

# Medi-Cal Program Guide (MPG) Letter #771

December 24, 2012

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**Subject**            **HEALTHY FAMILIES PROGRAM (HFP) TRANSITION TO MEDI-CAL AND THE TARGETED LOW-INCOME CHILDREN'S PROGRAM**

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**Effective Date**    1/1/2013

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**Reference**        ACWDLs 12-29, 12-30 and 12-33

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**Purpose**            To inform staff of:

- A new Medi-Cal program known as Targeted Low Income Children's Program (TLICP).
- Processing Guidelines for the transfer of existing HFP beneficiaries to Medi-Cal.
- The new Accelerated Enrollment (AE) income limits.
- Performance Standards for Single Point Entry (SPE) applications.
- The new criteria for Bridging to Healthy Families.

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**Background**     **Healthy Families**  
Healthy Families is an insurance program for children with income between 133% and 250% of the Federal Poverty Level (FPL) who are not eligible to zero share of cost Medi-Cal. HFP is administered by the Managed Risk Medical Insurance Board. MAXIMUS the administrative vendor for HFP who accepts SPE applications, determines eligibility for the HFP, evaluates for AE and forwards SPE applications ineligible to HFP to the County.

**Access for Infants and Mothers (AIM)**  
The AIM program provides medical care to infants and mothers with incomes between 200% and 300% of the FPL. Infants born to AIM beneficiaries are deemed eligible to HFP for one year.

**Bridging**  
Bridging provides one-month full scope zero SOC Medi-Cal to children ages 1 – 19 if they meet the criteria outlined in MPG 5.8.5b. This extra month allows the family time for their information to be forwarded to the HFP (with their consent) for a HFP evaluation, or for them to contact the HFP to complete an application before their SOC increases.

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**Change****Healthy Families**

Effective January 1, 2013 HFP will no longer accept new applications. Assembly Bills 1494 and 1468 require the transition of HFP to the Medi-Cal program. The transition of HFP to Medi-Cal features two main components. Regulations for these two components are in the MPG as follows:

<b>Component</b>	<b>MPG</b>
Transition of existing cases from HFP to Medi-Cal	<a href="#">04.20.04</a>
New Medi-Cal Program TLICP	<a href="#">05.12.05</a>

**SPE Applications**

SPE applications will no longer be routed through ACCESS. All transmittals and communications from SPE will be routed through the Document Processing Center (DPC). SPE application regulations are in [MPG 4.20.2e](#).

**New SPE Performance Standards**

SPE applications must now be processed in accordance to the new SPE Performance Standards found in [MPG 4.20.2e](#)

**Accelerated Enrollment**

AE has increased their income limits from 200% to 250% of the FPL.

**Bridging**

Bridging will no longer apply to children ages 1 – 19. Bridging will now be limited to AIM linked infants (ages 0-2) with income over 250% of the FPL. The criteria for the bridging of AIM linked infants are in [MPG 5.8.5](#).

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**Interim  
Procedures**

This letter contains the following interim procedures:

- The Department of Health Care Services (DHCS), MAXIMUS and county systems are developing electronic communication between MAXIMUS and county systems regarding new applications, the transition of existing cases, and premium payments that will not be ready upon implementation of the transition on 1/1/13. These procedures will change upon the implementation of Health Care reform in 2014.
- CalWIN programming for the new TLICP aid codes will not be available until mid-February 2013.
- Monitoring Management Reports will be made available as they are developed.
- AIM infants will remain in the HFP until June 2013, updates will be

provided upon receipt of legislation.

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**Required Action**

Workers must evaluate all applications for the new TLICP as outlined in [MPG 5.12.05](#). Medi-Cal determination for HFP transition children must be completed as outlined in [MPG 4.20.04](#) and in accordance to SPE application processing regulation found in [MPG 4.20.2e](#).

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**Automation Impact**

CalWIN functionality will not support all changes being implemented 1/1/2013, the following instructional material will allow staff to obtain the proper end result:

When ...	Then ...
Approving TLICP	Override Aid Code using <a href="#">BENDS CR 6086</a> Transition to Healthy Families
Granting CEC for a HFP recipient	Override Aid Code
Bridging an AIM linked infant to the HFP	Override Aid Code

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**Forms Impact**

SPE will continue to use the MC321 joint Medi-Cal/HFP application for new applications. The form will include an insert with instructions to applicants to provide social security numbers.

The following TLICP NOA's must be printed manually (**How To 133 – Print NOA Manually**) from CalWIN:

Number	Notice Description
MC 239A	Approval for TLICP used when a child is approved
MC 239A	Approval for TLICP with premiums
MC 239A	Denial/Discontinuance for TLICP
MC 239A	Discontinuance for Non-Payment of Premiums

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**ACCESS Impact**

ACCESS agents must clear calls on MEDS to make the following determination:

If the child shows a ...	Then ...
5C or 5D Aid Code,	this is a HFP transitioned child call must be handled appropriately.
9H aid code,	refer the call to MAXIMUS.

Answers to frequently asked questions regarding the transition, health plans and health plan benefits can be found at DHCS' website here:  
<http://www.dhcs.ca.gov/services/hf/Pages/HFPFAQ.aspx>

A script for phone operators prepared by DHCS is attached to this letter (ATTACHMENT A).

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**Health Care Options**

Families can elect to change their managed care plan or doctor after they are enrolled in Medi-Cal through the Healthy San Diego Health Care Options (HCO) program. HCO enrollment counselors are available at each FRC.

Health Care Options enrollment counselors can help beneficiaries choose a managed care health plan or doctor, or change their plan and/or doctor after they are enrolled in Medi-Cal. Workers can refer beneficiaries to an HCO Orientation at your FRC site or to the Healthy San Diego Information line at #619-515-6584. The HSD web address is:

[http://www.sdcounty.ca.gov/hhsa/programs/ssp/healthy\\_san\\_diego/index.html](http://www.sdcounty.ca.gov/hhsa/programs/ssp/healthy_san_diego/index.html)

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**DPC Impact**

External Referral Application (ERA) unit must follow the [SPE APP/REG Processing Guidelines](#) when handling SPE applications.

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**Quality Control (QC) Impact**

Effective with the January 2013 review month, QC staff will cite with the appropriate error any case that does not comply with the requirements of this letter.

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**Summary of Changes**

The table below shows the changes to the Medi-Cal Program Guide

<b>Article/Section</b>	<b>Changes</b>
Article 4, Section 2	<ul style="list-style-type: none"><li>• Changed referral to HFP to AIM linked children.</li><li>• Fixed typos regarding the 90 day timeframe for applications based on disability.</li></ul>
Article 4, Section 20	<ul style="list-style-type: none"><li>• Added AIM linked HFP information to AIM section</li></ul>

	<ul style="list-style-type: none"> <li>• Added MAXIMUS 20 day timeframe counts as the first ten days for intake</li> <li>• Added new Accelerated Enrollment Criteria</li> <li>• Added CHDP Aid Code 8X change</li> <li>• Added AIM linked bridging to AIM section</li> <li>• Added AIM premiums to the AIM section</li> <li>• Removed Healthy Families references and changed to SPE.</li> </ul>
Article 5, Section 8	<ul style="list-style-type: none"> <li>• Removed the HFP to Medi-Cal PE program.</li> <li>• Removed the Medi-Cal to HFP bridging program.</li> </ul>
Article 5, Section 12	<ul style="list-style-type: none"> <li>• Added TLICP</li> <li>• Added Aid code Summary Chart</li> <li>• Added Retroactive coverage information for TLICP</li> <li>• Added Premium Payment information</li> <li>• Added SB87 process to Premium section</li> <li>• Added TLICP position in Medi-Cal Hierarchy</li> <li>• Explain CEC protecting against premiums in the premium section</li> <li>• Added Premium Payment is a condition of eligibility for Premium payment TLICP aid codes</li> <li>• Appendix A Aid Codes was revised replaced with TLICP Aid Code Desk Aid</li> <li>• Appendix B Period of Eligibility is now a desk aid</li> <li>• Appendix C Eligibility Determination was revised and replaced with TLICP Flow Chart</li> <li>• Appendix D Retroactive Repayment of SOC is now in MPG 5.12.9c</li> <li>• Appendix E MEDS Alerts is now in MPG 5.12.9e</li> <li>• Appendix F Q &amp; A is now a Children's Special Zero SOC Q &amp; A Desk Aid</li> </ul>
Article 7, Section 2	<ul style="list-style-type: none"> <li>• Removed bridging information.</li> </ul>
Article 11, Appendix A	<ul style="list-style-type: none"> <li>• Added 150 and 250 percent FPL levels.</li> </ul>
Article 20, Section 1	<ul style="list-style-type: none"> <li>• Removed Bridging Performance Standards</li> </ul>

	<ul style="list-style-type: none"><li>• Added 10 day SPE reporting Standards</li></ul>
Article B, Desk Aid 13	<ul style="list-style-type: none"><li>• Chart showing how the TLICP aid codes fit in with the existing percent programs.</li></ul>
Article B, Desk Aid 14	<ul style="list-style-type: none"><li>• Flow chart shows business process for receiving cases from SPE.</li></ul>
Article C, Processing Guideline 03	<ul style="list-style-type: none"><li>• Bridging to HFP for AIM linked infants.</li><li>• Automation for TLICP case processing.</li><li>• DPC Processing.</li></ul>

**Approval for  
Release**

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*Pat Wynn, Dep. Director 12-24-12*

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Attachment A

**Information Families Should Know About Changes to the Healthy Families Program**

A new law in California requires that all 875,000 children enrolled in the Healthy Families Program move into the Medi-Cal program in order to combine the state's health care services for children into one program.

Medi-Cal is California's Medicaid program. It provides comprehensive medical, dental, mental health, alcohol and drug use treatment and vision coverage to millions of Californian children. Parents can learn more about Medi-Cal at [www.dhcs.ca.gov](http://www.dhcs.ca.gov).

**Healthy Families children will not move to Medi-Cal until January 2013 at the earliest.**

For parents with children in Healthy Families, nothing about your child's health coverage will change immediately.

