

SHD Paraphrased Regulations - Medi-Cal

430 Special Programs

430-1

A pregnant woman who was eligible for and received Medi-Cal benefits during the last month of pregnancy shall continue to be eligible for all pregnancy related and postpartum services for a 60 day period beginning on the last day of pregnancy regardless of whether other conditions of eligibility are met. Eligibility for this program ends on the last day of the month in which the 60th day occurs. (§50260)

430-1A ADDED 9/08

The Presumptive Eligibility for Pregnant Women (PE) program allows Qualified Providers to grant immediate, temporary Medi-Cal coverage for most ambulatory prenatal care and prescription drugs for conditions related to pregnancy to low-income, pregnant patients pending their formal Medi-Cal application.

The beneficiaries in this program do not receive all pregnancy-related coverage and must apply for ongoing Medi-Cal coverage to receive these services. Because of the limited scope of benefits that PE covers, most PE beneficiaries will require retroactive Medi-Cal to cover some services received during the PE period when they apply for Medi-Cal. Specifically, PE does not cover labor and delivery, inpatient hospitalization, family planning, some laboratory services or medical services that are not pregnancy related.

If workers become aware that an applicant is a PE beneficiary, they are to provide information on how to apply for Medi-Cal and the time frames for applying for retroactive Medi-Cal coverage including services in the three months prior to the Medi-Cal application date. The applicant should also be made aware that they can apply for retroactive Medi-Cal coverage within one year of the month for which retroactive coverage is requested if their on-going Medi-Cal application is approved.

(ACWDL 08-27, June 18, 2008)

430-2

The Property Waiver Program (previously called the 185% and 200% Programs) is a special zero Share of Cost Program for pregnant women and children. (§50262) The net nonexempt MFBU income of an otherwise eligible pregnant woman, or infant under one year old, shall be below 200% of the Federal Poverty Level (FPL). In determining net nonexempt income of the MFBU, all deductions and exemptions applicable solely to AFDC-MN persons or families shall be allowed except health insurance premiums. (Subsection (a)(3))

A pregnant woman or infant may not reduce MFBU income to below the percent level by meeting an SOC (Subsection (a)(4)) If the pregnant woman and/or infant meets the requirements of the Property Waiver Program but have assets which exceed the resource limits, those assets shall be waived.

Counties are instructed to make families aware of this program if the family's income is at or below 200% of the FPL, so the family can make an informed choice of whether to apply for this program without the necessity of providing verification of assets or spending down assets; or to apply for regular Medi-Cal.

(ACWDL Nos. 95-28, May 8, 1995 and 95-52, September 8, 1995)

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430-2A

The property waiver program provides certain free Medi-Cal benefits for pregnant women and infants who would otherwise have a Share of Cost (SOC). (All-County Welfare Directors Letter (ACWDL) No. 92-23, March 23, 1992, Medi-Cal Eligibility Procedures Manual (MEPM) §5J; §50262) The period of eligibility for pregnant women in the 185% and 200% programs begins the first day of the month for which pregnancy is verified and continues through the 60-day period beginning on the last day of pregnancy and ending on the last day of the month in which the 60th day occurs. (§50262(b)(1))

For an infant in either of this program, eligibility begins at birth and continues to age one. Eligibility continues past age one if the child receives inpatient medical services on a continuous basis prior to and continuing past the child's first birthday. (§50262(b)(2))

Under this program, the pregnant woman is only entitled to receive pregnancy related services. (§50263(c)(1)) However, she is also eligible for MI/MN benefits with an SOC for her nonpregnancy related care in a separate MFBU. (ACWDL No. 92-23)

430-2B

Eligibility for pregnant women and infants under the property waiver program for families with nonexempt income at or below 200% of the Federal Poverty Level may be established retroactively for three months preceding the application, as provided in §50710. (§50262(b)(3); All-County Welfare Directors Letter No. 95-28, May 8, 1995)

430-2C

If a pregnant minor living with her parent(s) does not qualify for the 200% income disregard program using regular Medi-Cal rules, all income from the parents is disregarded to determine eligibility for the 200% disregard program. This disregard also applies to a pregnant minor between age 18 and 21 claimed as a tax dependent by her parents even if she does not live with her parents.

Only net nonexempt income of the pregnant minor, the unborn child's father or the pregnant minor's spouse, if applicable, is counted. (ACWDL 03-34, June 19, 2003)

430-3

Medi-Cal benefits must be provided at no Share of Cost (SOC) to eligible children who have attained age one but who have not attained age six if the family income does not exceed 133% of the federal poverty level (FPL).

