MEDI-CAL & HEALTH CARE REFORM POLICY

MEDI-CAL AND HEALTH CARE REFORM SECTION

COVERED CALIFORNIA AGENTS PRESENTATION

AUGUST 29, 2016

PRESENTATION GOAL

County of LOS ANGELES dpss CARE
Consistent Accurate Respectful Efficient service to our customers
THE KEY TO AFFORDABLE HEALTH CARE

Provide an overview of the following:

- Medi-Cal & Health Care Reform (HCR)
- Coverage for Immigrants
- Senate Bill (SB) 75 – Coverage for Children Under 19
- Household Composition
- Treatment of Income Under MAGI
- Medi-Cal Renewals

HCR OVERVIEW

HCR OVERVIEW

- **HCR** is also known as the **Affordable Care Act (ACA).**
- HCR established an **individual mandate** for all U.S. citizens and lawful permanent residents (LPRs) to have health insurance, or face tax penalties (exceptions may apply).
- Individuals can get health coverage through:
  - MAGI Medi-Cal
  - Non-MAGI Medi-Cal
  - Subsidized coverage via Covered California
  - Employer coverage
  - Private insurance

HCR OVERVIEW

- Under HCR, insurance plans must provide **Minimum Essential Coverage** (MEC), which includes:

- Ambulatory Services
- Emergency Services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including dental and vision

Note: As of May 2014 Medi-Cal covers dental care for adults.

HCR OVERVIEW

Penalties for Not Meeting MEC Requirement

2015

Flat Fee (Under $48,750)

- $325 per adult
- $162.50 per child
- Up to $975 per household; or

2% of Yearly Household Income

- Income over $48,750

2016

Flat Fee (Under $83,400)

- $695 per adult
- $347.50 per child
- Up to $2,085 per household; or

2.5% of Yearly Household Income

- Income over $83,400

HCR OVERVIEW

- **Modified Adjusted Gross Income (MAGI)** is a methodology based on IRS tax rules for the new HCR programs.
- **MAGI methodology** determines:
  - Household Composition, and
  - Treatment of Income.
- Assets and Property are **waived** in determining MAGI eligibility.
- Medical Support Enforcement remains in effect.

HCR OVERVIEW

- HCR established:
  - Self-attestation and electronic verification .
  - The Health Insurance Exchange known as **Covered CA.**
  - A statewide "no wrong door policy."
- HCR provides subsidized assistance to individuals with income over MAGI Medi-Cal limits but under 400% FPL via:
  - Advanced Premium Tax Credits (APTC)
  - Cost Sharing Reduction (CSR) Subsidies

MAGI MEDI-CAL

- **MAGI Medi-Cal** is the term for the **new mandatory HCR categories.**
- MAGI eligibility now includes childless single adults who:
  - Are between 19-64 years of age, and
  - Have income up to 138% of the Federal Poverty Level (FPL).
- The following groups are now evaluated under MAGI methodology:
  - Children under age 19 - income up to 266% FPL
  - Parents/Caretaker Relatives - income up to 109% FPL
  - Pregnant Women - income up to 213% FPL

NON-MAGI MEDI-CAL

Non-MAGI Medi-Cal is the term for the Medi-Cal programs that existed before HCR and still remain in effect with the <u>same rules</u>, such as:

- Supplemental Security Income (SSI)
- Foster Care/Former Foster Care Children
- CalWORKs
- Seniors (65 or over) and Persons with Disabilities
- Long Term Care (LTC)
- Home and Community Based Waiver
- Medicare Savings Programs (MSP)
- Medically Needy (MN)
- MN Sneede
- 250% Working Disabled Program
- Pickle Program
- Minor Consent

SELF ATTESTATION

- Self-attestation refers to the act of an individual declaring that something is true and correct.

- Under HCR, ***the County must accept self-attestation*** at application for the following:
  - Age, date of birth, family size, household income, California residency and any other information needed to determine eligibility.

- Self-attested information will be electronically verified (**e-verified**).
  - If there are discrepancies, an **ex-parte** review must be performed.
  - If the discrepancies persist, verification will ***then*** be required from the individual.

COVERED CALIFORNIA

Covered California

- A statewide marketplace where individuals can shop on-line or over the telephone for insurance coverage.

California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS):

- Has the Business Rules Engine (BRE) to determine eligibility for MAGI Medi-Cal, APTC, and CSR.
- Is the tool for health plan selection and enrollment.
- Interfaces with the LEADER Replacement System (LRS) and the Federal Hub.

APPLICATION FORMS

County of LOS ANGELES dpss CARE
Consistent
Accurate
Respectful
Efficient service to our customers
THE KEY TO AFFORDABLE HEALTH CARE

SINGLE STREAMLINED APPLICATION (SSApp)

Start application here *(use blue or black ink only)*

Step 1: **Tell us about the adult who will be our main contact for this application**

First name | Middle name | Last name | Suffix (examples: Sr., Jr., II, III)

Home address | Apartment #

City (home address) | State | ZIP code | County

☐ Check here if you do not have a home address. You must give us a mailing address below.

☐ Check here if your mailing address is the same as your home address.
If it is not the same, you must give us your mailing address below:

Mailing address or P.O. box (if different from home address) | Apartment #

City (mailing address) | State | ZIP code | County

Best phone number to reach you ☐ Home ☐ Cell ☐ Work
Number: ( ) –

Other phone number ☐ Home ☐ Cell ☐ Work
Number: ( ) –

What language should we write to you in?

What language do you want us to speak to you in?

How would you like to get information about this application?
☐ Phone ☐ Mail ☐ Email Email address:

Are you applying for a child less than 1 year old?

Infants less than one year old are eligible for Medi-Cal if their mother was on Medi-Cal or AIM at the time of delivery. You do not need to fill out an application to get Medi-Cal for an infant born to a mother with Medi-Cal or AIM at the time of delivery. Call your county social services office when your baby is born to make sure your baby is covered. Or fill out the information below.

Optional: If the following information is provided, the infant may be automatically eligible for Medi-Cal. You do not have to fill out Step 2 of this application for the infant.

Are you applying for a child less than 1 year old? ☐ Yes ☐ No

If yes, did the child's mother have Medi-Cal or AIM when the child was born? ☐ Yes ☐ No

If yes, will the child's mother be listed on this application? ☐ Yes ☐ No

If yes, the mother is Person #_____ on this application

If no, what is the mother's first and last name? _____

Please provide the mother's Medi-Cal number, AIM number, or SSN_____

¿Preguntas? Llame a Covered California al 1-800-300-1506 (TTY: 1-888-889-4500). La llamada es gratuita. Usted puede llamar de lunes a viernes de 8 a.m. a 8 p.m. y los sábados de 8 a.m. a 6 p.m. O visite CoveredCA.com.

2

- HCR implemented use of the SSApp for the following health insurance affordability programs:
  - Medi-Cal (MAGI & Non-MAGI), and
  - Subsidized Coverage (APTC/CSR).
- Replaces the MC 210 & MC 321 HFP.
  - MC 210 & MC 321 HFP are still accepted.
- Does not capture property or resource information.

