
the FPL) pregnant women and their newborns. The AIM application is a mail-in application.

In determining eligibility for AIM, AIM contractors use many of the same income deductions used by Medi-Cal. When the AIM application is denied because the applicant's income is **below** 200% of the FPL, that application is deemed sufficient to serve as an application for pregnancy related services only under Medi-Cal.

Effective February 1, 2000, AIM contractors were instructed to begin forwarding any AIM applications to the county that were denied because the applicant had income below 200% of the FPL. The county is required to process the AIM application as a Medi-Cal application for pregnancy related services only. AIM applications denied for reasons other than income below 200% of the FPL are not supposed to be forwarded to counties.

The AIM application does not provide sufficient information to allow a county to determine eligibility for full scope Medi-Cal. The AIM application includes the applicant's authorization to forward the application to the county for processing as a Medi-Cal application.

Once the forwarded AIM application has been received by the county and determined to be complete, the county must notify the applicant in writing that the AIM package has been received and will be processed as a Medi-Cal application for pregnancy related services only.

This ACWDL gives counties further instructions on how to process forwarded AIM applications including how to proceed if the applicant wants full scope Medi-Cal.

Note: Since AIM is not a Medi-Cal program, an ALJ has no jurisdiction to review whether the AIM application was correctly denied as an AIM application. However, an ALJ would have jurisdiction to determine whether the county correctly determined Medi-Cal eligibility pursuant to an AIM application that was forwarded to the county to be processed as a Medi-Cal application.

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

Item 00-06-01G

CDHS ACWDLs 00-17 and 00-31 -- March 24 and May 8, 2000 (Synopsis): Elimination of the Face-to-Face Interview

Elimination of the Face-to-Face Interview

ACWDL 00-17 notifies counties that the face-to-face interview is not required when adding adults or children over age 19 to the MFBU. All verifications necessary to determine eligibility shall be obtained by mail. Photocopies of documents, including alien documents are acceptable.

Applicants may still choose to have a face-to-face interview. Counties may request an applicant to complete a face-to-face interview only for good cause or suspicion of fraud.

ACWDL 00-31 notifies counties that effective July 1, 2000, the face-to-face interview requirement is eliminated for all Medi-Cal applicants except applicants for minor consent services. Any applicant may request a face-to-face interview.

If a request for Medi-Cal is made by phone, the county must complete a SAWS 1 on behalf of the applicant to protect the applicant's date of application and must mail the MC 210/SAWS 2 to the applicant for completion. Applicants shall be advised to come to the county office if they have an immediate need for Medi-Cal.

The county is permitted to request an applicant to complete a face-to-face interview before Medi-Cal is approved only for good cause or suspicion of fraud. The good cause criteria established in ACWDL 99-36 include one or more of the following situations that cannot be resolved by phone or mail:

- Questionable information on the application form or verification.
- Individual or family has no visible means of support.
- Obvious discrepancies between what the applicant reported on the application and what the county discovered on the Income Verification System (IEVS) regarding income and/or assets.
- Self-employed person whose income and expenses do not match reported income and the questionable information could not be resolved with a follow-up telephone contact or by mail.

The county must document the reasons it requested the face-to-face interview in the case file.

Income Verification Change

Effective July 1, 2000, applicants must only provide one pay stub received within the last 30 days to verify income. If the pay stub does not accurately reflect the amount reported on the application, the county may request further pay stubs to verify income.

County Informing Requirements

Counties are required to meet federal informing requirements such as the MC 219 Important Information for Persons Requesting Medi-Cal; the Child Health and Disability Prevention program brochure; the MC 007 Medi-Cal Information notice and the Medi-

Cal What it Means to You pamphlet. The county is required to document in the case record that the information was provided.

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

Item 00-06-01F

CDHS ACWDL 00-16 -- March 16, 2000 (Synopsis): Medi-Cal Eligibility for the Working Disabled- (250% Working Disabled Program)

Medi-Cal Eligibility for the Working Disabled- (250% Working Disabled Program)

The 250% Working Disabled program became effective April 1, 2000. An individual eligible for this 250% program will not have a Medi-Cal share of cost, but rather will pay a monthly premium ranging from \$20 to \$250. A working disabled couple who qualifies for this program will pay a monthly premium ranging from \$30 to \$375. The DHS, not the county is responsible for collecting the premium.

In order to qualify for the 250% program, a working disabled person or couple must meet the following eligibility requirements:

1. Except for earnings, meet the federal definition of disability and meet the nonfinancial requirements of the Medi-Cal program. Substantial gainful activity is not a consideration in determining whether disability exists.
2. Except for earnings, meet eligibility requirements of the SSI/SSP program.
3. Family income must be less than 250% of the federal poverty level (FPL). Disability income of the applicant is exempt. Family income includes the applicant's or beneficiary's own income, except disability income; the spouse's income if the spouse has income above a certain SSI threshold; and the income of the parent if the applicant or beneficiary is a child. Effective April 1, 2000, the FPL for a single person is \$1740 monthly. The FPL for two persons is \$2344 monthly.

If the applicant is a single individual or is married but spousal deeming rules do not apply, the \$1740 FPL level for one applies. If the applicant is married but spouse deeming rules do apply, the \$2344 FPL for two applies.

The FPL is not increased to account for children living in the home.

4. The beneficiary or beneficiaries must pay the monthly premium. If the otherwise eligible individual or couple does not pay the applicable premium for two consecutive months, the DHS will issue a Notice of Action discontinuing such person(s) from the 250% program.