- Children will move to Medi-Cal in four phases over the course of the year-individual move dates will vary depending on where the child lives and the child's current health plan.
- Existing HFP Beneficiaries will transition to Medi-Cal in four phases based on whether the HFP managed care plan has a Medi-Cal managed care plan in the county of residence. While there are four phases of the transition, only two are relevant to San Diego and the chart below lists those phases:

<b>Phase</b>	<b>Start Date</b>	<b>Will include HFP children currently...</b>	<b>Includes HFP Plans ...</b>
<b>1a</b>	1/1/13	Enrolled in a HFP health plan that is a Medi-Cal Managed Care plan. <b>NOTE:</b> This phase was split into two sub-phases in order to facilitate a smooth transition.	<ul style="list-style-type: none"><li>• Community Health Group</li><li>• Kaiser</li><li>• Molina Health Care</li></ul>
<b>1b</b>	3/1/13	Enrolled in a HFP health plan that is a Medi-Cal Managed Care plan.	Health Net
<b>3</b>	8/1/13	Enrolled in a HFP plan that is not a Medi-Cal Managed Care plan and does not contract/subcontract with a Medi-Cal Managed Care Plan.	Blue Cross

Children in phase 1.A and 1.B will stay on their existing plans while children in Phase 3 will have to choose a new plan.

## Attachment A

The law states the transitions are to begin no earlier than the dates listed above. As of publication of this letter, however, the phases are scheduled for the dates above. Medi-Cal program will notify staff if the dates change.

- Families will be notified at least two months before any change to their child's coverage. The notice will come from the State of California and will provide families with information regarding program changes, when the move to Medi-Cal for their child(ren) will occur and anything else they may need to do.
- Families will receive a welcome packet and a Benefit Identification Card to use when accessing medical care.

### **Children will not lose health coverage**

Until parents receive a letter telling them that their child(ren)'s coverage has moved to the Medi-Cal program, their children will continue to receive health, dental and vision coverage through the Healthy Families Program.

Families must continue to pay their Healthy Families Program premiums; respond to their Annual Eligibility Review notice; and notify the Healthy Families Program of any address or phone number changes to ensure they do not have break in coverage.

If a child has surgery scheduled or is receiving ongoing special treatment parents should talk to current doctor/health plan.

Families can call the Healthy Families Call Center at (866)849-9166 if they have additional questions regarding their Healthy Families coverage.

### **After the move to Medi-Cal**

Once the move occurs, some families may be required to choose a new health plan or change their doctor or dentist.

- Medi-Cal coverage includes all the benefits of Healthy Families coverage, as well as better mental health benefits. There is a comparison table of benefits covered by Medi-Cal and the Healthy Families Program available at:

<https://www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx>.

To view the chart, click on "additional resources" and then click on "HFP Transition to Medi-Cal Benefits Comparison".



## Attachment A

- Children in the Medi-Cal program do not pay co-payments for any service covered under Medi-Cal.
- Dental is not covered by the Medi-Cal health plan but rather by the Medi-cal dental program- Denti-Cal. The Denti-Cal # is 1-800-322-6384.
- If the child receives CCS services there is no change or impact.
- Parents who now make a premium payments to the Healthy Families Program, under the Medi-Cal program the cost of those premiums will *not* increase, and families with incomes determined to be at or below 150 percent of the federal poverty line will no longer be charged premiums once they move to Medi-Cal.
- The monthly premium amounts in Medi-Cal will be:
  - \$13 per child
  - \$26 for two children
  - \$39 for three or more children

## **CUSTOMER CALL CENTER SCRIPTS**

### **1. I heard that the Healthy Families Program is being eliminated. My child is uninsured, should I still apply?**

The final 2012/13 State budget includes moving children enrolled in the Healthy Families Program into the Medi-Cal Program. The children will be transitioned to Medi-Cal over the course of one year starting no sooner than January 2013. All benefits would be very similar to the Healthy Families Program. The Medi-Cal program offers medical, dental, and vision coverage to low-income children.

### **2. I heard the Healthy Families Program is being eliminated. What does this mean for my child enrolled in Healthy Families'?**

The final 2012/13 State budget includes moving children enrolled in the Healthy Families Program into the Medi-Cal Program. The children will be transitioned to Medi-Cal over the course of one year starting no sooner than January 2013. All benefits would be very similar to the Healthy Families Program. The Medi-Cal program offers medical, dental, and vision coverage to low-income children.

The Healthy Families Program will send you multiple letters about changes to the program. The letters will explain the program changes, when the transition process will happen for your child and anything you need to do. Until you receive these notices, continue to make your monthly premium payments to continue coverage in the Healthy Families Program.

Is there anything else I can help you with?

### **3. Who can I call to complain about the elimination of the Healthy Families Program?**

If you have any concerns regarding the elimination of the Healthy Families Program that was approved in the 2012/13 State Budget, you can contact your state elected officials to voice your opinion.

## Article 4 Section 2 – Application Processing Requirements

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<b>TITLE</b>	<b>MPG CITE</b>
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Application Packet	<a href="#">04.02.02</a>
Applicants Rights and Responsibilities	<a href="#">04.02.03</a>
Acceptable Statement of Facts (SOF)	<a href="#">04.02.04</a>
Persons Who May Complete and Sign SOF	<a href="#">04.02.05</a>
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Public Guardian, Conservator, or Representative (key person) Acting on Behalf of Incompetent Applicants	<a href="#">04.02.08</a>
Statement of Citizenship/Alien Status	<a href="#">04.02.09</a>
Application for Retroactive Medi-Cal	<a href="#">04.02.10</a>
Processing Face-to-Face Applications	<a href="#">04.02.11</a>
Processing Mail-In Applications <i>(Refer to 04.20.01 for SPE Mail-In applications)</i>	<a href="#">04.02.12</a>
Processing Medi-Cal Request from Other PA Recipients	<a href="#">04.02.13</a>
Processing NSLP Applications for Medi-Cal	<a href="#">04.02.14</a>
Processing Individuals Denied SSI/SSP due to Excess Income	<a href="#">04.02.15</a>
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National Voter Registration Act	<a href="#">04.02.20</a>
Q & A: Authorized Representatives	<a href="#">APPENDIX A</a>
Q & A: Incompetent LTC Applicants	<a href="#">APPENDIX B</a>
How to Complete Form MC 13	<a href="#">APPENDIX C</a>
Q & A: Retroactive Medi-Cal	<a href="#">APPENDIX D</a>

<b>Example of IDX CMS Eligibility Enrollment Summary Screen</b>	<a href="#">APPENDIX E</a>
<b>LIS Processing Guidelines</b>	<a href="#">APPENDIX F</a>
<b>Important Information for SSI/SSP Applicants</b>	<a href="#">APPENDIX G</a>
<b>Important Information for New SSI/SSP Applicants Recipients</b>	<a href="#">APPENDIX H</a>

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## 04.02.12 Processing Mail-In Applications

### A. General

Applicants who request a mail-in application packet shall be given fifteen days from the date of the request to complete and return the application form. At the time of the request, a SAWS 1 will be completed, either by the applicant if the request is made in person at a FRC or by ACCESS staff if the request is by phone. Day one is the day that the SAWS 1 is dated. The date of receipt is the date the application packet is received by the County (either by ACCESS or the FRC).

When the mail-in application is sent to the county via SPE, staff shall refer to [Article 4 Section 20](#) for processing instructions.

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12-33

MPG LTR 771 (12/12)

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## 04.02.18 Referral to Healthy Families

### A. Referral using MC 210

HF will accept the MC 210 revision date 02/10 or later as an application for HF. When an AIM linked child under age two is denied or discontinued TLICP for excess income, workers must send an HFP referral.

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03-05

ACWDL  
12-33

MPG LTR 771 (12/12)

### B. Referral Using Food Stamp Application

HF will accept the DFA 285-A1 and A2 as a HF application. The applicant must indicate on the Informing Notice, 09-83, authorizing the County to forward information from the CalFresh case to the HF program. When authorized by the applicant, the worker will complete a referral to HF when the Medi-Cal determination results in ineligibility or SOC for AIM linked children under age two.

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ACWDL



# Article 4, Section 20 – Single Point of Entry Medi-Cal Mail-in Application for Children and Pregnant Women

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TITLE	MPG CITE
Accelerated Enrollment	<a href="#">04.20.01</a>
SPE Applications	<a href="#">04.20.02</a>
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Healthy Families Program	<a href="#">04.20.04</a>
Access For Infants and Mothers	<a href="#">04.20.05</a>
AER Letter	<a href="#">Appendix A</a>
Household Information Worksheet	<a href="#">Appendix B</a>
AER Form	<a href="#">Appendix C</a>
Add New Children Form	<a href="#">Appendix D</a>
Julian Date Calendar	<a href="#">Appendix E</a>
HF Transmittal	<a href="#">Appendix F</a>
HF FM 80	<a href="#">Appendix G</a>
MC 363 S – County Summary Transmittal	<a href="#">Appendix H</a>
MC 363 – Medi-Cal to Healthy Families Transmittal	<a href="#">Appendix I</a>
Accelerated Enrollment Automation	<a href="#">Appendix J</a>

## Processing Guidelines

RESOURCE	TITLE
Processing Guidelines	<ul style="list-style-type: none"> <li>• <a href="#">TLICP</a> <ul style="list-style-type: none"> <li>– SPE APP/REG Process</li> <li>– SPE Application Processing</li> </ul> </li> </ul>
Desk Aid	<ul style="list-style-type: none"> <li>• <a href="#">SPE Application Flow Chart</a></li> </ul>
LMS Training	<ul style="list-style-type: none"> <li>• HFP Transition to Medi-Cal</li> </ul>

## 04.20.01 Accelerated Enrollment

### B. Individuals Ineligible to

The following individuals are ineligible to AE:

- Who will be 19 years of age or over in the application month;

AE

- With an active Medi-Cal case as shown on MEDS in either the current, pending or application month;
- Without California residence;
- Whose application does not provide enough information to assign a client identification number (CIN);
- Who are in the Bridging Program the month of or the month prior to the month AE would be established;
- Whose income is above 250 percent FPL at screening and do not appear eligible for Medi-Cal;
- Whose application does not provide enough information at screening to establish eligibility; and
- Who have been reported as deceased on MEDS with a death date.

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MPG LTR 771 (12/12)

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## 04.20.02 SPE Applications

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### A. Introduction

As mandated by Senate Bill (SB) 903 and Assembly Bill (AB) 1126, the DHCS has developed a simplified mail-in application process for Medi-Cal and HFP.