APPLICATION FORMS

SSApp – (cont'd)

Application Highlights

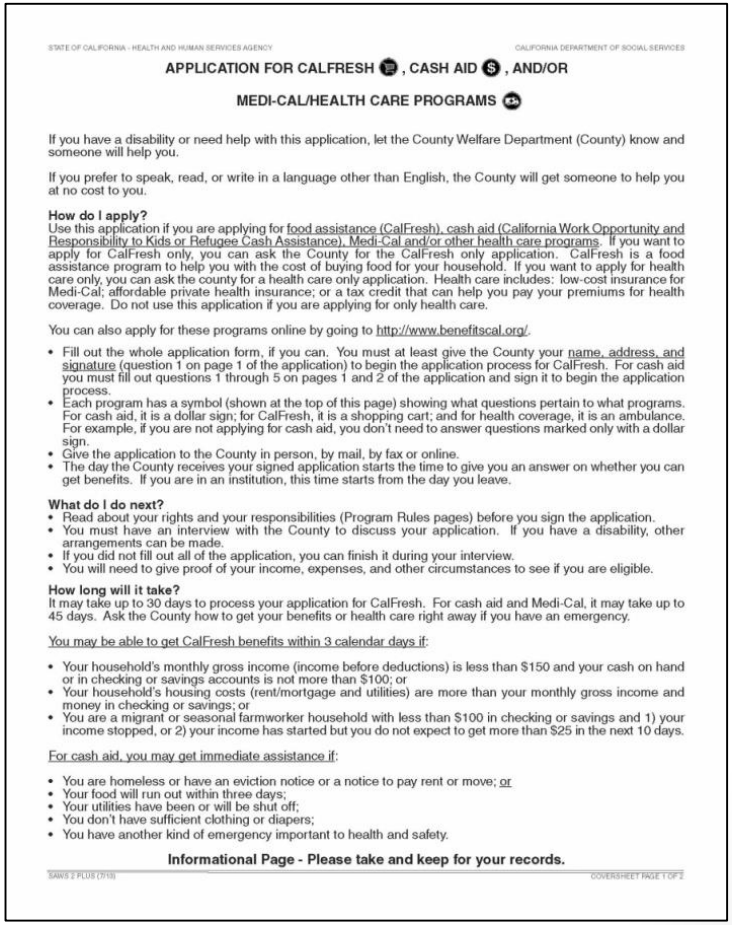
- Informs applicant of Deemed Eligibility – page 2
- Captures the following for each person:
  - Tax information
  - Income
  - Former Foster care
  - Language designation
- Authorized Representative designation – page 15
- Rights and Responsibilities – page 16-17
- Signature Page – page 17
- Evaluation for all Medi-Cal Programs questions – page 18
- Attachment E (immigration status list, self-employment expenses, other income list, and income deductions list) – page 27

APPLICATION FORMS

County of LOS ANGELES dpss CARE
Consistent
Accurate
Respectful
Efficient service to our customers
THE KEY TO AFFORDABLE HEALTH CARE

SAWS 2 PLUS APPLICATION

- The State revised the SAWS 2 application, and renamed it the "SAWS 2 Plus."
- The SAWS 2 Plus now includes the request for tax filer household information.
- The SAWS 2 Plus can be used to apply for Medi-Cal and another program, such as CalFresh or CalWORKs.



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY — CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

APPLICATION FOR CALFRESH, CASH AID, AND/OR

MEDI-CAL/HEALTH CARE PROGRAMS

If you have a disability or need help with this application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English, the County will get someone to help you at no cost to you.

How do I apply?
Use this application if you are applying for food assistance (CalFresh), cash aid (California Work Opportunity and Responsibility to Kids or Refugee Cash Assistance), Medi-Cal and/or other health care programs. If you want to apply for CalFresh only, you can ask the County for the CalFresh only application. CalFresh is a food assistance program to help you with the cost of buying food for your household. If you want to apply for health care only, you can ask the county for a health care only application. Health care includes: low-cost insurance for Medi-Cal; affordable private health insurance; or a tax credit that can help you pay your premiums for health coverage. Do not use this application if you are applying for only health care.

You can also apply for these programs online by going to http://www.benefitscal.org/.

- Fill out the whole application form, if you can. You must at least give the County your name, address, and signature (question 1 on page 1 of the application) to begin the application process for CalFresh. For cash aid you must fill out questions 1 through 5 on pages 1 and 2 of the application and sign it to begin the application process.
- Each program has a symbol (shown at the top of this page) showing what questions pertain to what programs. For cash aid, it is a dollar sign; for CalFresh, it is a shopping cart; and for health coverage, it is an ambulance. For example, if you are not applying for cash aid, you don't need to answer questions marked only with a dollar sign.
- Give the application to the County in person, by mail, by fax or online.
- The day the County receives your signed application starts the time to give you an answer on whether you can get benefits. If you are in an institution, this time starts from the day you leave.

What do I do next?
- Read about your rights and your responsibilities (Program Rules pages) before you sign the application.
- You must have an interview with the County to discuss your application. If you have a disability, other arrangements can be made.
- If you did not fill out all of the application, you can finish it during your interview.
- You will need to give proof of your income, expenses, and other circumstances to see if you are eligible.

How long will it take?
It may take up to 30 days to process your application for CalFresh. For cash aid and Medi-Cal, it may take up to 45 days. Ask the County how to get your benefits or health care right away if you have an emergency.

You may be able to get CalFresh benefits within 3 calendar days if:

- Your household's monthly gross income (income before deductions) is less than $150 and your cash on hand or in checking or savings accounts is not more than $100; or
- Your household's housing costs (rent/mortgage and utilities) are more than your monthly gross income and money in checking or savings; or
- You are a migrant or seasonal farmworker household with less than $100 in checking or savings and 1) your income stopped, or 2) your income has started but you do not expect to get more than $25 in the next 10 days.

For cash aid, you may get immediate assistance if:

- You are homeless or have an eviction notice or a notice to pay rent or move; or
- Your food will run out within three days;
- Your utilities have been or will be shut off;
- You don't have sufficient clothing or diapers;
- You have another kind of emergency important to health and safety.

Informational Page - Please take and keep for your records.

SAWS 2 PLUS (7/13) — COVERSHEET PAGE 1 OF 2

CalWORKs

MEDI-CAL Serving California Since 1966

calfresh BETTER FOOD FOR BETTER LIVING

COVERAGE FOR IMMIGRANTS UNDER HCR

SELF-ATTESTATION

Self-attestation of citizenship and immigration status is acceptable via any application pathway.

- In compliance with current policy, full-scope benefits are granted without delay to otherwise eligible applicants/beneficiaries attesting to have satisfactory immigration status (SIS).
- If the applicant's SIS cannot be initially verified via electronic means, secondary (G845) verification is requested.
- If secondary verification is not successful, then a 90-day Reasonable Opportunity Period (ROP) is allowed to provide SIS status verification.
- If SIS cannot be verified within the 90-day ROP, then benefits are reduced to restricted scope.

QUALIFIED IMMIGRANTS

Qualified Immigrants - Term used by Medi-Cal to define immigrants who are eligible for full-scope Medi-Cal benefits.

Qualified Immigrants may include:

- LPRs
- PRUCOL, including some of the following:
  - Victims of Trafficking,
  - Refugees,
  - DACA,
  - Cuban and Haitian Entrants Program (CHEP),
  - Individuals Paroled in the U.S. for at least one year,
  - Individuals Granted Withholding of Deportation/Removal, and
  - Spouses and Children of Violence Against Women Act (VAWA)

UNDOCUMENTED IMMIGRANTS

Undocumented Immigrants

- If all other program requirements for Medi-Cal are met, will be eligible to receive restricted/limited scope benefits only.
- Not required to have MEC.
- Not allowed to purchase private health insurance through Covered California, even if paying full cost.
- Not eligible for APTC or CSR.
- Undocumented Immigrants in need of LTC:
  - If aged, blind and disabled, will be eligible under State funded Non-MAGI LTC Program with aid code 55 (restricted).
  - If between age 19 to 64, will be eligible under restricted MAGI aid codes.

