

December 10, 2008

ITEM 08-12-1: Paraphrased Regulations

This version of the paraphrased regulations provides 25 additions and 18 revisions to the paraphrased regulations. There are also 11 deleted paraphrased regulations.

There are new paraphrased regulations for adult day health care as a result of changes in that program. These new paraphrased regulations are 538-9 through 538-9F. They cite Welfare and Institutions Code (W&IC) Sections 14522.3, 14525 and 14526. Prior paraphrased regulations 538-4 through 538-8 that cited California Code of Regulations sections have been deleted with the exception of the definition of adult day health care that remains in ParaReg 538-4.

Also added is ParaReg 470-4B that addresses the nonpayment of the Medicare Part B Premium for people with a Medi-Cal share of cost in excess of \$500 when that share of cost has not been met.

ParaReg 438-8A cites All County Welfare Director's Letter 00-57 and its attached worksheet as authority for the allocation of income from an aged or disabled person to ineligible family members in determining whether the individual is eligible for \$0 share of cost under the Aged and Disabled Federal Poverty Level program.

DELETED

S104-7; S104-7A; 121-1B; S122-11; S211-1A; 214-6; 439-5B; 538-5; 538-6; 538-7; 538-8

REVISED

104-3

Disqualification period applies only to noncomplying person; length of disqualification (W&IC 11327.5(c), (d); 42-721.43, ACL 06-27; 08-38)

104-5

Requirements of 30-day advance notice, and scheduling of appointment within 20 days of notice, after county determination of no good cause for WTW failure or refusal to participate (W&IC 11327.4(b); 42-721.23, .24; 08-38)

120-2

In computing the eligibility and grant amount, family income is to be used. "Family" includes all AU members, plus certain non-AU members living in the home (44-133.5)

122-11A

Under QR/PB, beginning date of aid rules for new AU member (44-318.11-.16, effective July 1, 2004; ACL 08-38)

126-2

Vouchers or vendor payments required when parent or caretaker relative subject to a minimum sanction of at least 3 months (W&IC 11453.2; 44-307.12; ACL 97-66; 08-38)

126-4

Definition of vendor payments; when vendor payments are applicable (44-303.3; 08-38)

211-1B

NOMI required after one missed interview, but if applicant reschedules within 30 days, and eligibility is established, the date of application is the beginning date of aid (63-301.32)

211-1E

Recertification scheduling (63-300.464, eff. 6/1/01, rev. 4/19/04)

211-8

Adult, or minor applying as a separate HH, or AR when no adult is required or able, must comply with FS SFIS or benefits will not be issued (63-601.12, .14; ACL 00-32)

211-8A

Conditions for postponement of SFIS process (63-601.13)

216-1

Timing of interviews when application for recertification is made; county does not have further responsibility if interview is missed unless household tries to reschedule appointment (63-504.61(d))

431-3

Transfers, CSRA (42 USC 1396r-5(f); ACWDL 07-22, 08-49)

431-4

MMMNA, basic plus adjustments for indexing, at state hearing (42 USC 1396r-5(d), (e), (g); ACWDL 07-22, 08-49)

439-1

CSRA amount past two years and current (ACWDL 06-30, 07-22, 08-49)

439-1A

MMMNA amount past two years and current (ACWDL 06-30, 07-22, 08-49)

439-5

Effective A&D FPL limit for individual and couples in current and prior year (ACWDLs 08-06, 08-13; 08-24, 08-40, and 08-52)

530-3

Definition of "prior authorization" (51003(a)) 538-4 Definition of adult day health care (54103)

ADDED**104-3E**

Once individual contacts county to discuss curing plan, it must schedule appointment to discuss plan within 10 days (ACL 07-04)

104-3F

County must restore aid effective month following month individual contacts county to cure sanction and once activities are completed (ACL 08-38)

106-2B

Counties must review the reimbursement rate used for CalWORKs participants' transportation expenses no less than once a year, update the rate when appropriate (ACL 08-41)

106-2C

For reimbursing participants when they use a personal vehicle, counties must either (1) select an existing rate used in the county, or (2) develop a rate that covers necessary costs (ACL 08-41)

174-1F

Exceptions to once-in-a-lifetime Homeless Assistance include domestic violence that may be verified by sworn statement up to two times (ACL 08-42)

174-6A

An AU living in a shelter even at no cost is considered homeless; (ACL 08-56)

174-6B

An AU that is homeless and temporarily living with friends or family at no cost is considered homeless (ACL 08-56)

211-1F

County shall conduct a face-to-face interview at recertification when requested by household or when county determines it is necessary to verify conditions of eligibility (63-300.45)

211-4A

QR/PB households may be subject to face-to-face interview requirement at recertification; those not subject to face-to-face requirement may have telephone interview (63-300.41(QR))

438-8A

Deduction from income of an aged or disabled person as allocation to ineligible family members. Allocation equals the maintenance need level for ineligible family members. (ACWDL 00-57)

438-9

A&D FPL program rules follow the Medically Needy rules including property and income deductions, allocations and exemptions. (ACWDL 08-42)

468-8

AFDC-MN or MI student deduction (50543)

470-4B

Medicare Part B Buy-in (50773)

470-4C

DHCS will stop paying Medicare Part B premiums for Medicare eligible Medi-Cal applicants and beneficiaries who have a SOC over \$500 until or unless the SOC is met (ACWDL 08-48 and 08-48E)

530-3A

Definition of “reauthorization” (51003(c))

530-3B

Information required on TAR; TAR received from fee-for-service provider reviewed for medical necessity only (51003(b)(d))

538-9

ADHC definitions (WIC 14522.3)

538-9A

Eligibility requirements for ADHC (WIC 14525)

538-9B

Prior authorization initiated by provider required for ADHC (WIC 14526)

538-9C

Initial and subsequent treatment authorization requests may be granted for up to six calendar months. (WIC §14526.1(a))

538-9D

ADHC TAR requirements (WIC 14526.1(b))

538-9E

Authorization or reauthorization of an adult day health care treatment authorization request shall be granted only if the participant meets all of specified medical necessity criteria (WIC 14526.1(d))

538-9F

Circumstances for reauthorization of an ADHC TAR (WIC 14526.1(e))

541-1A

Provider appeals (51003.1(a)(1))

920-1B

Eligibility factors for AAP include child under-age under 18 or 21 with mental or physical handicap that warrants continuing assistance (W&IC 16120(d); MPP 45-802.111)