain verification of the retained earned income.						
2	<p>Verify that the income is:</p> <ul style="list-style-type: none"> <li>• held in a separate identifiable account, a separate identifiable account is any account that can be distinguished from an individual's checking and savings account that is counted as a resource</li> <li>• not comingled with other resources</li> </ul> <table border="1" data-bbox="548 1205 1398 1360"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>yes</td> <td>go to Step 3</td> </tr> <tr> <td>no</td> <td>Include the retained earned income in the property computation</td> </tr> </tbody> </table>	If ...	Then ...	yes	go to Step 3	no	Include the retained earned income in the property computation
If ...	Then ...						
yes	go to Step 3						
no	Include the retained earned income in the property computation						
3	<p>Exempt the retained earned income from the property computation (See <a href="#">BENDS #752</a> for detailed CalWIN instructions).</p> <p>Click <a href="#">here</a> for updated automation instruction. Please note that "click here" hyperlink will be enabled ONLY when the above automation instruction have been revised.</p> <p><b>NOTE:</b> There is no maximum limitation on the amount that an individual can keep in their separately identifiable account as exempt retained income.</p>						

**NOTE:** Section 1931(b) property regulations do not apply.

MPG LTR 752 (05/12)

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## 5.19.03 250 Percent Working Disabled (250% WD) Program, Continued

### L. Determine Net Non-Exempt Property

To determine whether the applicant(s) are below the 250% FPL and meet the SSI/SSP income test workers will only consider the income for the following:

- 250% WD individual
- spouse of the 250% WD
- parents of the 250% WD

The 250% FPL and SSI/SSP payment level will be determined as follows:

Net non-exempt income of a WD eligible...	Must be less than or equal to the 250 % FPL and SSI/SSP payment level for...
child	one
individual without a spouse	one
individual with an ineligible spouse (spousal deeming does not apply)	one
couple	two
spouse where one is an ineligible due to spousal deeming	two

The following forms are associated with the budget computations:

- Form [MC 338](#): "250 PERCENT INCOME TEST WORKSHEET FOR THE 250% WD PROGRAM ADULTS".
- Form [MC 338B](#) "250% and THE SSI/SSP INCOME TEST WORKSHEET FOR THE 250% WD PROGRAM-CHILD APPLYING WITH OR WITHOUT INELIGIBLE PARENT (S).

MPG LTR 703 (9/10)

### M. Non-Citizen Eligibility to the 250% WDP

Restricted-scope aliens listed below that meet the following criteria must continue to be evaluated for the 250% WD Program:

- lawfully residing in the United States
- in receipt of SSI on August 22, 1996
- meet the SSI alien status requirements

*Continued on next page*

## 5.19.03 250 Percent Working Disabled (250% WD) Program, Continued

**M.  
Non-Citizen  
Eligibility to  
the 250%  
WDP  
(continued)**

Voluntary Departure (INS Section 242(b))
Order of Supervision (INA Section 242)
Registry Alien (INA Section 249)
Indefinite Stay of Deportation
Suspension of Deportation (INA Section 244)
In the 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

MPG LTR 504 (7/02)

**N.  
SSI/SSP  
Property  
Determination**

To meet the SSI/SSP property test:

The net non-exempt property of an applicant with...	Must be less than or equal to the Medi-Cal property level for...
a spouse	for two
no spouse or who is a child	one

The following form is associated with the budget computation:

- Form [MC 388C](#) "SSI/SSP PROPERTY TEST WORKSHEET FOR THE 250% WD PROGRAM ADULT AND CHILD APPLICANTS". A combined form for adults and children was developed for the property determination.

MPG LTR 703 (9/10)

**O.  
Determine  
Premium  
Amount**

The monthly premium will be determined using the net non-exempt income level criteria outlined in [MPG 5.19.31](#) and using the 250 % WD Premium Payment Chart [Appendix C](#)

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## 5.19.03 250 Percent Working Disabled (250% WD) Program, Continued

### O. Determine Premium Amount (continued)

If a 250% WD beneficiary reports a change in income the worker must:

Step	Action						
1	Re-evaluate the income change as outlined in <a href="#">MPG 5.19.3I</a> to determine whether the applicant(s) is below the 250% FPL and meet the SSI/SSP income test. <table border="1" data-bbox="548 604 1398 724"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>yes</td> <td>go to Step 2</td> </tr> <tr> <td>no</td> <td>go to Step 6</td> </tr> </tbody> </table>	If ...	Then ...	yes	go to Step 2	no	go to Step 6
If ...	Then ...						
yes	go to Step 2						
no	go to Step 6						
2	Determine if the income change will affect the premium amount. <table border="1" data-bbox="548 835 1398 989"> <thead> <tr> <th>If ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>yes</td> <td>go to Step 3</td> </tr> <tr> <td>no</td> <td>enter case comments and no further action is needed</td> </tr> </tbody> </table>	If ...	Then ...	yes	go to Step 3	no	enter case comments and no further action is needed
If ...	Then ...						
yes	go to Step 3						
no	enter case comments and no further action is needed						
3	Increase the premium amount in the month a timely NOA (as defined in <a href="#">MPG 4.17.2b</a> ) may be mailed.						
4	Mail manual NOA MC 338E "CHANGE OF PREMIUM PAYMENT AMOUNT IN THE 250% WD PROGRAM".						
5	Enter case comments and no further action needed.						
6	Discontinue the 250% WD Program and mail adequate NOA.						
7	Enter case comments.						
8	Re-evaluate eligibility under other Medi-Cal programs.						

MPG LTR 577 (7/05)

### P. Discontinuan ces for Failure to Pay Premiums

If full premiums have not been paid for two consecutive months excluding retroactive months the following will occur:

Step	Action
1	DHCS will send the beneficiary NOA <a href="#">MC 338F</a> "DISCONTINUANCE FOR FAILURE TO PAY FULL PREMIUMS IN THE 250 % WD PROGRAM" discontinuing the beneficiary from the 250% WD Program.
2	DHCS will update the MEDS record to show ineligibility.
3	DHCS will notify the worker of the discontinuance via a MEDS alert.

Continued on next page

## 5.19.03 250 Percent Working Disabled (250% WD) Program, Continued

### P. Discontinuances for Failure to Pay Premiums (continued)

Step	Action
4	<p>The worker must then re-evaluate the beneficiary for other Medi-Cal Program and convert the case if eligible.</p> <p><b>NOTE:</b> This action will be taken on all 250% WD Program discontinuances. Neither <a href="#">Ramos</a> nor <a href="#">Edwards</a> rules apply to discontinued 250% WD cases.</p>

MPG LTR 577 (7/05)

### Q. 250% WD Program Approvals

Upon approval of the 250% WD Program the worker must:

ACWDLs  
00-16  
02-39  
04-30  
09-28  
11-41

Step	Action
1	<p>Inform the beneficiary they have the following two options for payment of premium payments:</p> <ul style="list-style-type: none"> <li>• Mail their premium payments to: Department of Health Care Services MC 4720-Dept 155 P.O. Box 997423 Sacramento, CA 95899-7423</li> </ul> <p><b>NOTE:</b> Beneficiaries must write their name and CIN on the check or money order to avoid delays in processing.</p> <ul style="list-style-type: none"> <li>• Electronic Fund Transfer (EFT) instructions on how to set up the EFT are in NOA 14-114 (HHSA)</li> </ul>
2	<p>Mail the following NOAs to the beneficiary:</p> <ul style="list-style-type: none"> <li>• NOA MC 338D "APPROVAL FOR BENEFITS AS A 250% WD INDIVIDUAL OR COUPLE" <b>NOTE:</b> OCC 14-114 (HHSA) "IMPORTANT INFORMATION ON SENDING YOUR MEDI-CAL 250% WD PROGRAM PREMIUM PAYMENTS" will auto generate in CalWIN with MC338D.</li> <li>• <a href="#">MC 338G</a> "250% WD PROGRAM PREMIUM PAYMENT SYSTEM"</li> </ul>

*Continued on next page*

## 5.19.03 250 Percent Working Disabled (250% WD) Program,

Continued

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**Q.**  
**250% WD**  
**Program**  
**Approvals**  
(continued)

Any correspondence and checks relating to the 250% WD Program billing or premium payments shall be referred to:

Department of Health Care Services  
MC 4720-Dept 155  
P.O. Box 997423  
Sacramento, CA 95899-7423

[MPG LTR 752 \(05/12\)](#)

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**R.**  
**Collection of**  
**Premiums**

Premium payments will be returned to the DHCS, Third Party Liability Branch (TPLB). TPLB will process premiums as they are received. 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 premium payments allowing for multiple premium payments to be made for each month.

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