TERMS AND DEFINITIONS

Term	Description	Level of Benefit
Legally Present Immigrants	Immigrants that have been granted permission to remain in the U.S., such as LPRs, refugees, and asylees.	**Full-Scope**
Lawfully Present	Individuals with foreign visas (e.g. temporary work visas or student visas).	**Restricted-Scope**
Undocumented Immigrants	Immigrants who entered the U.S. with permission and subsequently lost their lawful status; and those who have entered without permission.	**Restricted-Scope**
PRUCOL	Permanently Residing Under Color of Law	**Full-Scope**
DACA	Deferred Action for Childhood Arrivals (also referred to as Dream Act)	**Full-Scope**

MC 13 REQUIREMENTS

MC 13 Form - Statement of Citizenship, Alienage, and Immigration Status

- The MC 13 form is no longer required for:
  - Individuals self-attesting U.S. citizenship or satisfactory immigration status, and
  - When status is verified via electronic means including the HUB, SAVE process, California birth match, or the Social Security Administration (SSA) citizenship verification process.
- MC 13 is still required for individuals who do not meet the above conditions, and for those who are claiming PRUCOL and their immigration status cannot be electronically verified, including PRUCOL category #16.

PRUCOL

Permanently Residing Under Color of Law (PRUCOL)

- PRUCOL is a public benefits category created by the federal courts but is not recognized as an immigration status by the U.S. Citizenship and Immigration Services (USCIS).
- PRUCOL means that the USCIS is aware of an immigrant's presence, but is not actively pursuing his or her deportation.
- Medi-Cal benefits for immigrants under PRUCOL have not changed with the implementation of HCR.

DACA

Deferred Action for Childhood Arrivals (DACA)

- On June 15, 2012, the President announced that certain individuals who meet specific guidelines could request consideration of DACA status.
- DACA status is valid for a period of two years, subject to renewal.
- Individuals declaring DACA status may provide the following verification documents:
  - I-766 Employment Authorization Document (EAD) card with status Category Code "C-33" (aka Work Permit)
  - Form I-797 Notice of Action

DACA

DACA is a category of PRUCOL (MC13 - Section B, Question 5, Category #12).

IMPORTANT: All PRUCOL aliens must indicate their specific PRUCOL status in question 5.

5. If the applicant would qualify for Medi-Cal benefits as a PRUCOL alien, indicate the status category which entitles him/her to that classification:

- ☐ A conditional entrant admitted to the United States before April 1, 1980
- ☐ An alien paroled into the United States, including Cuban/Haitian entrants
- ☐ An alien subject to an Order of Supervision
- ☐ An alien granted an indefinite stay of deportation
- ☐ An alien granted an indefinite voluntary departure
- ☐ An alien on whose behalf an immediate relative petition (INS Form I-130) has been approved and who is entitled to voluntary departure
- ☐ An alien who has properly filed an application for lawful permanent resident status
- ☐ An alien granted a stay of deportation for a specified period
- ☐ An alien granted asylum
- ☐ A refugee admitted to the United States since April 1, 1980
- ☐ An alien granted voluntary departure who is awaiting issuance of a visa
- ☐ An alien in deferred action status
- ☐ An alien who entered and has continuously resided in the United States since before January 1, 1972, who would be eligible for an adjustment of status to lawful permanent resident pursuant to INA Section 249 (eligible as a Registry Alien)
- ☐ An alien granted a suspension of deportation whose departure INS does not contemplate enforcing
- ☐ An alien granted withholding of deportation pursuant to INA Section 243(h)
- ☐ An alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person's status category or individual circumstances

DACA is PRUCOL category #12.

SENATE BILL 75

SB 75

- SB 75 was implemented on May 16, 2016, with coverage effective as of May 1, 2016.
- SB 75 provides full scope Medi-Cal coverage to individuals under age 19 if otherwise eligible, regardless of immigration status.
  - New applicants under 19 will be determined eligible to full-scope Medi-Cal.
  - Beneficiaries with restricted-scope will be transitioned to full-scope Medi-Cal.
  - Medi-Cal Managed care enrollment process applies.

SB 75

Aid Codes:

- No new aid codes.
- Individuals who qualify for SB 75 will be placed into existing full-scope MAGI and Non-MAGI Medi-Cal aid codes.
- Some restricted scope Non-MAGI aid codes have an age limit for children under 21.
  - Other restricted aid codes do not have an age limit and would still be in use for individuals ages 19 and older.

SB 75

Annual Renewals:

- The SB 75 batch process to transition children from restricted scope Medi-Cal to full scope Medi-Cal **will not** reset the annual redetermination date.
- SB 75 is an increase in the level of benefits and not a change in circumstances, therefore a change to the redetermination period is not required .
- Beneficiaries are still required to complete the annual redetermination process even if their redetermination is due during the transition period.
- Beneficiaries with a May renewal date who do not complete their annual redetermination will be eligible to full-scope eligibility in May 2016, but will be discontinued as of June 1, 2016.

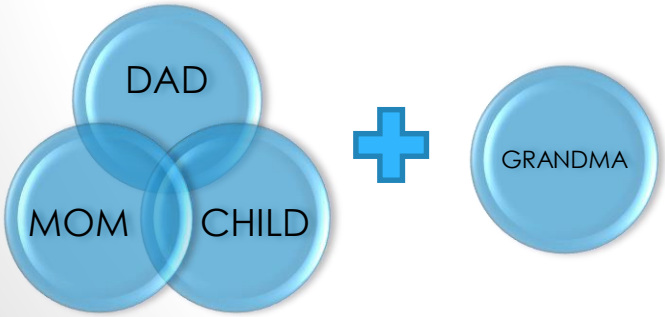
HOUSEHOLD COMPOSITION

HOUSEHOLD COMPOSITION

County of LOS ANGELES dpss CARE
Consistent Accurate Respectful Efficient service to our customers
THE KEY TO AFFORDABLE HEALTH CARE

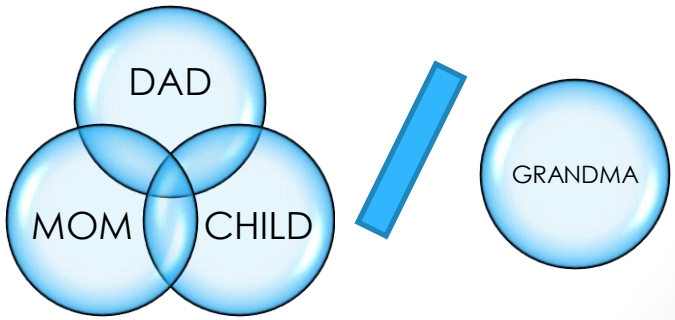
MAGI VS. NON-MAGI

TAX FILER HOUSEHOLD



- One Case / Separate MBUs
- Resources Exempt

HOUSEHOLD COMPOSITION



- Two Separate Cases
- Resources Counted

TREATMENT OF INCOME UNDER MAGI

TREATMENT OF INCOME

- Income determination for the new HCR programs is based on IRS MAGI methodology.
- MAGI income calculation includes:
  - Tax filer's income, plus
  - Income from tax dependents who are required to file a return.
- Self-Attestation of income will be accepted and electronically verified.
- If data cannot be electronically verified, then the participant **must provide** acceptable verifying information, such as: paystubs, statement from employer, tax returns, or proof of direct deposit.