AB 1494 required the transition of HFP to the Medi-Cal Program. Effective 1/1/13, joint Medi-Cal/HFP applications that would have been processed by HFP will be sent to counties.

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**Under the Medi-Cal program, the mail-in application process is for all applicants.** A face-to-face interview for Medi-Cal is not required except at the client's request or if the FRC determines it is necessary for good cause, suspicion of fraud or for completion of the application process.

MPG LTR 771 (12/12)

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### B. Application Packets

The common Medi-Cal application form is available in booklet form through community-based organizations (CBOs), county welfare offices, schools, neighborhood businesses and other agencies. General information, an explanation of Medi-Cal, and instructions for completing the application are included in the booklet. The booklet also includes an envelope for the applicant to send the application to SPE.

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MAXIMUS is the administrative vendor of SPE. The address on the envelope is SPE's address. MAXIMUS will process SPE applications as outlined in the SPE Application Flow Chart Desk Aid. If the applicant sends the application to ACCESS it will be forwarded to the appropriate Family Resource Center.

When submitting a mail-in Medi-Cal application, the applicant must include the four-page MC 321 HFP and the CA 2.1 and CA 2.1 (Q) if required. The CA 2.1 and CA 2.1 (Q) are not included in the booklet, but are available separately at the same locations as the application booklets. Verification of income, income deductions and residency shall also be mailed with the application forms.

MPG LTR 771 (12/12)

**C.  
AER  
Application**

The AER may be used in lieu of the MC 210 or mail-in application for children and pregnant women. The date of application will be determined as follows:

<b>If the SPE referral comes ...</b>	<b>Then the date of application is ...</b>
With a transmittal and it is associated with an AER,	The date referred to the County (found on the transmittal).
With a transmittal but there is no association to an AER,	The date received by HFP (found on the transmittal).
Without a transmittal,	The date received by the County.

**NOTE:** The AER form does not include a citizenship or immigration status question, therefore an MC 13 is required for these applications.

**D.  
SPE APP/REG  
Process**

SPE applications will all be routed to the Document Processing Center (DPC). Within 24 hours of receipt the DPC must:

- Date stamp the application
- Scan all documents received

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99-16  
03-05  
99-01  
12-29

External Referral Application (ERA) unit must follow the SPE APP/REG Process-Processing Guidelines when completing the APP/REG process for an SPE application.

The date of application for SPE applications will be determined as follows:



<b>If the application is received ...</b>	<b>the application date is ...</b>
without a transmittal form,	the date received.
with a transmittal form,	date on the transmittal form.

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**E.  
SPE  
Application  
Process**

The processing of SPE applications will continue to be the responsibility of the receiving office. Workers must follow the SPE Application Processing Guidelines to ensure applications received from SPE are processed within the following timeframes:

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12-29

<b>Applications for children who ...</b>	<b>Must be completed within ...</b>
are granted AE,	45 days.
have an active Medi-Cal case,	45 days.
are not granted SPE or active on Medi-Cal and have an application "complete and without client error" as defined below,	10 days.

**Definitions:**

<b>Action</b>	<b>Definition</b>
Completed	A disposition of the case by the eligibility worker certifying initial eligibility for another 12 month period or notifying the applicant of ineligibility with a timely denial or termination.
Complete and without client error	All questions on the application or RV form were answered and no further action is required from the recipient or the county because all the information necessary to make a disposition of initial or ongoing eligibility or ineligibility has been provided.

Pregnancy and other urgent care needs are still to be processed expeditiously under existing immediate need guidelines. The procedure for retroactive Medi-Cal also remains unchanged.

MPG LTR 771 (12/12)

**04.20.04 Healthy Families Program (HFP)**

**A.** Effective January 1, 2013, HFP will no longer accept new

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12-33

**HFP**

applications. HFP will continue to serve AIM Linked HFP beneficiaries with incomes above 250% of FPL. HFP transition will occur in the following phases:

Phase	Date	Phase will include HFP children currently:
1a	1/1/13	Enrolled in the following HFP health plans that are also Medi-Cal Managed Care plans: <ul style="list-style-type: none"> <li>• Community Health Group</li> <li>• Kaiser</li> <li>• Molina Health Care</li> </ul>
1b	3/1/13	Enrolled in Health Net which is a HFP health plan and also a Medi-Cal Managed Care plan.
3	8/1/13	Enrolled Blue Cross HFP plan which is not a Medi-Cal Managed Care plan and does not contract or subcontract with a Medi-Cal Managed Care plan. <b>NOTE:</b> These children will have to choose a new Medi-Cal Managed Care plan.

The HFP will continue until their transition phase only for those enrolled in the program prior to January 1, 2013. As a result we will continue to receive Medi-Cal referrals from the HFP. These referrals will continue to be processed as outlined below and in accordance to new SPE performance standards found in MPG.

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**B.  
HF AER**

Upon receipt of AER's the HFP reviews the information provided to determine if eligibility will continue for another 12 months. If the income is too low for the HFP, the following forms are sent to the county for a Medi-Cal evaluation:

ACWDL  
99-16  
99-48  
00-19  
03-01

- AER
- Add New Children
- Transmittal

Medi-Cal referral from the HFP will be processed as SPE applications refer to MPG 4.20.2.

**B.  
Transition Aid  
Codes**

HFP beneficiaries will be placed in one of the following aid codes by DHCS at the start date of their transition phase:

ACWDL  
12-33

Aid Code	Description
5C	No Cost, full scope Medi-Cal with no premium payment

5D	Full scope Medi-Cal with a premium
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Transitioned aid codes will be assigned as follows:

Families with income ...	Will be placed in aid code ...
at or below 150% FPL,	5C.
at or above 151% to 250% FPL,	5D.

The transition aid code will be visible in MEDS on the Secondary Program screen (INQ1 or INQ2). Once the child is placed in the transition aid code the county is responsible for case maintenance for that child.

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### C. Medi-Cal Determination

AB 1494 requires the transition of HFP to the Medi-Cal program. Medi-Cal redeterminations must be completed by the HFP AER. MAXIMUS will continue to complete the following for children transitioning to Medi-Cal with AER dates from April to December 2013:

ACWDL  
12-33

- Mail the modified pre-populated AER form on a flow basis 75 days prior to the AER.
- Receive the returned AER forms.
- Forward the AER form to the County.
- Mail the County a list of AER's not returned.

The SPE Application Process Flow Chart demonstrates the process followed by MAXIMUS.

MAXIMUS mails AER forms 75 days prior to the AER due date, as a result the following AERs will be completed by MAXIMUS:

AER Due Date	Date AER Packet was Mailed
January 2013	October 2012
February 2013	November 2012
March 2013	December 2012

Workers will not evaluate these cases for Medi-Cal until their 2014 AER due date unless a change is reported that requires a case evaluation.

**NOTE:** In situations where MAXIMUS finds potential eligibility to Medi-Cal at AER, they will not complete the AER and refer the applicant to the County for evaluation.

**D.  
When to  
Complete  
Medi-Cal  
Determination**

The timing of Medi-Cal determinations depends on the individual circumstances of the child transitioning from HFP. In general Medi-Cal eligibility determinations must be completed as follows:

<b>When the Child is in...</b>	<b>The Medi-Cal redetermination must be completed...</b>
an open Medi-Cal case with a RRR date <b>prior</b> to the child's AER date,	at the RRR date for the family.
an open Medi-Cal case with a RRR date <b>after</b> the child's AER date,	at the AER. <b>NOTE:</b> This does not change the family's RRR due date
a closed Medi-Cal case or has no current Medi-Cal case,	at the AER date.
their own SSI case with no other family members with Medi-Cal,	by SSA. <b>NOTE:</b> A MEDS online transaction via form HHSA 14-28 will be required to terminate the transitional aid code.

In situations where a child is in a CalWORKs case with an annual RV date prior to the child's transition date the Medi-Cal determination must be completed as follows:

<b>If the child is ...</b>	<b>Then ...</b>
active on the CalWORKs case and receiving Medi-Cal,	terminate the transition aid code via a HHSA 14-28.
not active on the CalWORKs case,	add the child and re-evaluate the CalWORKs case on the transition date.

CEC will also apply to children transitioning from HFP to Medi-Cal refer to MPG [5.15.05](#).

**NOTE:** SPE application regulations found in [MPG 4.20.2e](#) apply when completing the Medi-Cal determination at the AER.

**04.20.05 Access for Infants and Mothers (AIM)**

**C.  
AIM  
Application  
Processing**

The following chart is an outline of the AIM application process.

<b>ACCESS Actions</b>			
1	<p>Ensure that the AIM application was sent to the appropriate county.</p> <p>If the applicant is not a resident of San Diego County, ACCESS will:</p> <ul style="list-style-type: none"> <li>• Complete a Medi-Cal/ AIM Application Transmittal</li> <li>• Forward the AIM application to the correct county</li> <li>• Send a copy of the transmittal to SPE informing them that the AIM application was sent to the incorrect county.</li> </ul>		
2	<p>Clear all people on the application packet for an active Medi-Cal case. If none exist, ACCESS will forward the AIM application to the appropriate FRC (based on zip code) on a daily basis.</p>		
<b>FRC Intake Scheduling</b>			
1	<p>Open pend the application in the assigned worker's number.</p> <p><b>The application date is the date that the FRC receives the AIM application. This is different from the way the Medi-Cal mail in application date is determined.</b> The redetermination date may not exceed 12 months from the date the AIM application was signed.</p>		
2	<p>Treat AIM applications the same as a face-to-face appointment for the purposes of scheduling intakes and assigning to workers.</p>		
3	<p>Consider AIM applications an Immediate Need request, which must be processed within three days of receipt.</p>		
<b>Worker Actions</b>			
1	<p>Follow Medi-Cal application processing requirements described in Medi-Cal Program Guide Article 4, Section 2 when processing AIM applications for eligibility to the Income Disregard Program (200% Program).</p>		
2	<p>Follow the ten-ten timeline requirement for the client to provide the MC 13, Social Security Number (if appropriate) and any additional verification required.</p>		
3	<p>Send Speed Letter 780-1 – AIM Contact Letter to the applicant along with a MC 13, MC 210 A, and the informational notice "Medi-Cal Rights and Responsibilities." <b>NOTE: The applicant is not required to return a signed MC 219.</b></p>		
4	<p>Use the signed Declaration of Residency on the AIM application as sufficient verification of residency for pregnancy related services only.</p>		
5	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the applicant...</b></td> <td style="width: 50%;"><b>Then...</b></td> </tr> </table>	<b>If the applicant...</b>	<b>Then...</b>
<b>If the applicant...</b>	<b>Then...</b>		

