
Restricted scope aliens are ineligible for the 250% program because they are ineligible for SSI/SSP.

While the DHS collects the premium, the county computes the premium. This ACWDL includes a chart that sets out the premium amounts an individual or couple is required to pay. An individual with less than \$600 countable income has a \$20 premium, while an individual with countable income in excess of \$2101 but less than \$2344 monthly must pay a \$250 monthly premium (an eligible individual with a spouse may qualify for the 250 % program if net countable income is less than or equal to the \$2344 FPL for two persons when spousal deeming applies). The premium for an eligible couple ranges from \$30 monthly for a couple with net countable income less than \$600 monthly up to \$375 for an eligible couple with income between \$2101 and \$2344.

This ACWDL also addresses in-kind support and maintenance rules and describes the premium collection system.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - June 12, 2000*

Item 00-06-01E

CDHS ACWDL 00-15 -- March 27, 2000 (Synopsis): Census Income

Census Income

This ACWDL advises counties to inform families that were discontinued from CalWORKs because of census income that they will still be eligible for Medi-Cal. Counties are advised to evaluate such persons for Medi-Cal eligibility under the 1931(b) program, Transitional Medi-Cal or any other Medi-Cal program.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - June 12, 2000*

Item 00-06-01D

CDHS ACWDL 00-12 -- March 14, 2000 (Synopsis): Settlement of the *Rocio R. v. Belshe* case

Settlement of the *Rocio R. v. Belshe* case

Under the terms of the settlement in *Rocio R.*, the CDHS may not seek repayment of Medi-Cal benefits that were legitimately received. A federal court issued an order pursuant to the settlement that required the CDHS to send a letter to immigrants whom DHS had advised by an earlier letter that they owed CDHS money for Medi-Cal benefits received. This more recent letter advised that the initial letter was wrong and that persons who received the initial letter did not have to repay CDHS for Medi-Cal benefits received.

The more recent letter also instructed such persons that they could get a refund for any money paid to DHS since March 19, 1996 until the present in response to the initial letter.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - June 12, 2000*

Item 00-06-01C

CDHS ACWDL 00-11 -- March 14, 2000 (Synopsis): DHS Form 7077 - Notice Regarding Standards for Medi-Cal Eligibility

DHS Form 7077 - Notice Regarding Standards for Medi-Cal Eligibility

Pursuant to Welfare and Institutions Code (W&IC) §§14006.3 and 14006.4, which are effective January 1, 2000, counties must provide form DHS 7077 to all Long Term Care (LTC) applicants, **their spouses, and/or authorized representatives/agents**. The county must provide and review the DHS 7077 during an assessment or a face-to-face interview. The DHS 7077 must be signed by, and a copy provided to the applicant and his/her spouse, legal representative, or agent, and a copy retained for the case record.

If the applicant is not competent, the DHS 7077 must be reviewed with, signed by, and provided to someone who is competent such as a competent spouse, an attorney and/or agent if such person is present at a face-to-face interview or assessment. If the representative did not attend the face-to-face interview, such as with a public guardian or conservator, the county must mail the form to the representative for his/her signature.

A copy of the DHS 7077 is an attachment to the ACWDL. It provides information concerning resources for both unmarried and married residents of LTC and deals with transfer of the home for both unmarried and married LTC residents. It notes that a transfer of the home will not result in a period of ineligibility for nursing facility care in either one of the following two circumstances:

1. The recipient of the transferred home states in writing that the LTC resident would have been allowed to return to the home at the time of transfer if the LTC resident's condition allowed him/her to leave the nursing facility. This provision applies only if the home was exempt because the LTC resident declared an intent to return home.
2. The home is transferred to:
 - a) the LTC resident's spouse;
 - b) the LTC resident's minor or disabled child;
 - c) a sibling of the LTC resident who has an equity