MEDI-CAL RENEWALS

RENEWAL OVERVIEW

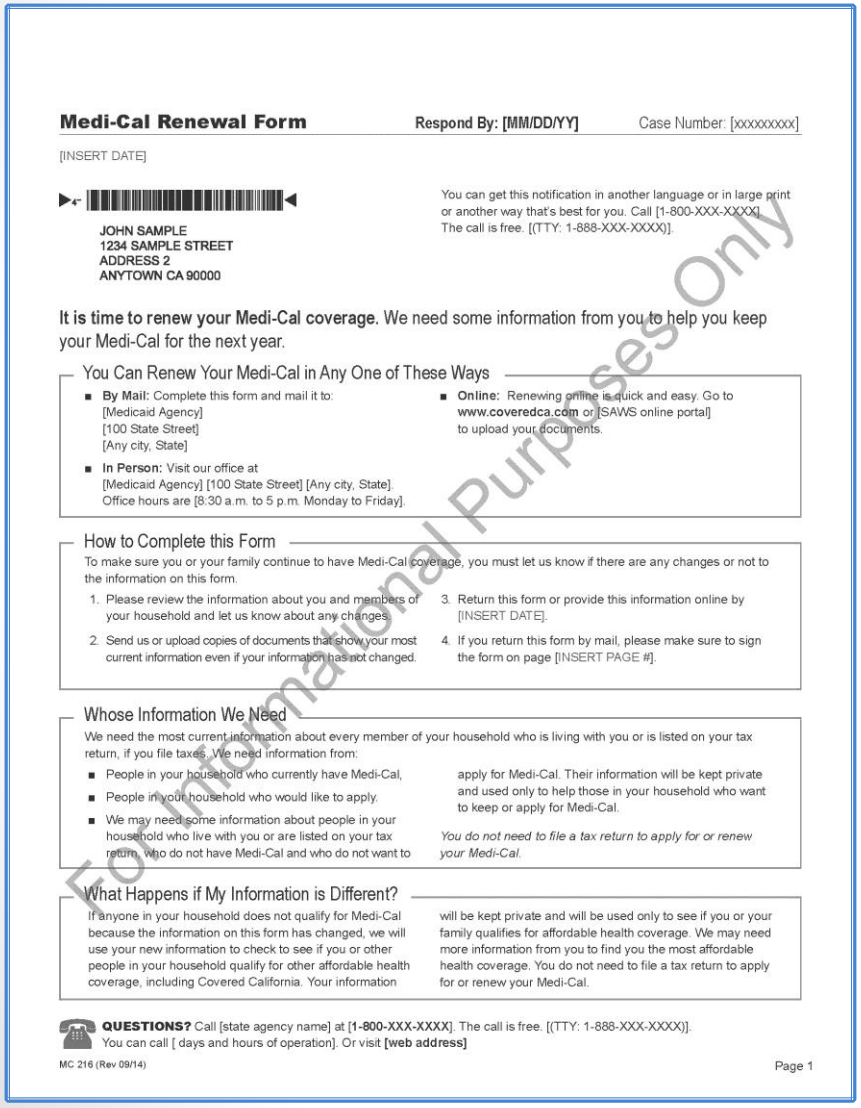
- Ex-Parte Review Process
- MAGI Renewals
- MAGI Renewals Notice of Action
- Non-MAGI Renewals
- Mixed Household Renewals
- 90-Day Cure Period
- Express Lane Eligible
- Express Lane Renewals

MAGI RENEWALS

Automated ex-parte review is the 1st step in the RE Process for MAGI cases only.

- The automated process is system generated; no worker involvement is required.
- Occurs two months prior to the RE due month.
- System gathers the most current case information from all available sources (i.e. Active CalWORKs, CalFresh, or General Relief cases, or terminated within the last 90 days) to send to the Federal Data Hub via an e-HIT.
- The goal is to obtain a successful e-hit with compatible results.
- If results are not compatible, an MC 216 RE form is generated.

MAGI RENEWALS



Medi-Cal Renewal Form **Respond By: [MM/DD/YY]** Case Number: [xxxxxxxxx]

[INSERT DATE]

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

You can get this notification in another language or in large print or another way that's best for you. Call [1-800-XXX-XXXX]. The call is free. [(TTY: 1-888-XXX-XXXX)].

It is time to renew your Medi-Cal coverage. We need some information from you to help you keep your Medi-Cal for the next year.

You Can Renew Your Medi-Cal in Any One of These Ways

- **By Mail:** Complete this form and mail it to: [Medicaid Agency] [100 State Street] [Any city, State]
- **In Person:** Visit our office at [Medicaid Agency] [100 State Street] [Any city, State]. Office hours are [8:30 a.m. to 5 p.m. Monday to Friday].
- **Online:** Renewing online is quick and easy. Go to **www.coveredca.com** or [SAWS online portal] to upload your documents.

How to Complete this Form

To make sure you or your family continue to have Medi-Cal coverage, you must let us know if there are any changes or not to the information on this form.

1. Please review the information about you and members of your household and let us know about any changes.
2. Send us or upload copies of documents that show your most current information even if your information has not changed.
3. Return this form or provide this information online by [INSERT DATE].
4. If you return this form by mail, please make sure to sign the form on page [INSERT PAGE #].

Whose Information We Need

We need the most current information about every member of your household who is living with you or is listed on your tax return, if you file taxes. We need information from:

- People in your household who currently have Medi-Cal,
- People in your household who would like to apply.
- We may need some information about people in your household who live with you or are listed on your tax return, who do not have Medi-Cal and who do not want to apply for Medi-Cal. Their information will be kept private and used only to help those in your household who want to keep or apply for Medi-Cal.

You do not need to file a tax return to apply for or renew your Medi-Cal.

What Happens if My Information is Different?

If anyone in your household does not qualify for Medi-Cal because the information on this form has changed, we will use your new information to check to see if you or other people in your household qualify for other affordable health coverage, including Covered California. Your information will be kept private and will be used only to see if you or your family qualifies for affordable health coverage. We may need more information from you to find you the most affordable health coverage. You do not need to file a tax return to apply for or renew your Medi-Cal.

QUESTIONS? Call [state agency name] at [**1-800-XXX-XXXX**]. The call is free. [(TTY: 1-888-XXX-XXXX)]. You can call [days and hours of operation]. Or visit [**web address**]

MC 216 (Rev 09/14) Page 1

MC 216 Pre-Populated Form

- The form is only generated when the e-HIT is not compatible.
- The form does not need to be returned, as long as the verification requested in the MC 216 is provided by the beneficiary.
- The form is sent to MAGI households with individuals eligible under the following MAGI categories:
  - Parent/Caretaker Relative
  - Adult (19-64 years of age)
  - Children
  - Pregnant Women
- The form is issued to obtain verification of income, death, or incarceration.

MAGI RENEWALS

MC 216 – Missing Information

- If an incomplete MC 216 is returned, eligibility staff will conduct a manual ex-parte review to obtain missing information.
  - If information is not available via ex-parte, then
  - Initiate MC 355, allowing 10 days between the 1st and 2nd request.