In determining net nonexempt income of the MFBU, all deductions and exemptions applicable solely to AFDC-MN persons or families, except for the deduction for health insurance premiums, shall be allowed. (§50262.5; All-County Welfare Directors Letter (ACWDL) No. 90-34, April 1, 1990)

Children who meet the 133% FPL test do not have to meet property limit requirements. (ACWDL 98-06, January 13, 1998, implementing amendments to W&IC §14148.75)

430-4

The Title II Cost of Living Adjustment (COLA) is to be disregarded for all programs where eligibility is based on the FPL (except the Qualified Working Disabled Individuals program) until

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the FPLs have been adjusted on April 1, 2001. (All-County Welfare Directors Letter No. 00-65, December 14, 2000)

430-5

When determining eligibility for the Percent programs for persons who were not eligible for §1931(b) benefits, or for the MN or MI program with a zero SOC after a *Sneede* evaluation, or are not deprived of parental care, follow the regular MFBU composition and income rules as set forth in the Medi-Cal Eligibility Procedures Manual (MEPM) §5K. Include the income from all responsible persons and compare the net nonexempt income to the income limit for the entire family size. If income does not exceed the income limit, zero SOC eligibility is established.

The exception to this general rule is when a person is allowed to opt out of the MFBU, such as when only the spouse's separate child(ren) wish to be aided.

(MEPM §8G-6)

430-9

The Employer Group Health Plan (EGHP) and Health Insurance Premium Payment (HIPP) programs are designed to enroll and pay health insurance premiums for certain Medi-Cal beneficiaries when it is cost effective for CDHS to do so. (All-County Welfare Directors Letter (ACWDL) No. 95-71, November 30, 1995)

It is the CDHS position that there is no state hearing jurisdiction to review denials of enrollment, or terminations from EGHP or HIPP. The rationale is that hearing rights extend to Medi-Cal beneficiaries only when there is a "termination, suspension, or reduction of Medicaid eligibility or covered services." Since an individual's eligibility for, and level of service under the Medi-Cal program is unaffected by a decision to deny or terminate participation, the CDHS is not required to provide hearing rights. (ACWDL No. 95-82, December 14, 1995)

430-10

States are required to provide Medi-Cal benefits at a zero SOC to otherwise eligible children who have attained age 6 but who have not attained age 19 when the family income does not exceed 100% of the federal poverty level as defined in §50041.5. (All-County Welfare Directors Letter (ACWDL) No. 92-23, March 23, 1992; §50262.6(a)(1))

Eligibility for this program is evaluated if the MFBU has an SOC (both in *Sneede* and regular cases). Then, in determining family income, allowable deductions for AFDC-MN families shall be considered for potential eligibility; but neither health insurance premiums nor deductions for the Aged, Blind or Disabled (ABD) are allowable. (ACWDL No. 92-23; §50262.6(a)(2))

The child may not reduce MFBU income to the 100% level by meeting an SOC. (§50262.6(a)(3))

Such children do not have to meet property limit requirements to receive Medi-Cal benefits. (ACWDL No. 98-06, January 13, 1998, implementing W&IC §14148.75)

430-10A

Persons who are under 19 years of age, but who are classified as adults under §50014, are potentially eligible for free Medi-Cal benefits under the 100 Percent Program. (All-County Welfare Directors Letter No. 98-16, April 9, 1998)

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430-21 ADDED 3/07

The order that programs should be reviewed for aged and disabled applicants and recipients is as follows:

- Pickle
- Section 1931(b)
- A&D FPL/Aged, Blind and Disabled Medically Needy-no share of cost
- Aged, Blind and Disabled share of cost

This supersedes question 9 of ACWDL 01-18.

An aged, blind or disabled individual who is eligible for the Pickle or 1931(b) program may not be covered under the A&D FPL program even if otherwise eligible. However, an individual may decline Pickle coverage in order to have eligibility determined under Section 1931(b) since both of these programs are considered mandatory categorically needy under federal law and there are no federal restrictions on such eligibility.

The hierarchy of programs for non-aged or non-disabled families is as follows:

- Section 1931(b)
- Section 1931(b) *Sneede/Gamma*
- Transitional Medi-Cal
- AFDC-MN
- AFDC-MN *Sneede/Gamma*
- Medically Indigent (MI)
- MI *Sneede/Gamma*
- Federal Poverty Level for infants, children and pregnant women.

(All County Welfare Director's Letter 06-41, December 29, 2006)

430-28

The Abandoned Baby Program under the Safe Arms for Newborns Law states that any child surrendered under the Safe Arms for Newborns Law pursuant to Health and Safety Code §1255.7 shall be determined to be eligible for Medi-Cal under W&IC §14005.24. This law is specific to children under 72 hours old who are voluntarily surrendered to any employee on duty at a public or private hospital emergency room or any other additional location designated by the county board of supervisors. Medi-Cal eligibility will begin on the date physical custody is surrendered and ends on the last day of the month following the month in which the child was voluntarily surrendered. (All-County Welfare Directors Letter No. 03-26, May 8, 2003; W&IC §14005.24)