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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.