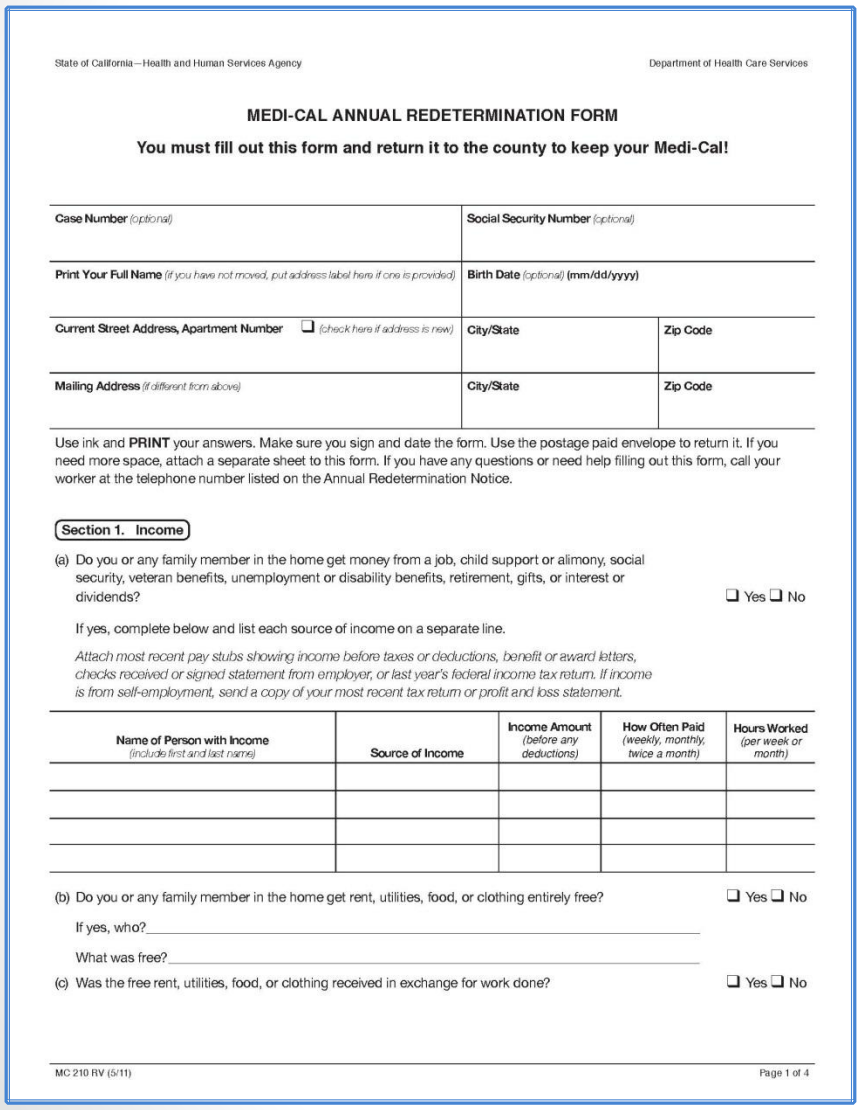
MC 216 - Returned as undeliverable

- Conduct a manual ex-parte to search for a current address/contact information.
- If beneficiary is located, mail an MC 355 requesting the required verification.
- If unable to locate, case is to be terminated for whereabouts unknown.

MAGI RENEWALS NOTICE OF ACTION

- MAGI NOA's were previously generated by CalHEERS and transmitted to DPSS via LEADER/LRS.
- As of March 7, 2016, MAGI NOAs are now generated and sent by DPSS.
- DPSS staff now have the ability to review MAGI NOAs prior to issuing to applicants/beneficiaries to ensure the NOAs are correct.
- DPSS now has control over issuing all NOAs for Medi-Cal eligibility determinations.

NON-MAGI RENEWALS



State of California—Health and Human Services Agency — Department of Health Care Services

MEDI-CAL ANNUAL REDETERMINATION FORM

You must fill out this form and return it to the county to keep your Medi-Cal!

Case Number *(optional)*	**Social Security Number** *(optional)*	
Print Your Full Name *(if you have not moved, put address label here if one is provided)*	**Birth Date** *(optional)* **(mm/dd/yyyy)**	
Current Street Address, Apartment Number ❑ *(check here if address is new)*	**City/State**	**Zip Code**
Mailing Address *(if different from above)*	**City/State**	**Zip Code**

Use ink and **PRINT** your answers. Make sure you sign and date the form. Use the postage paid envelope to return it. If you need more space, attach a separate sheet to this form. If you have any questions or need help filling out this form, call your worker at the telephone number listed on the Annual Redetermination Notice.

Section 1. Income

(a) Do you or any family member in the home get money from a job, child support or alimony, social security, veteran benefits, unemployment or disability benefits, retirement, gifts, or interest or dividends? ❑ Yes ❑ No

If yes, complete below and list each source of income on a separate line.

Attach most recent pay stubs showing income before taxes or deductions, benefit or award letters, checks received or signed statement from employer, or last year's federal income tax return. If income is from self-employment, send a copy of your most recent tax return or profit and loss statement.

Name of Person with Income *(include first and last name)*	Source of Income	Income Amount *(before any deductions)*	How Often Paid *(weekly, monthly, twice a month)*	Hours Worked *(per week or month)*

(b) Do you or any family member in the home get rent, utilities, food, or clothing entirely free? ❑ Yes ❑ No

If yes, who?_____

What was free?_____

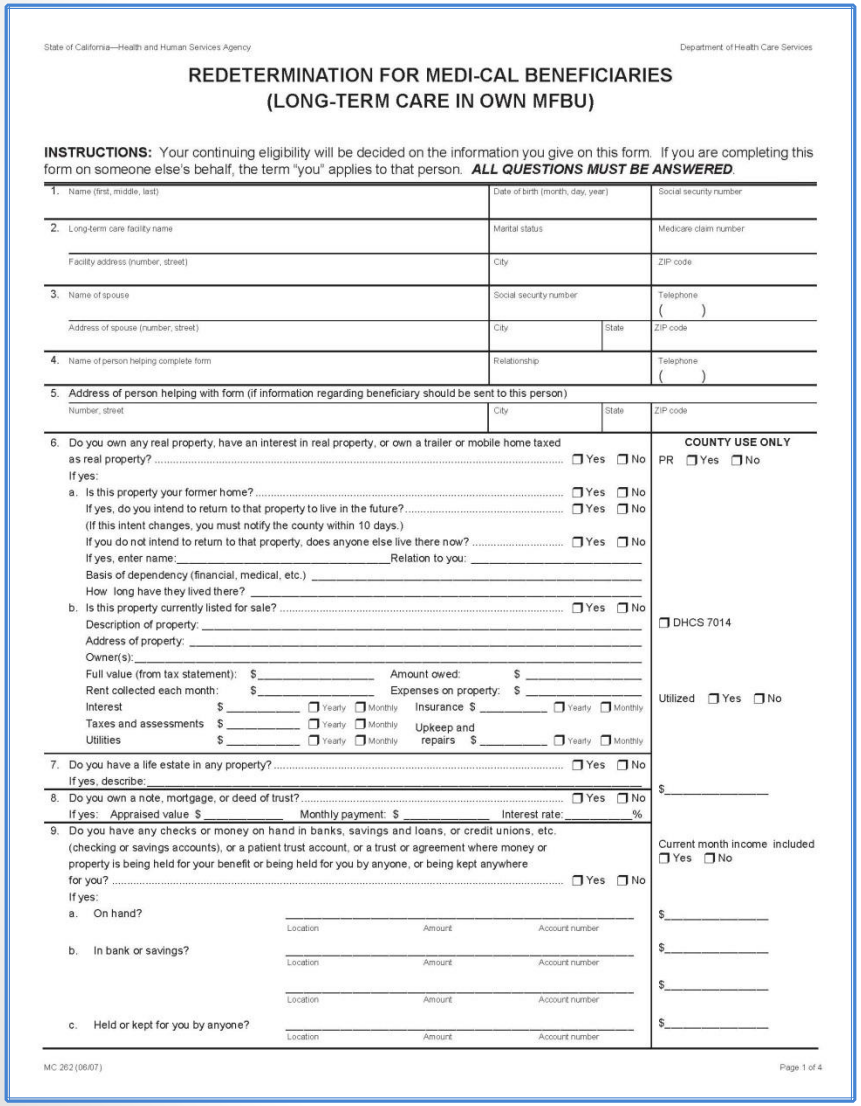
(c) Was the free rent, utilities, food, or clothing received in exchange for work done? ❑ Yes ❑ No