	Requests an evaluation for full-scope Medi-Cal	Request further information/verification to process the request for full-scope Medi-Cal
	Requests full-scope Medi-Cal, but does not provide property verifications,	Evaluate for Income Disregard and TLICP Program.  <b>NOTE:</b> The applicant must provide a completed MC 13 and Social Security Number (if appropriate) in order for the AIM application to be considered complete when granting the applicant Medi-Cal under the 200% Program.
	Is ineligible to the TLICP because of excess income,	Bridge to HFP as outline in MPG <a href="#">05.08.05</a>

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# Processing Guide – Targeted Low Income Children’s Program



## Table of Contents

• <a href="#">Purpose</a>
• <a href="#">SPE APP/REG Process</a>
• <a href="#">SPE Application Processing</a>
• <a href="#">TLICP CalWIN Entries</a>

## Purpose

These processing guidelines will provide workers step-by-step instructions to assist when completing the following:

- Completing the APP/REG process for SPE applications
- Processing SPE Applications
- Completing TLICP applications

## SPE APP/REG Process

SPE applications must be APP/REG’d as follows:

Step	Action						
1	Screen application						
	<table border="1"> <thead> <tr> <th>If the application is ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>new,</td> <td>go to Step 3.</td> </tr> <tr> <td>a child in aid code 5C/5D,</td> <td>go to Step 2.</td> </tr> </tbody> </table>	If the application is ...	Then ...	new,	go to Step 3.	a child in aid code 5C/5D,	go to Step 2.
	If the application is ...	Then ...					
new,	go to Step 3.						
a child in aid code 5C/5D,	go to Step 2.						
2	Clear child(ren)						
	<table border="1"> <thead> <tr> <th>If the child is ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>Known to an open CalWIN case</td> <td>Assign to the appropriate FRC bank based on zip code.</td> </tr> <tr> <td>Not known to CalWIN or known on a closed case</td> <td>Go to Step 3.</td> </tr> </tbody> </table>	If the child is ...	Then ...	Known to an open CalWIN case	Assign to the appropriate FRC bank based on zip code.	Not known to CalWIN or known on a closed case	Go to Step 3.
	If the child is ...	Then ...					
Known to an open CalWIN case	Assign to the appropriate FRC bank based on zip code.						
Not known to CalWIN or known on a closed case	Go to Step 3.						
3	APP/REG on a case using the following applications sources:						
	<table border="1"> <thead> <tr> <th>If the application is ...</th> <th>Use application source ...</th> </tr> </thead> <tbody> <tr> <td>granted AE,</td> <td>SPE – AE.</td> </tr> </tbody> </table>	If the application is ...	Use application source ...	granted AE,	SPE – AE.		
If the application is ...	Use application source ...						
granted AE,	SPE – AE.						

	flagged for 10 day processing, CHDP Gateway Cases,	SPE – 10 Day. SPE – CHDP.
4	Review transmittal	
	<b>If the applications is...</b>	<b>Then assign to ...</b>
	flagged as 10 day application	specialized 10 day processing caseload.
	not flagged as a 10 day application	appropriate FRC based on zip code.

**SPE  
Application  
Processing**

Workers must follow the SPE Application Processing Guidelines to ensure applications received from SPE are processed within the following timeframes:

<b>Step</b>	<b>Action</b>	
1	Review the application to ensure that it is complete and without client error as defined in the processing timeframes section above.	
	<b>If it is...</b>	<b>Then ...</b>
	complete and without client error,	grant/deny within 10 days.
	<b>NOT</b> complete and without client error,	go to step 2.
2	Issue VCL requesting outstanding verifications.	
3	Enter the case comment "SPE 10 day received incomplete".	
4	Enter the special indicator "incomplete SPE 10 day application" in the Special indicator field.	
5	Move case from the 10 day bank to appropriate task group.	
6	Complete eligibility determination within the appropriate timeframes.	

**NOTE:** If the DPC sends a case to the incorrect FRC specialized caseload, that FRC must complete that eligibility determination.

**TLICP CalWIN  
Entries**

EDBC logic for the TLICP aid codes will not be programmed until the Mid-February CalWIN update. Until the logic is in CalWIN, workers must:



Step	Action								
1	Screen application <table border="1" data-bbox="570 342 1403 457"> <thead> <tr> <th data-bbox="570 342 971 380">If it is received from ...</th> <th data-bbox="971 342 1403 380">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="570 380 971 420">SPE,</td> <td data-bbox="971 380 1403 420">go to Step 2.</td> </tr> <tr> <td data-bbox="570 420 971 457">any other source,</td> <td data-bbox="971 420 1403 457">APP/REG and go to Step 4.</td> </tr> </tbody> </table>	If it is received from ...	Then ...	SPE,	go to Step 2.	any other source,	APP/REG and go to Step 4.		
If it is received from ...	Then ...								
SPE,	go to Step 2.								
any other source,	APP/REG and go to Step 4.								
2	Clear application in CalWIN <table border="1" data-bbox="570 573 1403 800"> <thead> <tr> <th data-bbox="570 573 979 611">If the child is ...</th> <th data-bbox="979 573 1403 611">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="570 611 979 720">in a family with an active or pending Medi-Cal case,</td> <td data-bbox="979 611 1403 720">add the child to the case in CalWIN and re-evaluate the family.</td> </tr> <tr> <td data-bbox="570 720 979 800">not known to CalWIN or known to a closed case,</td> <td data-bbox="979 720 1403 800">go to Step 3.</td> </tr> </tbody> </table>	If the child is ...	Then ...	in a family with an active or pending Medi-Cal case,	add the child to the case in CalWIN and re-evaluate the family.	not known to CalWIN or known to a closed case,	go to Step 3.		
If the child is ...	Then ...								
in a family with an active or pending Medi-Cal case,	add the child to the case in CalWIN and re-evaluate the family.								
not known to CalWIN or known to a closed case,	go to Step 3.								
3	To track SPE applications for Performance Standards APP/REG using the following Application Sources: <table border="1" data-bbox="570 947 1403 1098"> <thead> <tr> <th data-bbox="570 947 1073 984">Type of SPE Application</th> <th data-bbox="1073 947 1403 984">Application Source</th> </tr> </thead> <tbody> <tr> <td data-bbox="570 984 1073 1022">Accelerated Enrollment</td> <td data-bbox="1073 984 1403 1022">SPE – AE</td> </tr> <tr> <td data-bbox="570 1022 1073 1060">10 Day Time Frame Cases</td> <td data-bbox="1073 1022 1403 1060">SPE – 10 Day</td> </tr> <tr> <td data-bbox="570 1060 1073 1098">CHDP Gateway Cases</td> <td data-bbox="1073 1060 1403 1098">SPE – CHDP</td> </tr> </tbody> </table>	Type of SPE Application	Application Source	Accelerated Enrollment	SPE – AE	10 Day Time Frame Cases	SPE – 10 Day	CHDP Gateway Cases	SPE – CHDP
Type of SPE Application	Application Source								
Accelerated Enrollment	SPE – AE								
10 Day Time Frame Cases	SPE – 10 Day								
CHDP Gateway Cases	SPE – CHDP								
4	Complete case evaluation in CalWIN <table border="1" data-bbox="570 1213 1403 1329"> <thead> <tr> <th data-bbox="570 1213 1105 1251">If child is determined eligible to...</th> <th data-bbox="1105 1213 1403 1251">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="570 1251 1105 1289">zero SOC Medi-Cal,</td> <td data-bbox="1105 1251 1403 1289">grant case.</td> </tr> <tr> <td data-bbox="570 1289 1105 1329">eligible with a SOC,</td> <td data-bbox="1105 1289 1403 1329">go to Step 5.</td> </tr> </tbody> </table>	If child is determined eligible to...	Then ...	zero SOC Medi-Cal,	grant case.	eligible with a SOC,	go to Step 5.		
If child is determined eligible to...	Then ...								
zero SOC Medi-Cal,	grant case.								
eligible with a SOC,	go to Step 5.								
5	Complete manual budgets available here: S:\ENTERPRISE\QR Excel Spreadsheet\Budget Worksheets 040112 thru 033113 <table border="1" data-bbox="570 1549 1403 1665"> <thead> <tr> <th data-bbox="570 1549 979 1587">If child is determined...</th> <th data-bbox="979 1549 1403 1587">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="570 1587 979 1625">ineligible to TLICP,</td> <td data-bbox="979 1587 1403 1625">go to Step 6.</td> </tr> <tr> <td data-bbox="570 1625 979 1665">eligible to TLICP,</td> <td data-bbox="979 1625 1403 1665">go to Step 7.</td> </tr> </tbody> </table>	If child is determined...	Then ...	ineligible to TLICP,	go to Step 6.	eligible to TLICP,	go to Step 7.		
If child is determined...	Then ...								
ineligible to TLICP,	go to Step 6.								
eligible to TLICP,	go to Step 7.								
6	Clear application on MEDS <table border="1" data-bbox="570 1780 1403 1896"> <thead> <tr> <th data-bbox="570 1780 954 1818">If the child...</th> <th data-bbox="954 1780 1403 1818">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="570 1818 954 1896">shows an OC aid code in the last 12 months,</td> <td data-bbox="954 1818 1403 1896">bridge child to HFP using existing process.</td> </tr> </tbody> </table>	If the child...	Then ...	shows an OC aid code in the last 12 months,	bridge child to HFP using existing process.				
If the child...	Then ...								
shows an OC aid code in the last 12 months,	bridge child to HFP using existing process.								

	meets CEC criteria,	grant CEC and go to Step 8.
	does not meet CEC criteria,	grant appropriate SOC Medi-Cal aid code.
7	Run EDBC	
8	Override Aid Code ( <b>BENDS CR6086-Transition to Healthy Families</b> )	
9	Capture image manual budgets	
10	Document all actions in Case Comments	

---

# SPE Application Flow Chart



## MAXIMUS

Determines if SPE applications are:

- Complete, or
- Incomplete

## SPE applications are forwarded to the county for processing.

Children are placed on an Accelerated Enrollment (AE) aid code if they meet the screening criteria.

