

Medi-Cal Program Guide Letter (MPG) # 784

April 4, 2013

Subject **MEDI-CAL 250 PERCENT WORKING DISABLED PROGRAM (250% WDP) PREMIUM PAYMENT METHOD**

Effective Upon Receipt

Reference Medi-Cal Eligibility Division Informational Letter (MEDIL) No.: I 13-01

Purpose To inform staff of the following:

- mailing of informational flyer “Important Information About Medi-Cal 250% WDP Premium Payments” to all 250% WDP participants by the Department of Health Care Services (DHCS)
- uploading of the 250% WD Comparison Brochure (14-110 HHSA) to CalWIN
- relocation in the MPG of the items listed below:
 - 250% WD Premium Payment Chart
 - Federal Poverty Level Program for the Blind (FPLB) CalWIN Entries

Background May 2012 informational flyer “Important Information On Sending Your Medi-Cal 250% WDP Premium Payments” (14-114 HHSA) was uploaded in CalWIN as Other Client Correspondence (OCC). This flyer is automatically mailed with every 250% WDP Approval NOA (MC338D). January 2013 DHCS mailed a copy of this flyer to all current 250% WDP beneficiaries as a reminder of the electronic fund transfer option for payment.

The worker must provide the 250% WD Comparison Brochure (14-110 HHSA) to the individual and allow the individual to choose which program they prefer. Shelf Stock of the 250% WD Comparison Brochure (14-110 HHSA) is ordered through XEROX.

Highlighted Changes The 250% WD Comparison Brochure (14-110 HHSA) is available in CalWIN as OCC.

The following documents are located:

- 250% WD Premium Payment Chart is available as a Desk Aid in

- MPG Article B.
- FPLB CalWIN Desk Aid is available as a Processing Guideline in MPG Article C.

Required Action Staff must use the 250% WD Comparison Brochure (14-110 HHSA) that is available in CalWIN as OCC and must no longer order as shelf stock.

Automation Impact No Impact.

Forms Impact The 250% WD Comparison Brochure (14-110 HHSA) is available in CalWIN as OCC and must no longer be ordered as shelf stock.

ACCESS Impact No Impact.

Imaging Impact No Impact.

PA (CalFresh or CalWORKs) Program Impact No Impact.

Quality Control (QC) Impact No Impact.

Summary of Changes The table below shows the changes made in the MPG cites.

Section	Summary of Change
Article 5, Section 19	<ul style="list-style-type: none"> • The 250% WD Comparison Brochure is available as OCC in CalWIN • 250% WD Premium Payment Chart Desk Aid has been relocated to MPG Article B

	<ul style="list-style-type: none"> • Processing Guidelines for FPLB CalWIN Entries has been relocated to MPG Article C
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Approval for Release

Pat Wilson, Imp. Director 4-15-13

Article 5 Section 19 – Miscellaneous Programs for Aged and Disabled Individuals

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TITLE	MPG CITE
Aged and Disabled Federal Poverty Level Program	5.19.01
Federal Poverty Level Program for the Blind	5.19.02
250 Percent Working Disabled (WD) Program	5.19.03
In-Kind Support and Maintenance (ISM) Rules	Appendix A
Pickle Handbook In-Kind Support and Maintenance (ISM)	Appendix B

Resources

RESOURCE	TITLE
LMS Training	<ul style="list-style-type: none"> • 250 % Working Disabled (Type "MCWD" on the LMS search field to register and complete the training)
Desk Aids	<ul style="list-style-type: none"> • 250% WD Premium Payment Chart
Processing Guidelines	<ul style="list-style-type: none"> • Federal Poverty Level Program for the Blind CalWIN Entries

5.19.02 Federal Poverty Level for the Blind

A. Introduction

This program covers blind individuals pursuant to Title XVI who have not yet or cannot meet the Title II criteria for disability based upon blindness. The Federal Poverty Level Program for the Blind (FPLB) exactly replicates the eligibility criteria for the A&D FPL Program, except the linkage is based on blindness and the income limit may be higher for couples. Aid code 2H is effective July 1, 2009.

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NOTE: CalWIN functionality does not evaluate for FPLB eligibility. Staff must follow the [FPLB Processing Guidelines](#) when completing an FPLB evaluation.

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5.19.03 250 Percent Working Disabled (250% WD) Program

**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.

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The worker must provide the 250% WD Comparison Brochure (14-110 HHS) to the individual and allow the individual to choose which program they prefer. The 250% WD Comparison Brochure (14-110 HHS) is available as Other Client Correspondence (OCC) in CalWIN.

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

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**O.
Determine
Premium
Amount**

The monthly premium will be determined using the net non-exempt income level criteria outlined in [MPG 5.19.3I](#) and using the [250 % WD Premium Payment Chart](#) desk aid.

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

Step	Action						
1	<p>Re-evaluate the income change as outlined in MPG 5.19.3I to determine whether the applicant(s) is below the 250% FPL and meet the SSI/SSP income test.</p> <table border="1" data-bbox="553 489 1398 604"> <thead> <tr> <th data-bbox="553 489 727 525">If ...</th> <th data-bbox="727 489 1398 525">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="553 525 727 560">yes</td> <td data-bbox="727 525 1398 560">go to Step 2</td> </tr> <tr> <td data-bbox="553 560 727 604">no</td> <td data-bbox="727 560 1398 604">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	<p>Determine if the income change will affect the premium amount.</p> <table border="1" data-bbox="553 716 1398 871"> <thead> <tr> <th data-bbox="553 716 727 751">If ...</th> <th data-bbox="727 716 1398 751">Then ...</th> </tr> </thead> <tbody> <tr> <td data-bbox="553 751 727 787">yes</td> <td data-bbox="727 751 1398 787">go to Step 3</td> </tr> <tr> <td data-bbox="553 787 727 871">no</td> <td data-bbox="727 787 1398 871">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 MPG 4.17.2b) 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						

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