MC 210 RV (5/11) — Page 1 of 4

MC 210 RV Form

- Is a mandatory form that must be returned by the beneficiary along with verification of income and property.
- The form is sent to the Aged, Blind, Disabled, and Medically Needy beneficiaries not eligible to MAGI Medi-Cal.

NON-MAGI RENEWALS



State of California—Health and Human Services Agency — Department of Health Care Services

REDETERMINATION FOR MEDI-CAL BENEFICIARIES
(LONG-TERM CARE IN OWN MFBU)

INSTRUCTIONS: Your continuing eligibility will be decided on the information you give on this form. If you are completing this form on someone else's behalf, the term "you" applies to that person. ***ALL QUESTIONS MUST BE ANSWERED.***

1. Name (first, middle, last) | Date of birth (month, day, year) | Social security number
2. Long-term care facility name | Marital status | Medicare claim number
   Facility address (number, street) | City | ZIP code
3. Name of spouse | Social security number | Telephone ( )
   Address of spouse (number, street) | City | State | ZIP code
4. Name of person helping complete form | Relationship | Telephone ( )
5. Address of person helping with form (if information regarding beneficiary should be sent to this person)
   Number, street | City | State | ZIP code
6. Do you own any real property, have an interest in real property, or own a trailer or mobile home taxed as real property? ❒ Yes ❒ No
   If yes:
   a. Is this property your former home? ❒ Yes ❒ No
   If yes, do you intend to return to that property to live in the future? ❒ Yes ❒ No
   (If this intent changes, you must notify the county within 10 days.)
   If you do not intend to return to that property, does anyone else live there now? ❒ Yes ❒ No
   If yes, enter name: _____ Relation to you: _____
   Basis of dependency (financial, medical, etc.) _____
   How long have they lived there? _____
   b. Is this property currently listed for sale? ❒ Yes ❒ No
   Description of property: _____
   Address of property: _____
   Owner(s): _____
   Full value (from tax statement): $_____ Amount owed: $_____
   Rent collected each month: $_____ Expenses on property: $_____
   Interest $_____ ❒ Yearly ❒ Monthly Insurance $_____ ❒ Yearly ❒ Monthly
   Taxes and assessments $_____ ❒ Yearly ❒ Monthly Upkeep and repairs $_____ ❒ Yearly ❒ Monthly
   Utilities $_____ ❒ Yearly ❒ Monthly
7. Do you have a life estate in any property? ❒ Yes ❒ No
   If yes, describe: _____
8. Do you own a note, mortgage, or deed of trust? ❒ Yes ❒ No
   If yes: Appraised value $_____ Monthly payment: $_____ Interest rate: _____%
9. Do you have any checks or money on hand in banks, savings and loans, or credit unions, etc. (checking or savings accounts), or a patient trust account, or a trust or agreement where money or property is being held for your benefit or being held for you by anyone, or being kept anywhere for you? ❒ Yes ❒ No
   If yes:
   a. On hand? _____ (Location / Amount / Account number) $_____
   b. In bank or savings? _____ (Location / Amount / Account number) $_____
   _____ (Location / Amount / Account number) $_____
   c. Held or kept for you by anyone? _____ (Location / Amount / Account number) $_____

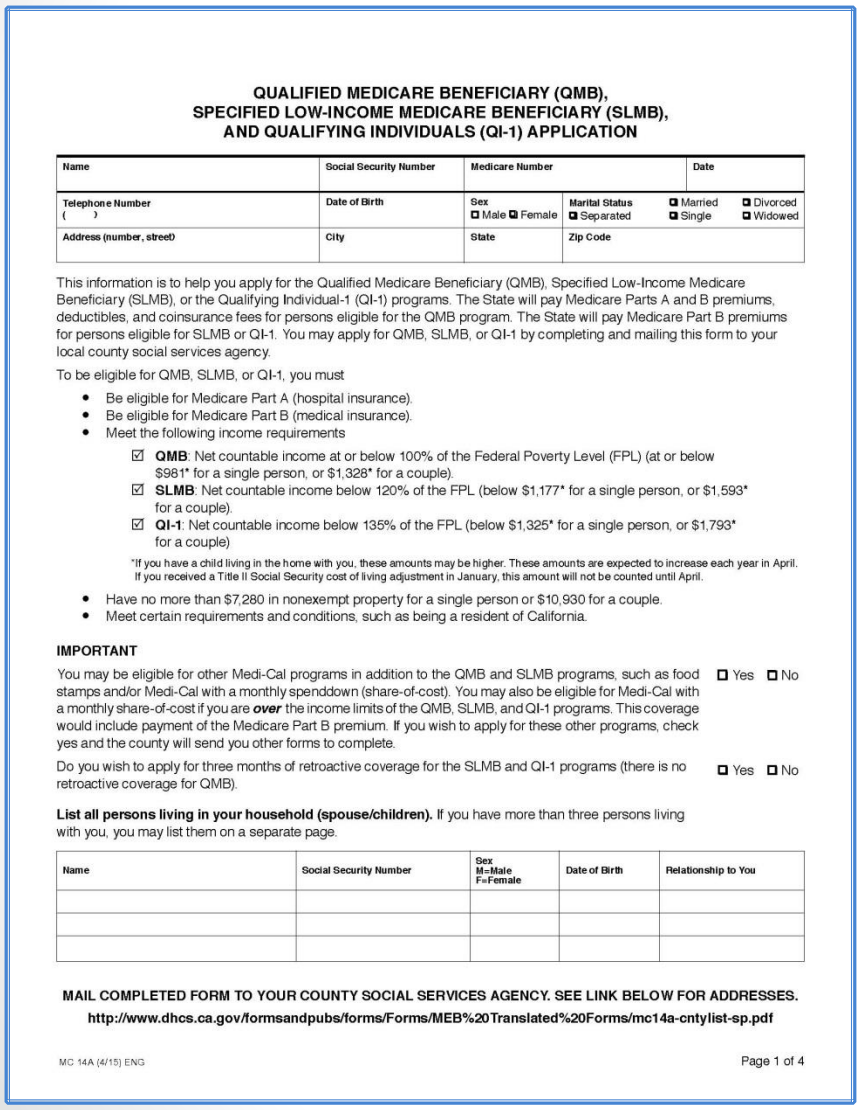
COUNTY USE ONLY
PR ❒ Yes ❒ No
❒ DHCS 7014
Utilized ❒ Yes ❒ No
$_____
Current month income included ❒ Yes ❒ No
$_____
$_____
$_____
$_____

MC 262 (06/07) — Page 1 of 4

MC 262 Form

- Is a mandatory form that must be returned by the Long-Term Care (LTC) beneficiary along with verification of income and property.
- The form is issued to all LTC beneficiaries at renewal.