## MAXIMUS has twenty (20) days to request verifications from the customer.

Applications completed within 20 days:

- Children are placed on an AE aid code if they meet screening criteria, and
- Application/verifications are forwarded to county for processing.
- MAXIMUS request for information acts as the county's 1<sup>st</sup> 10 day request for information.



## SPE Applications

Are sent to the County for processing.



## HSS's must:

Review SPE applications flagged for 10 day processing for completeness

- If the SPE application is incomplete worker must add a special indicator, send VCL, narrate findings and reassign to appropriate task group
- If SPE application is complete workers must grant/deny application within 10 days



## Receiving FRC

Designated OA will clear caseload banks daily and assign to appropriate task group for processing.



## ERA Unit

- APP/REG the SPE application
- Assign SPE applications flagged for 10 day processing in specialized caseload and all others to standard pre intake caseload.



## DPC

Receives SPE application

## Article 5 Section 8 – Miscellaneous Special Programs

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TITLE	MPG CITE
Introduction	<a href="#">05.08.01</a>
Pickle Benefits, Restricted Benefits, and the Repatriate Program	<a href="#">05.08.02</a>
Tuberculosis, Dialysis and TPN Special Treatment Benefits	<a href="#">05.08.03</a>
Pregnant Women, Infants and Children Federal Poverty Level (FPL) Programs	<a href="#">05.08.04</a>
Special Programs – Medi-Cal to Healthy Families Bridging Program for Access for Infants and Mothers (AIM) Linked Infants	<a href="#">05.08.05</a>
Healthy Families to Medi-Cal Presumptive Eligibility (HFPE) Program	<a href="#">05.08.06</a>
Refugee Medical Assistance (RMA) and Entrant Medical Assistance (EMA)	<a href="#">05.08.07</a>
Iraqi and Afghan Special Immigrants (SI)	<a href="#">05.08.08</a>
Organ Transplant Anti-Rejection Medications Program (OTAM)	<a href="#">05.08.09</a>
Refugee Document Identification Chart	<a href="#">APPENDIX A</a>
Victim of Trafficking Certification for Adults	<a href="#">APPENDIX B</a>
Victim of Trafficking Letter for Children Under 18	<a href="#">APPENDIX C</a>
Refugee Entry Date Documentation Chart	<a href="#">APPENDIX D</a>
Special Immigrant Documentation: Immigration Status and Date of Entry	<a href="#">APPENDIX E</a>
Bridging Q & A	<a href="#">APPENDIX F</a>
Special Indicator Instructions for OTAM	<a href="#">APPENDIX G</a>

Processing Guidelines

RESOURCE	TITLE
BENDS	<a href="#">HF Transition to Medi-Cal BENDS CR 6086</a>

## 05.08.05 Medi-Cal to Healthy Families (HFP) Bridging Program (Bridging)

### A. General

Children born to mothers in the Access for Infants and Mothers (AIM) program are deemed eligible to HFP for one year. If they are AIM eligible at their one year redetermination, they can remain HFP eligible until age 2.

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HFP will continue to serve AIM linked infants with income above 250% of the Federal Poverty Level (FPL) and below 300% FPL. AIM linked children found ineligible to TLICP due to income exceeding 250% must be bridged to HFP.

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### B. Eligibility Requirements

To determine if a child is AIM linked workers must:

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Step	Action						
1	Clear INQ1 and INQ2 and look for aid code 0C in the last twelve months. <table border="1" data-bbox="565 1100 1401 1255"> <thead> <tr> <th>If the 0C aid code ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>applies to the infant,</td> <td>Go to Step 2.</td> </tr> <tr> <td>does not apply to the infant,</td> <td>process as outlined in "When to Complete Redetermination"</td> </tr> </tbody> </table>	If the 0C aid code ...	Then ...	applies to the infant,	Go to Step 2.	does not apply to the infant,	process as outlined in "When to Complete Redetermination"
If the 0C aid code ...	Then ...						
applies to the infant,	Go to Step 2.						
does not apply to the infant,	process as outlined in "When to Complete Redetermination"						
2	Complete Medi-Cal redetermination: <table border="1" data-bbox="565 1367 1401 1482"> <thead> <tr> <th>If the income is ...</th> <th>Then ...</th> </tr> </thead> <tbody> <tr> <td>up to 250% of the FPL,</td> <td>grant TLICP.</td> </tr> <tr> <td>at or above 250 to 300% of the FPL,</td> <td>go to Step 3.</td> </tr> </tbody> </table>	If the income is ...	Then ...	up to 250% of the FPL,	grant TLICP.	at or above 250 to 300% of the FPL,	go to Step 3.
If the income is ...	Then ...						
up to 250% of the FPL,	grant TLICP.						
at or above 250 to 300% of the FPL,	go to Step 3.						
3	Bridge to the HFP.						

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### C. Step-by-Step Bridging Instructions

When a child is found eligible for bridging workers must:

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Step	Action
1	Discontinue TLICP with timely notice.
2	Grant aid code 7X for the month following the discontinuance

	of TLICP. CalWIN will not trigger the CEC aid code, refer to BENDS CR6086 for override instructions.
3	Refer child to HFP using form MC 363

The following information will be attached to the MC 363:

- Case identifying information such as county, worker name and phone number, case name and case number and household members (including the parents, step parents and all children including step children and unborn (s)).
- Medi-Cal denial reason.
- Reason and type of referral.
- Individual Information including last name, first name, SSN, CIN, gender, date of birth, relationship, individual gross income, type of income, allowable deductions, and SOC amount (if assessed).
- Comments to describe any unusual situation to assist HFP in making the correct determination.
- A copy of the most recent application or RV form (if available).
- A copy of the most recent Medi-Cal NOA showing the income calculation for the MFBU with the SOC amount. HF does not accept the Sneed NOA as income verification.
- A copy of the most recent discontinuance NOA with the reason the child has been determined ineligible for zero SOC Medi-Cal.
- A copy of any proof of income, dated within 45 days.
- A copy of the current MFBU budget worksheet. HF can use the MFBU budget computation worksheet as supporting income documentation. Workers must print a copy of the CalWIN '**display SOC/Financial eligibility determination**' window that displays the budget that moved the child from zero SOC to a SOC.
- A photocopy of the following documents if they are in the case file:
  - Birth Certificate (if the child's US citizenship was validated through a birth record match in MEDS, please indicate such on the MC 363).
  - Immigration verification or Proof of Acceptable Citizenship or Identity documents (DHCS 0011).
  - Proof of tribal affiliation (American Indian or Alaska Native).

The underlying principle of referring applications to HFP is to provide a seamless process to refer a child from Medi-Cal to HFP.

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**D.  
Prior Period  
Bridging**

There may be instances when a child's full-scope SOC eligibility in a prior month based on the application is reduced to zero SOC (*i.e.*, fair hearing or the County recognizes it failed to act timely on a report of reduced income). The worker will take their usual action to reduce the

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SOC for that month. If zero SOC eligibility in the prior month is followed by a SOC in the following month, the worker must determine whether Bridging is appropriate.

- If Bridging is appropriate, the worker must grant Bridging for that first SOC month.
- The worker must then determine whether it is appropriate to refer the child to HFP in the current month.

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**E.  
Consent  
Requirement**

There is no consent requirement to bridge AIM linked children to HFP.

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# Article 5 Section 12 – Special Zero Share-of-Cost Programs for Children and Pregnant Women

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Overview	<a href="#">05.12.01</a>
Income Disregard Program and the Asset Waiver Provision	<a href="#">05.12.02</a>
133% Program	<a href="#">05.12.03</a>
100% Program	<a href="#">05.12.04</a>
Targeted Low-Income Children’s Program	<a href="#">05.12.05</a>
Property Disregard	<a href="#">05.12.06</a>
Long Term Care	<a href="#">05.12.07</a>
Income Treatment and Deductions	<a href="#">05.12.08</a>
Miscellaneous	<a href="#">05.12.09</a>

**Desk Aids and Processing Guidelines**

RESOURCE	TITLE
Processing Guidelines	<ul style="list-style-type: none"> <li>• <a href="#">TLICP CalWIN Entries</a></li> </ul>
Desk Aid	<ul style="list-style-type: none"> <li>• <a href="#">Children’s Special Zero SOC Program Aid Codes</a></li> <li>• <a href="#">Period of Eligibility</a></li> <li>• <a href="#">Children’s Special Zero SOC Program Flow Chart</a></li> <li>• <a href="#">Children’s Special Zero SOC Q &amp; A</a></li> </ul>
LMS Training	<ul style="list-style-type: none"> <li>• Targeted Low Income Training</li> </ul>

## 05.12.01 Overview

**A. Overview**

This section provides regulations for the following programs which are applicable to cases that contain children (ages 0-19) and/or pregnant women:

- Income Disregard
- 133% Program
- 100% Program
- Targeted Low Income Children’s Program (TLICP)



## 05.12.05 Targeted Low Income Children's Program

### A. Overview

TLICP is a property disregard program that provides coverage for children that would have previously been enrolled in the HFP. Eligibility to the different programs is based on age and will be determined as follows:

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Begin	End
At birth	The end of the month of the child's 1st birthday
At age one	The end of the month of the child's 6 <sup>th</sup> birthday
At age six	The end of the month of the child's 19 <sup>th</sup> birthday

CEC applies to the TLICP refer to MPG [5.15.05](#).

**NOTE:** Until the TLICP logic is in CalWIN, workers must follow Processing Guidelines titled TLICP CalWIN Entries.

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### B. Aid Codes

To qualify for this program, the net non-exempt income of the MFBU must be as follows:

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Age Group	Percent Level	Aid Code
0-1	Above 200% - up to 250%	H1
1-6	Above 133% - up to 150%	H2
1-6	Above 150% - up to 250%	H3
6-19	Above 100% - up to 150%	H4
6-19	Above 150% - up to 250%	H5

Aid code H3 and H5 are premium payment aid codes.

There are no restricted scope aid codes for TLICP. If an applicant fails to provide citizenship/identity documentation at the end of their reasonable opportunity to provide period, they must be re-evaluated for limited scope Medi-Cal with a SOC.

