
ACWDL 03-02 -- January 15, 2003 and ACWDL 03-20 -- April 22, 2003 (Synopsis):
QI-1 and QI-2 programs

The QI-1 and QI-2 programs are Medicare Savings programs that pay all or reimburse a portion of the Medicare Part B premium. The QI-2 program ended on December 31. The QI-1 program which provides for state payment of the Part B premium for persons with income below 135 % of the federal poverty level was first extended through March 2003 and then extended again through September 2003.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - May 1, 2003*

Item 03-05-01C

ACWDL 02-60 -- December 23, 2002 (Synopsis): Notice Regarding Transfer of a Home

Pursuant to Welfare and Institutions Code (W&IC) §14006.7, effective January 1, 2003, counties must provide a DHS 7077A form to all non-institutionalized aged, blind and disabled Medi-Cal-Only applicants. The DHS 7077A explains that an individual may transfer his/her ownership in a home for less than fair market value without affecting Medi-Cal eligibility.

The DHS 7077A is to be provided to the Medi-Cal applicant, the applicant's spouse, legal representative or agent. While the form includes a line for the applicant or other recipient of the form to sign, failure to sign will not result in ineligibility for Medi-Cal.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - May 1, 2003*

Item 03-05-01B

ACWDL 02-59 -- December 23, 2002 (Synopsis): Questions and Answers Regarding the Medi-Cal Eligibility Redetermination Process

This ACWDL provides answers to county questions regarding implementation of the SB 87 process. The SB 87 process consists of three steps; ex parte review, direct contact and the MC355 form. The county must follow each step until it has determined the beneficiary's eligibility or ineligibility. The county is not permitted to substitute any step in the process with another county procedure.

Answers to a few of the questions in this ACWDL are as follows:

Failure of a beneficiary to complete a CalWORKs monthly income report does not necessarily signify a change in circumstances affecting 1931(b) Medi-Cal only eligibility. If CalWORKs is discontinued because the beneficiary failed to return a monthly income report, Medi-Cal eligibility is not affected and no redetermination is needed unless the county has information that there is a change in circumstances affecting 1931(b) Medi-Cal-Only eligibility.

If a Medi-Cal beneficiary is being discontinued, but alleges disability as a basis for Medi-Cal eligibility, the county must refer the case to the Disability and Adult Programs Division (DAPD) for a disability evaluation. The county must also continue Medi-Cal pending the disability determination. The county is not required however, to allow for disability income deductions unless the county receives a determination from DAPD that the beneficiary is disabled.

There is no need for the county to take the third step of the SB 87 process if the county is able to establish the beneficiary's eligibility or ineligibility in the ex parte or direct contact steps. The eligibility worker will have to take the second step (i.e., reach the recipient by telephone) before discontinuing Medi-Cal to make a determination of eligibility or ineligibility because the beneficiary may allege pregnancy or disability or provide other relevant information not in the beneficiary's file. If the eligibility worker completes a thorough telephone interview and determines that the beneficiary is not eligible for Medi-Cal-Only benefits, there is no need for the eligibility worker to send the MC355 form.

ACWDLs 90-07 and 97-48 establish that counties are required to make two contacts prior to denying Medi-Cal for an applicant or discontinuing Medi-Cal for a beneficiary. SB 87 applies to beneficiaries only. SB 87 thus supercedes the two contact requirement stated in 90-07 and 97-48 as they apply to beneficiaries. The two contact requirement stated in 90-07 and 97-48 still applies to applicants.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - May 1, 2003*

Item 03-05-01A

ACWDL 02-55 -- November 13, 2002 (Synopsis): January 2003 Social Security Title II and Supplemental Security Income/State Supplementary Payment Cost Of Living Adjustments and Related Issues

This ACWDL advises that the 2003 Social Security COLA is 1.4%. This ACWDL also provides:

- 2003 In-kind Support and Maintenance Values.
- 2003 SSI/SSP payment levels chart-The level for an individual in an independent living arrangement is \$757 and for a couple is \$1344 from January 2003 through May 2003. The SSI/SSP payment level increases to \$778 for an individual and \$1382 for a couple effective June 2003 through December 2003.
- A 2003 Pickle disregard computation chart.
- The 2003 Medicare Part B premium is \$58.70.
- The 2003 Federal Benefit Rate is \$552 for an individual and \$829 for a couple.

*California Department of Social Services - State Hearings Division
Notes from the Training Bureau - April 22, 2003*

Item 03-04-02H

ACIN I-18-03 April 8, 2003 (Synopsis): Summary of Food Stamp Policy Changes