NON-MAGI RENEWALS



QUALIFIED MEDICARE BENEFICIARY (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB), AND QUALIFYING INDIVIDUALS (QI-1) APPLICATION

Name	Social Security Number	Medicare Number		Date
Telephone Number ( )	Date of Birth	Sex ☐ Male ☐ Female	Marital Status ☐ Married ☐ Single ☐ Separated	☐ Divorced ☐ Widowed
Address (number, street)	City	State	Zip Code	

This information is to help you apply for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual-1 (QI-1) programs. The State will pay Medicare Parts A and B premiums, deductibles, and coinsurance fees for persons eligible for the QMB program. The State will pay Medicare Part B premiums for persons eligible for SLMB or QI-1. You may apply for QMB, SLMB, or QI-1 by completing and mailing this form to your local county social services agency.

To be eligible for QMB, SLMB, or QI-1, you must

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements
  - ☑ **QMB**: Net countable income at or below 100% of the Federal Poverty Level (FPL) (at or below $981* for a single person, or $1,328* for a couple).
  - ☑ **SLMB**: Net countable income below 120% of the FPL (below $1,177* for a single person, or $1,593* for a couple).
  - ☑ **QI-1**: Net countable income below 135% of the FPL (below $1,325* for a single person, or $1,793* for a couple)

  *If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.
- Have no more than $7,280 in nonexempt property for a single person or $10,930 for a couple.
- Meet certain requirements and conditions, such as being a resident of California.

IMPORTANT

You may be eligible for other Medi-Cal programs in addition to the QMB and SLMB programs, such as food stamps and/or Medi-Cal with a monthly spenddown (share-of-cost). You may also be eligible for Medi-Cal with a monthly share-of-cost if you are ***over*** the income limits of the QMB, SLMB, and QI-1 programs. This coverage would include payment of the Medicare Part B premium. If you wish to apply for these other programs, check yes and the county will send you other forms to complete. ☐ Yes ☐ No

Do you wish to apply for three months of retroactive coverage for the SLMB and QI-1 programs (there is no retroactive coverage for QMB). ☐ Yes ☐ No

List all persons living in your household (spouse/children). If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex M=Male F=Female	Date of Birth	Relationship to You

MAIL COMPLETED FORM TO YOUR COUNTY SOCIAL SERVICES AGENCY. SEE LINK BELOW FOR ADDRESSES.
http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MEB%20Translated%20Forms/mc14a-cntylist-sp.pdf

MC 14A (4/15) ENG Page 1 of 4

MC 14 Form

- Is a mandatory form that must be returned by the MSP beneficiary along with verification of income and property.
- Is sent to all MSP beneficiaries at renewal.

Note: MSP is not a Medi-Cal Program. It is a Medicare Savings Program, such as QMB and SLMB populations.

MIXED HOUSEHOLD RENEWALS

Mixed Household Renewal Packets

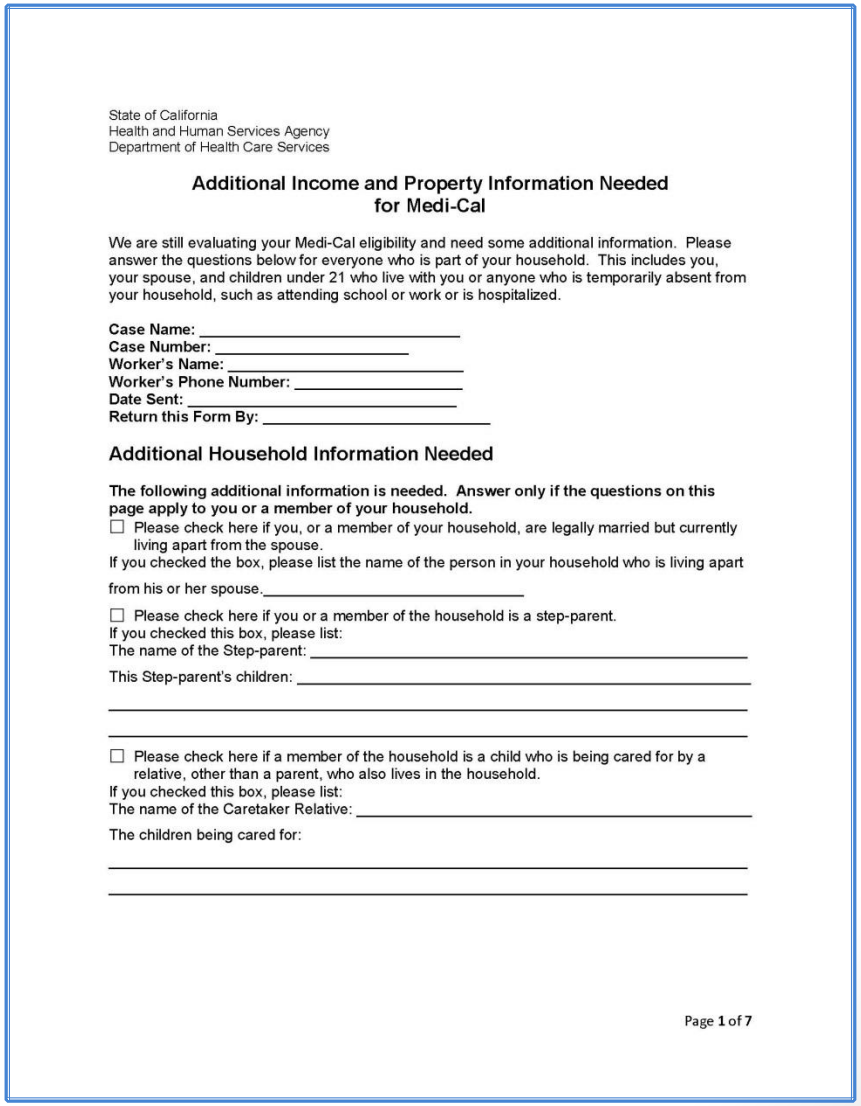
- A mixed household renewal packet is sent to Medi-Cal households that contain both MAGI and Non-MAGI aided individuals in the same case.

- Depending on the results of the e-HIT, the mixed household may receive one of two packets.

MIXED HOUSEHOLD RENEWALS

If e-HIT is Compatible:

- Eligibility is re-established for another year for the MAGI individuals and an MC 216 will not be generated.
  - Case comments will state the following, "e-HIT auto renewal".
- Only the MC 604 IPS will be sent to the household for the Non-MAGI individuals.
- The MC 604 IPS request property information, which is needed to determine ongoing Medi-Cal eligibility for Non-MAGI individuals.
- The MC 604 IPS must be completed and returned to comply with the annual renewal process.



State of California
Health and Human Services Agency
Department of Health Care Services

Additional Income and Property Information Needed for Medi-Cal

We are still evaluating your Medi-Cal eligibility and need some additional information. Please answer the questions below for everyone who is part of your household. This includes you, your spouse, and children under 21 who live with you or anyone who is temporarily absent from your household, such as attending school or work or is hospitalized.