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### B. Premiums

Premiums will be \$13 per child monthly, with a maximum of \$39 per family monthly. When workers approve a beneficiary for one of the

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TLICP premium payment aid codes, the information will be transmitted to MAXIMUS via MEDS. Beneficiaries may pay premiums in the following forms:

- Cash, check, Western Union
- Electronic Funds Transfer
- Credit Card Transactions

MAXIMUS is the administrative vendor of premium payment collection and will be known as the Medi-Cal Premium Payment Section (MPPS). The MPPS will:

- Maintain premium payment case files
- Bill beneficiaries
- Send overdue payment notices
- Notify counties when a beneficiary on a premium payment aid code has not paid premiums for 60 days
- Notify counties when a beneficiary previously discontinued for non-payment of premiums has paid and should be reinstated.

**The county will not accept premium payments.** If a beneficiary turns in a premium payment to the county, workers will take the following actions:

If the check is payable to...	Then ...
the county	return the check to the beneficiary with instructions to make check payable to MPPS.
MPPS	forward to the MPPS address below.

Medi-Cal For Families Premium Payment Section  
 PO Box 138011  
 Sacramento, CA 95813-8011

Beneficiary questions regarding their premium payment must be referred to MPPS number found on their premium payment notification.

Workers may contact the MPPS liaison for urgent question concerning premiums affecting eligibility at (916) 673-4602.

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**C. Non-Payment of Premiums**

Upon receipt of notification of non-payment of premium payment, workers must:

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Step	Action
------	--------

1	Redetermine the child's Medi-Cal eligibility following SB87 process.
2	Discontinue the premium payment TLICP aid code with timely notice.

**NOTE:** Discontinuances or reinstatements will not occur until March 2013. The procedures for alerting counties of a discontinuance or reinstatement request will be updated prior to March.

MPG LTR 771 (12/12)

**D.  
Reinstating  
Benefits**

MPPS will notify staff when beneficiaries reconcile past due payments. The following chart shows the rules for reinstating premium payment TLICP aid codes:

ACWDL  
12-33

<b>If the premium based TLICP beneficiary...</b>	<b>Then workers must ...</b>
paid their past due premium amount within 30 days of the discontinuance from TLICP	Reinstate premium payment TLICP aid code with no break in aid.
Reapplies after the case is closed for more than 30 days	Evaluate applicants for TLICP from the first of the month of reapplication.

MPG LTR 771 (12/12)

# Children's Special Zero SOC Aid Codes

	Age Group	Percent Level	Full Scope Aid Code	Restricted Aid Code
	0-1	At or below 200%	47	69
	0-1	At or below 200% Property Disregard	47	69
NEW	0-1	Above 200% - up to 250%	H1	N/A
	1-6	At or below 133%	72	74
	1-6	At or below 133% Property Disregard	8P	8N
NEW	1-6	Above 133% - up to 150%	H2	N/A
NEW	1-6	Above 150 – up to 250%	H3	N/A
	6-19	At or below 100%	7A	7C
	6-19	At or below 100% Property Disregard	8R	8T
NEW	6-19	Above 100% - up to 150%	H4	N/A
NEW	6-19	Above 150% - up to 250%	H5	N/A

Premium

Premium



**NOTE:** There are no restricted scope aid codes for TLICP. If an applicant fails to provide citizenship/identity documentation at the end of their reasonable opportunity to provide period, they must be re-evaluated for limited scope Medi-Cal with a SOC.

# Period of Eligibility

Program	Applicant/Beneficiary	Begin Date	End Date
<b>Income Disregard</b>	Pregnant Women	First day of the Month of Self Declaration	At the end of the month in which the 60-day post partum ends
<b>Income Disregard</b>	Infants	At birth	The end of the month of their 1 <sup>st</sup> birthday
<b>133% Program</b>	Child	At age 1	The end of the month of the child's 6 <sup>th</sup> birthday
<b>100% Program</b>	Child	At age 6	Then end of the month of the child's 19 <sup>th</sup> birthday
<b>TLICP</b>	H1 Child	At birth	The end of the month of the child's 1 <sup>st</sup> birthday
<b>TLICP</b>	H2/H3 Child	At age 1	The end of the month of the child's 6 <sup>th</sup> birthday
<b>TLICP</b>	H4/H5 Child	At age 6	Then end of the month of the child's 19 <sup>th</sup> birthday

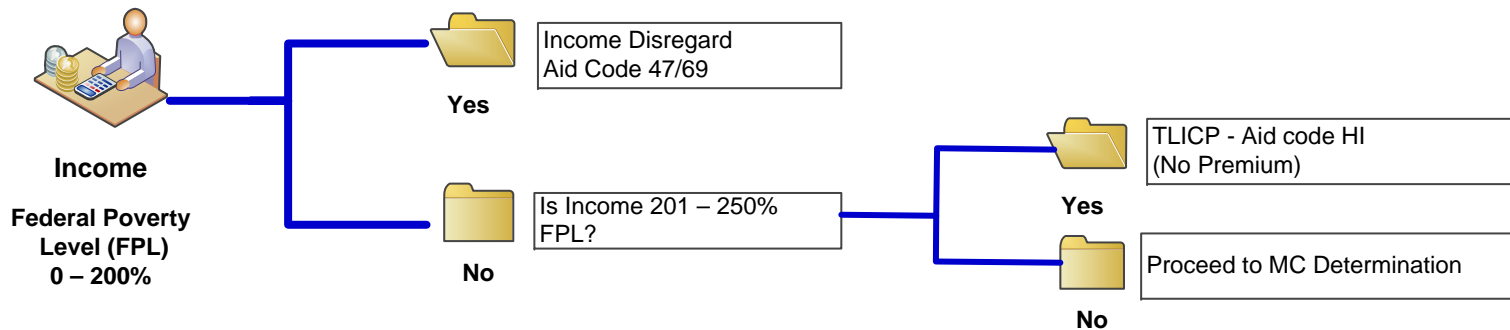


**NOTE:** A child who is an inpatient receiving continuous services which begin before and continue beyond the age of eligibility for Income Disregard, 133%, 100%, and TLICP program, will be entitled to extended eligibility under the program they qualify until the end of the month in which the continuous stay ends, as long as the family remains eligible.

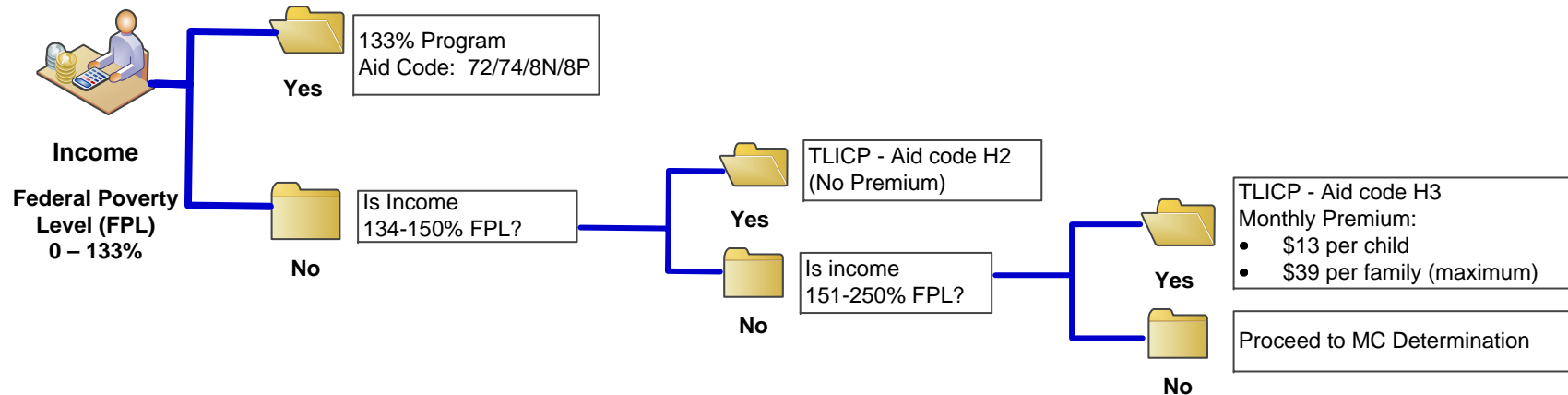
# FEDERAL POVERTY LEVEL PROGRAMS FOR CHILDREN

## Asset Waiver/Property Disregard and Targeted Low-Income Children's Program

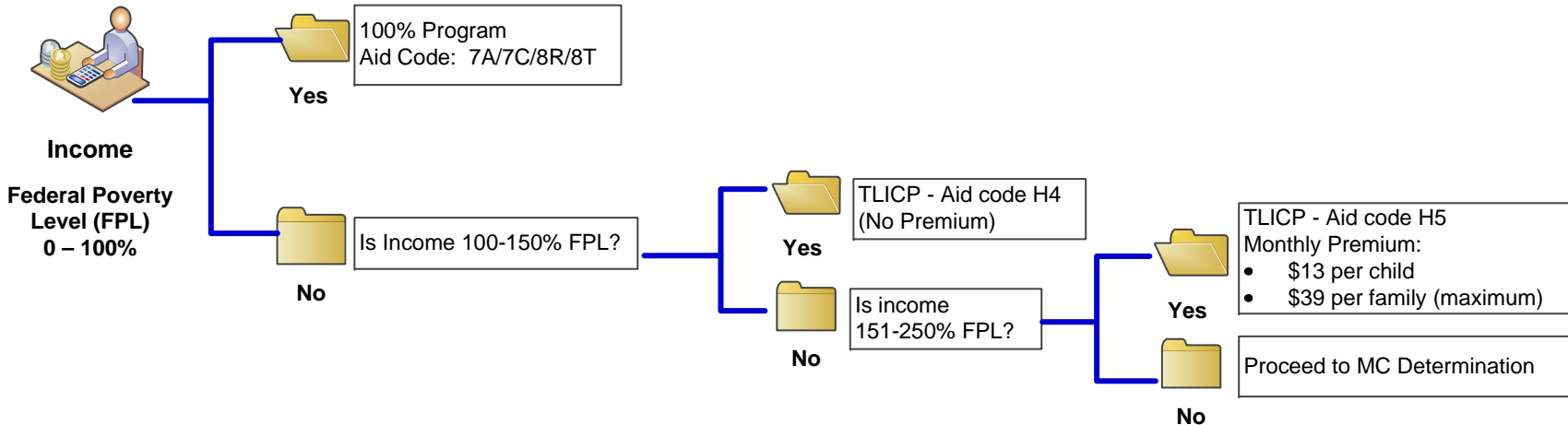
**Infant**  
(under age 1 year)



**Child**  
(age 1 - 6)



**Child**  
(age 6 - 19)





# Children's Special Zero SOC Programs Questions & Answers

	QUESTION	ANSWER
1	If a pregnant woman has income of her own and is married to a man receiving disability benefits (not SSI), how is the income to be treated?	To determine the family's share of cost under the regular MI/MN program, the ABD deductions would be allowed. However, to determine the woman's eligibility under the Income Disregard program, the AFDC-MN deductions are applied to their income. No deductions for the aged, blind or disabled (ABD) are allowed.
2	Same situation as #1 except the husband is in LTC. How are the MFBUs determined?	There are two MFBUs. The maintenance need for the mom and the unborn will be for two people. The husband will be in his own MFBU and will receive a maintenance need amount of \$35 for his LTC status.
3	Can a woman become initially entitled to the Income Disregard or Asset Waiver program during the 60-day postpartum period or during one of the three retroactive months prior to the month of application?	<p>Yes, if otherwise eligible, she may become initially entitled to the programs during or prior to the 60-day postpartum period. For example, if a pregnant woman's initial Medi-Cal application is made three months after the month the pregnancy ended she still could be eligible for the Income Disregard program. This is unlike the actual 60-day postpartum program (aid code 76) where the woman must have filed for, been eligible for, and received Medi-Cal in the month of delivery.</p> <p>For example, mother, father, and an infant apply for Medi-Cal in July and request retroactive coverage for April, May and June. The baby was born in March. The father is fully employed and has no linkage. In April and May, the mother has linkage via the Income Disregard program which covers women during pregnancy and the 60 postpartum days. Assuming she and the infant meet the requirements for the Income Disregard program in April and May, both are covered. In June, there is no linkage for the mother and she is discontinued. The infant's eligibility continues if otherwise eligible.</p> <p>If the family's income had been above the 200% of the FPL mom would not have been eligible for the Income Disregard program, nor would she be eligible for the Postpartum program because she did not receive Medi-Cal during her last month of pregnancy (Note: if she received retroactive Medi-Cal during the last month of pregnancy, or had a SOC in that month which was not met, she could not be eligible for the Postpartum program either).</p>



# Children's Special Zero SOC Programs Questions & Answers

	QUESTION	ANSWER
4	Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently exceeds the 200% limit and the infant is discontinued from this program. If the family's income later drops to within the 200 percent limits and there has been no change in the infant's inpatient status, may the infant re-establish eligibility under the Income Disregard program?	No, the child had a break in eligibility and cannot re-establish eligibility under the Income Disregard program beyond the age of one year. This would hold true regardless of the reason for discontinuance (e.g., excess property, etc.). However, the child should be evaluated under the 133 Percent program.
5	Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the Income Disregard program. The family income subsequently drops to an amount which is at or below the maintenance need level. Will the worker need to change the aid code from the Income Disregard program to the regular MI/MN program code with a zero share of cost or the 133 Percent program if there is a share of cost?	<p>No, infants over one year old receiving inpatient services are the only exception to the rule under which infants who would have no share of cost are to receive cards under the regular MI/MN program. This exception makes it administratively easier to ensure that the otherwise eligible infant remains on the Income Disregard program should family income later increase where there would be a share of cost but family income does not exceed 200% of the federal poverty level.</p> <p>Example: Infant is 14 months old and has been receiving continuous inpatient services since prior to age one. He has been eligible for benefits with no share of cost under the Income Disregard program since birth. His family now has a drop in income to an amount which is below the maintenance need level. The worker shall not change the infant's aid code to the regular MI/MN program because the infant would receive the same scope of benefits with no share of cost under either program.</p> <p>Two months later the family's income rises above the maintenance need level but not over 200% of the federal poverty level. The worker will not need to review the case history to verify Income Disregard program eligibility prior to age one or make any changes to the infant's record since his aid code had not been changed.</p>





# Children's Special Zero SOC Programs Questions & Answers

	QUESTION	ANSWER
6	When a pregnant woman has two Medi-Cal cards, one with the Income Disregard program aid code and the second card with a regular MI/MN aid code, which card should she present to the doctor?	If the services she received were pregnancy related, she may use either card though it would be preferable to bill the services under the Income Disregard card so that program costs can be identified. If the services are not pregnancy related, she must use the regular share-of-cost Medi-Cal card.
7	What will happen if a timely 10-day notice is not issued to terminate the infant/child due to the attainment of the maximum age (one/six/nineteen)?	A 10-day notice is always required for adverse actions. If a 10-day notice was not sent in time and MEDS has already terminated the record, the worker will need to ask the MEDS operator to input an ESAC code of 9 with a termination date to allow for the extra month(s) needed to issue the 10-day notice of action.
8	Are Medicare premiums considered health insurance premiums?	Yes, parts A and B of Medicare are considered health insurance premiums. Therefore, under the Percent programs no deductions are allowed for Medicare premiums regardless of whether the beneficiary is paying it directly or if the State is paying the premium.
9	When a pregnant woman who is eligible under the Income Disregard program delivers her baby and the newborn will be the only person left on the MFBU as a Medi-Cal eligible, how soon after delivery must the worker obtain a new application?	Infants born to Medi-Cal eligible women are automatically deemed eligible for one year (Continued Eligibility), provided certain criteria are met. In this case, a separate application form, MC 13, and Social Security number are not required until the infant attains age one.
10	Will the workers be required to verify continuous inpatient status for the infant/child over one/six/nineteen?	The workers are not required to verify continuous inpatient services for infants over one year old. The workers will continue with their current verification procedures. However, the workers are cautioned that the potential for an overpayment exists if verification is not done. Remember, MEDS will send out alerts at 6 month intervals to remind the workers to verify continuing eligibility. Therefore, if the worker does not verify continuing eligibility, a potential overpayment situation may exist for 6 months or longer.

## 5.15.05 Continuous Eligibility for Children (CEC) Program

### B. Eligibility Requirements

Children eligible to any other zero SOC program will receive Medi-Cal through that program and not through CEC. To be eligible for CEC, the child(ren) must be:

- under 19 years through the month of their 19<sup>th</sup> birthday;
- not receiving State-only Minor Consent Services; and
- eligible to zero SOC Medi-Cal prior to an adverse change in income, resources, or family composition resulting in SOC Medi-Cal or termination of benefits.

The following provisions apply only to the programs specified:

Program	Provision
Deemed Eligibility	Deemed eligibility and CEC may run concurrently in one or more months as long as each set of requirements are met.
TLICP	TLICP beneficiaries on premium payment aid codes will be ineligible to CEC if the discontinuance is due to non-payment of premiums.

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CEC will also apply to children transitioning from HFP to Medi-Cal. In situations where a child who is placed on a 5C/5D transition aid code and change is reported which will move the child from a zero SOC category to a SOC category or from zero SOC eligibility to ineligibility, the change is to be disregarded during the CEC period. CalWIN will not trigger the CEC aid code refer to BENDS CR6086 for override instructions.

Children who are receiving zero SOC Medi-Cal and move out of their parent's home, but whose whereabouts are known, should be evaluated for potential CEC benefits. This includes situation where the CEC child's whereabouts become known after the family's case is closed. In that situation, the child's remaining CEC period would resume. Refer to [Appendix E](#) For CEC - Questions and Answers

**Note:** CEC cannot be based on zero SOC eligibility in another continuing eligibility program such as Transitional Medi-Cal (TMC), Aid Code 38, or the Bridging Program.

# Article 20 Section 1 – Performance Standards

Table of Contents

TITLE	MPG CITE
Overview	<a href="#">20.01.01</a>
Eligibility Determinations and Redeterminations	<a href="#">20.01.02</a>
Medi-Cal to Healthy Families Bridging (INACTIVE)	<a href="#">20.01.03</a>
MEDS Alerts	<a href="#">20.01.04</a>
HFP to Medi-Cal Transition	<a href="#">20.01.05</a>
Application Processing and Redetermination Performance Standards Self-Certification Monitoring	<a href="#">Appendix A</a>

## 20.01.01 Overview

**B. Compliance Requirements**

The table below is a summary of the performance standards and includes the percentage of cases that must meet the standards in order for the county to be in compliance with the CPS requirements.

MEPM Article 25

Performance Standard	Components	%
Application processing	<ul style="list-style-type: none"> <li>Regular Applications – within 45 days of application</li> <li>Applications based on disability – within 90 days of application</li> </ul>	90
Annual Redetermination (RV) processing	<ul style="list-style-type: none"> <li>RV form mailed to recipient by anniversary date</li> <li>RV completed within 60 of the last day of the annual redetermination month.</li> <li>NOA mailed within 45 days of when redetermination form was due</li> </ul>	90
Bridging (INACTIVE)	<p>The following must occur within 5 days of the share of cost determination for eligible children:</p> <ul style="list-style-type: none"> <li>Notice sent informing family of Healthy Families Program (HFP)</li> <li>RV forms sent to HFP if parent consents</li> </ul>	90

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	<ul style="list-style-type: none"> <li>Request to consent sent if parent has not consented</li> </ul>	
HFP to Medi-Cal Transition	Applications received from Single Point of Entry (SPE) complete, not enrolled in Accelerated Enrollment (AE) or Medi-Cal must be completed within 10 working days of receipt at the county.	90
MEDS Alerts processing	<ul style="list-style-type: none"> <li>MEDS daily and renewal alerts</li> <li>MEDS reconciliation/worker alerts</li> </ul>	90 95

ACWDL  
12-29

MPG LTR 771 (12/12)

**C.  
Review  
Schedule**

Self-Certification Schedule

Performance Standard	Schedule
Application and RV processing	Every two years beginning October 2009.
Bridging <b>(INACTIVE)</b>	Every two years beginning October 2008.
HFP to Medi-Cal Transition	Semi-Annually beginning April 2013.
MEDS Alerts processing	There is no self-certification process at this time

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ACWDL  
07-03  
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State Review

DHCS Program Review Section (PRS) also completes independent performance evaluations of the CPS. At this time, they do have a specified schedule for these reviews. PRS sends a notification of review letter two months in advance of the planned onsite review. A confirmation letter will include a list of the cases requested for the review. Entrance conferences are scheduled for the first day of the onsite review and the county receives a report of its performance at the exit conference.

MPG LTR 771 (12/12)

**20.01.03 Medi-Cal to Healthy Families (HFP) Bridging (INACTIVE)**

**A.  
Inactive**

Assembly Bill 1494 required the transition of HFP to Medi-Cal beginning 1/1/13.

ACWDL  
12-23

The discontinuance of the Bridging Performance standard is effective 9/1/12.

MPG LTR 771 (12/12)

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## 20.01.05 HFP Transition Applications

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### A. General

Assembly Bills 1494 and 1468 require the transition of the Healthy Families program to the Medi-Cal program. HFP is an insurance program with premium payments for children under the age of nineteen who are ineligible to zero SOC Medi-Cal and income below 250% of FPL.

ACWDL  
12-29

As a result of this transition, counties will receive applications from SPE that previously were sent to HFP for evaluation to that program. As part of the transition, the law requires that counties meet a new performance standard.

MPG LTR 771 (12/12)

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### B. Performance Standard

90% of applications received complete and without client error from SPE that are not on accelerated enrollment or currently enrolled in Medi-Cal, shall be processed within 10 working days of receipt.

ACWDL  
12-29

MPG LTR 771 (12/12)

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### C. Definitions

#### Processed

ACWDL  
12-29

There has been a disposition of the application by an eligibility worker certifying eligibility or ineligibility with a timely NOA.

#### Complete and Without Client Error

- All questions on the application or RV form are answered
- No further action required from recipient for worker to make determination.
- The worker has the required information to make a determination

#### Start of Ten Day Timeframe

The ten day time frame begins when the county receives and date stamps the application.

MPG LTR 771 (12/12)

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**D.  
Special  
Routing for 10  
Day  
Timeframe  
Applications**

SPE will indicate on the transmittal form that a case is eligible to the 10 day timeframe and forward to DPC. Directions for processing these cases can be found in MPG Article C, Processing Guide 03 – TLICP.

ACWDL  
12-29

MPG LTR 771 (12/12)

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# Appendix A Maintenance Needs Assistance Standards

MN & FPL CHART – EFF 4/01/12						
HH Size	MMNL	100%	133%	150%	200%	250%
1	600	931	1239	1397	1862	2328
2	750	1261	1677	1892	2522	3153
2 Adults	934	1261	1677	1892	2522	3153
3	934	1591	2116	2387	3182	3978
4	1100	1921	2555	2882	3842	4803
5	1259	2251	2994	3377	4502	5628
6	1417	2581	3433	3872	5162	6453
7	1550	2911	3872	4367	5822	7278
8	1692	3241	4311	4862	6482	8103
9	1825	3571	4750	5357	7142	8928
10	1959	3901	5189	5852	7802	9753
Add for Addit'l Members	14	330	439	495	660	825

MN INCOME IN-KIND VALUES – EFF 7/1/89				
HH SIZE	HOUSING	UTILITIES	FOOD	CLOTHING
1	153	33	86	27
2	206	38	182	49
3	225	40	232	75
4	236	41	286	100
5	236	41	346	126
6	236	41	401	149
7	236	41	447	178
8	236	42	490	199
9	236	41	537	227
10	236	41	582	249

\* Effective 3/9/2005 In-Kind amounts for clothing only apply to 1931(b).

1931 (B) INCOME IN-KIND VALUES – EFF 6/1/99				
HH SIZE	HOUSING	UTILITIES	FOOD	CLOTHING
1	161	34	90	27
2	217	39	191	52
3	237	42	244	79
4	248	44	301	105
5	248	44	363	133
6	248	44	422	157
7	248	44	470	187
8	248	44	515	209
9	248	44	565	239
10	248	44	612	261

1931 (b) INCOME STANDARDS		
HH SIZE	1931 (B) LIMIT	100%
1	398	931
2	653	1261
3	808	1591
4	961	1921
5	1094	2251
6	1229	2581
7	1350	2911
8	1473	3241
9	1591	3571
10	1709	3901
Effective	12/1/04	4/1/12
More than 10	1709	Add for Additional Members 330

OR

1931 (b) SNEEDE V. KIZER INCOME/PROPERTY PRORATIONS						
No. of Kids in MBU	EFF 12/1/04		EFF 4/01/12		PROPERTY	
	1931 (B) LIMITS		100%		1931 (b) LIMIT OR 100%	
	1 Parent	2 Parent	1 Parent	2 Parent	1 Parent	2 Parent
1	327	270	631	531	1500	1050
2	539	481	1061	961	2100	1650
3	721	657	1441	1351	2475	2070
4	876	820	1801	1721	2760	2400
5	1025	965	2151	2080	3000	2679
6	1158	1105	2496	2431	3215	2925
7	1289	1238	2836	2778	3413	3150
8	1415	1368	3175	3121	3600	3360
9	1539	1399	3511	3462	3780	3437
10	1554	1425	3847	3801	3819	3500
Add for Additional Members	Contact Medi-Cal Program for amount		319			

PROPERTY LIMITS	
MFBU	LIMIT
1 (MN)	\$2,000
1 1931(b)	\$3,000
2 (Both)	\$3,000
3	\$3,150
4	\$3,300
5	\$3,450
6	\$3,600
7	\$3,750
8	\$3,900
9	\$4,050
10	\$4,200
QMB 1 = \$6,940	
QMB 2 = \$10,410	

QMB/SLMB/QI-1 LEVELS – EFF 04/01/2012						
Family Size	QMB 100%	SLMB 120%	QI-1 135%	TMC 185%	QWDI 200%	WD 250%
1	931	1117	1257	1723	1862	2328
2	1261	1513	1703	2333	2522	3153
3	1591	1909	2148	2944	3182	3978
4	1921	2305	2594	3554	3842	4803
5	2251	2701	3039	4165	4502	5628
6	2581	3097	3485	4775	5162	6453
7	2911	3493	3930	5386	5822	7278
8	3241	3889	4376	5996	6482	8103
9	3571	4285	4821	6607	7142	8928
10	3901	4681	5267	7217	7802	9753
Add for Adit'l Members	330	396	446	611	660	825

COMPLETE SSI PAYMENT STANDARDS CAN BE FOUND IN MPG ([ARTICLE 5, SECTION 10 Appendix L](#))

FEDERAL BENEFIT RATE (FBR) – EFF 1/01/11		
Use to Determine Parental Deduction Use for 250% WD		
YEAR	INDIVIDUAL	COUPLE
2012	698	1048
2010/2011	674	1,011
2009	674	1,011
2008	637	956
2007	623	934
2006	603	904
2005	579	869
2004	564	846
2003	552	829
ACWDL 12-01		
MEDICARE PREMIUMS – EFF 1/01/12		
PART A		
\$451	For persons who don't receive no-cost	
\$248	For at least 30 quarters of coverage	
PART B		
\$99.90		
If income is above \$85,000 for one-person or \$170,000 for a couple, the Part B premium may be higher than \$99.90 per month.		

LTC MAINTENANCE NEEDS- EFF 7/89	
MNM Individual	35
SSI Eligible LTC	40
Home Upkeep	
Living Alone	209
Shared	138
Both Spouses LTC	176

A&D FPL DISREGARDS		
EFF DATE	INDIVIDUAL	COUPLE
4/1/09 – 12/31/12	\$230	\$310
1/1/09 – 3/31/09	\$230	\$412
6/1/08 – 12/31/08	\$230	\$391
4/1/08 – 5/31/08	\$230	\$357

ISM – EFFECTIVE 1/01/09		
IN-KIND SUPPORT AND MAINTENANCE		
	INDIVIDUAL	COUPLE
VTR	232.66	349.33
PMV	252.66	369.33
For scenarios, please see <a href="#">(Article 5, Section 10 Appendix K)</a> ACWDL 11-44		

MEDICARE DEDUCTIBLES – EFF 1/01/12	
PART A – INPATIENT CARE	
\$1156	for 0-60 days
\$289	per day for 61-90 days
\$578	Per day for 91-150 days
PART A- SKILLED NURSING FACILITY CARE	
\$144.50	Per day for 21-100 days
There is no deductible for days 1-20	
PART B – ANNUAL DEDUCTIBLE	
\$140	

FPLB INCOME LIMITS – EFF 4/1/12	
Individual	\$1161
Couple w/one blind person	\$1666
Couple w/two blind people	\$1751
ACWDL 12-11	

COMM SPOUSE INCOME ALLOCATION EFF 1/1/08	
\$2,841	
ACWDL 12-05	
FAMILY MEMBER MAX ALLOCATION EFF 7/1/12	
\$1891	
DRAFT ACWDL 2200	
250% WD SSI STANDARD ALLOCATION AND WMB STANDARD 1/01/12	
\$350	
ACWDL 12-01	
SGA SUBSTANTIAL GAINFUL ACTIVITY EFF 1/1/12	SGA FOR A BLIND PERSON EFF 1/1/12
\$1,010	\$1,690
ACWDL 11-43	

TB STANDARDS – EFF 1/01/12	
TB Resource \$ Limit = \$2,000 (Exception to \$2,000 limit is when determining a child's eligibility and there are two parents present. Allow the parents a property limit of \$3,000)	
INCOME	
YEAR	INDIVIDUAL
2012	1,481
2011	1,433
2010	1,433
2009	1,433
2008	1,359
2007	1,331
2006	1,291
2005	1,243
2004	1,213
2003	1,189

CSRA EFF 1/1/12	
YEAR	RATE
2012	113,640
09-11	109,580
2008	104,400
2007	101,640
2006	99,540
2005	92,760
2004	90,660
2003	89,280
2001	87,000
ACWDL 12-05	
APPR EFF 1/1/12	
YEAR	RATE
2012	7092
2011	6840
2010	6311
2009	5698
2008	5496
2007	5101
2006	5031
ACWDL 12-14	
PICKLE DISREGARD	
Last SSI/SSP Check Received Between	Effective 1/1/09
1/11 - 12/11	.0347
1/10 - 12/10	.0347
1/09 - 12/09	.0347
1/08 - 12/08	.0877
1/07 - 12/07	.1082
1/06 - 12/06	.1367
1/05 - 12/05	.1707
1/04 - 12/04	.1925
1/03 - 12/03	.2091
1/02 - 12/02	.2200
For Complete Chart see <a href="#">(Article 5, Section 10 Appendix E)</a> ACWDL 11-44	