Case Name: _____
Case Number: _____
Worker's Name: _____
Worker's Phone Number: _____
Date Sent: _____
Return this Form By: _____

Additional Household Information Needed

The following additional information is needed. Answer only if the questions on this page apply to you or a member of your household.

☐ Please check here if you, or a member of your household, are legally married but currently living apart from the spouse.
If you checked the box, please list the name of the person in your household who is living apart from his or her spouse._____

☐ Please check here if you or a member of the household is a step-parent.
If you checked this box, please list:
The name of the Step-parent: _____
This Step-parent's children: _____
_____
_____

☐ Please check here if a member of the household is a child who is being cared for by a relative, other than a parent, who also lives in the household.
If you checked this box, please list:
The name of the Caretaker Relative: _____
The children being cared for:
_____
_____

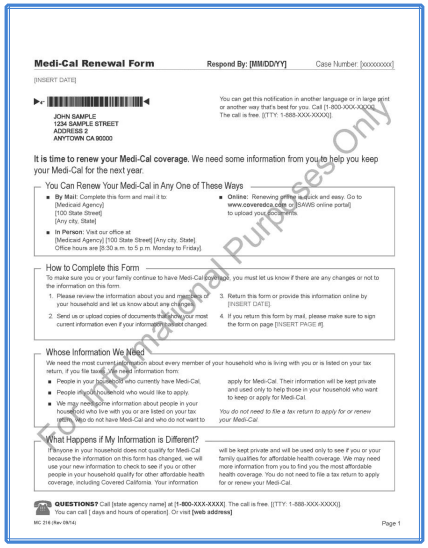
Page 1 of 7

MIXED HOUSEHOLD RENEWALS

County of LOS ANGELES dpss CARE
Consistent
Accurate
Respectful
Efficient service to our customers
THE KEY TO AFFORDABLE HEALTH CARE

If e-HIT is Not Compatible:

- Both the MC 216 and MC 604 IPS will be sent to the household.
- The MC 216 does not need to be returned as long as the verification requested in the MC 216 is provided.
- However, the MC 604 IPS **must** be completed and returned to comply with the annual renewal process.



Medi-Cal Renewal Form Respond By: [MM/DD/YY] Case Number: [xxxxxxxxx]

[INSERT DATE]

JOHN SAMPLE
1234 SAMPLE STREET
ADDRESS 2
ANYTOWN CA 90000

You can get this notification in another language or in large print or another way that's best for you. Call [1-800-XXX-XXXX]. The call is free. [(TTY: 1-888-XXX-XXXX)].

It is time to renew your Medi-Cal coverage. We need some information from you to help you keep your Medi-Cal for the next year.

You Can Renew Your Medi-Cal in Any One of These Ways

- **By Mail:** Complete this form and mail it to [Medicaid Agency] [100 State Street] [Any city, State]
- **In Person:** Visit our office at [Medicaid Agency] [100 State Street] [Any city, State] Office hours are [8:30 a.m. to 5 p.m. Monday to Friday].
- **Online:** Renewing online is quick and easy. Go to www.coveredca.com or [MAWS online portal] to upload your documents.

How to Complete this Form

To make sure you or your family continue to have Medi-Cal coverage, you must let us know if there are any changes or not to the information on this form.

1. Please review the information about you and members of your household and let us know about any changes.
2. Send us or upload copies of documents that show your most current information even if your information hasn't changed.
3. Return this form or provide this information online by [INSERT DATE].
4. If you return this form by mail, please make sure to sign the form on page [INSERT PAGE #].

Whose Information We Need

We need the most current information about every member of your household who is living with you or is listed on your tax return, if you file taxes. We need information from:

- People in your household who currently have Medi-Cal.
- People in your household who would like to apply.
- We may need some information about people in your household who live with you or are listed on your tax return, who do not have Medi-Cal and who do not want to apply for Medi-Cal. Their information will be kept private and used only to help those in your household who want to keep or apply for Medi-Cal.

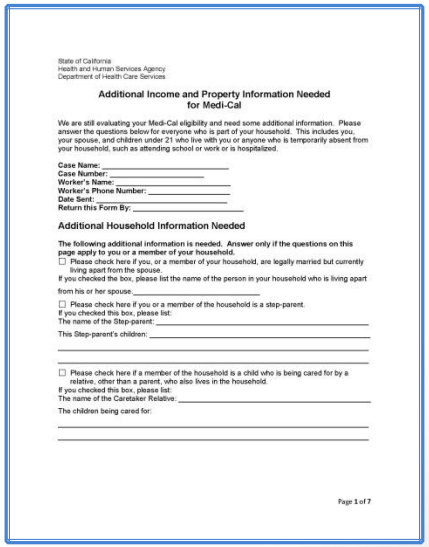
You do not need to file a tax return to apply for or renew your Medi-Cal.

What Happens if My Information is Different?

If anyone in your household does not qualify for Medi-Cal because the information on this form has changed, we will use your new information to check to see if you or other people in your household qualify for other affordable health coverage, including Covered California. Your information will be kept private and will be used only to see if you or your family qualifies for affordable health coverage. We may need more information from you to find you the most affordable health coverage. You do not need to file a tax return to apply for or renew your Medi-Cal.

QUESTIONS? Call [state agency name] at [1-800-XXX-XXXX]. The call is free. [(TTY: 1-888-XXX-XXXX)]. You can call [days and hours of operation]. Or visit [web address]

MC 216 (Rev 09/14) Page 1



State of California
Health and Human Services Agency
Department of Health Care Services

Additional Income and Property Information Needed for Medi-Cal

We are still evaluating your Medi-Cal eligibility and need some additional information. Please answer the questions below for everyone who is part of your household. This includes you, your spouse, and children under 21 who live with you or anyone who is temporarily absent from your household, such as attending school or work or is hospitalized.

Case Name: _____
Case Number: _____
Worker's Name: _____
Worker's Phone Number: _____
Date Sent: _____
Return this Form By: _____

Additional Household Information Needed

The following additional information is needed. Answer only if the questions on this page apply to you or a member of your household.

☐ Please check here if you, or a member of your household, are legally married but currently living apart from the spouse.
If you checked the box, please list the name of the person in your household who is living apart from his or her spouse.

☐ Please check here if you or a member of the household is a step-parent.
If you checked this box, please list:
The name of the Step-parent: _____
This Step-parent's children: _____

☐ Please check here if a member of the household is a child who is being cared for by a relative, other than a parent, who also lives in the household.
If you checked this box, please list:
The name of the Caretaker Relative: _____
The children being cared for:

Page 1 of 7

90 DAY CURE PERIOD

- The cure period, commonly known as the ***rescission period***, has been extended from 30 to 90 days (applies to MAGI and Non-MAGI).
- During the cure period, the beneficiary must provide all required verifications before the case can be re-evaluated/ rescinded.
- If the required verifications are received within the 90 day period, and Medi-Cal eligibility remains, benefits are restored with no break in aid.
- The cure period does not apply to:
  - Case Denials, and
  - Client Request Terminations.

EXPRESS LANE ELIGIBLES

Full-scope Medi-Cal eligibility may be granted for up to 12 months to eligible CalFresh individuals requesting Medi-Cal:

- Under age 65, and
- With income at or below 138% FPL.

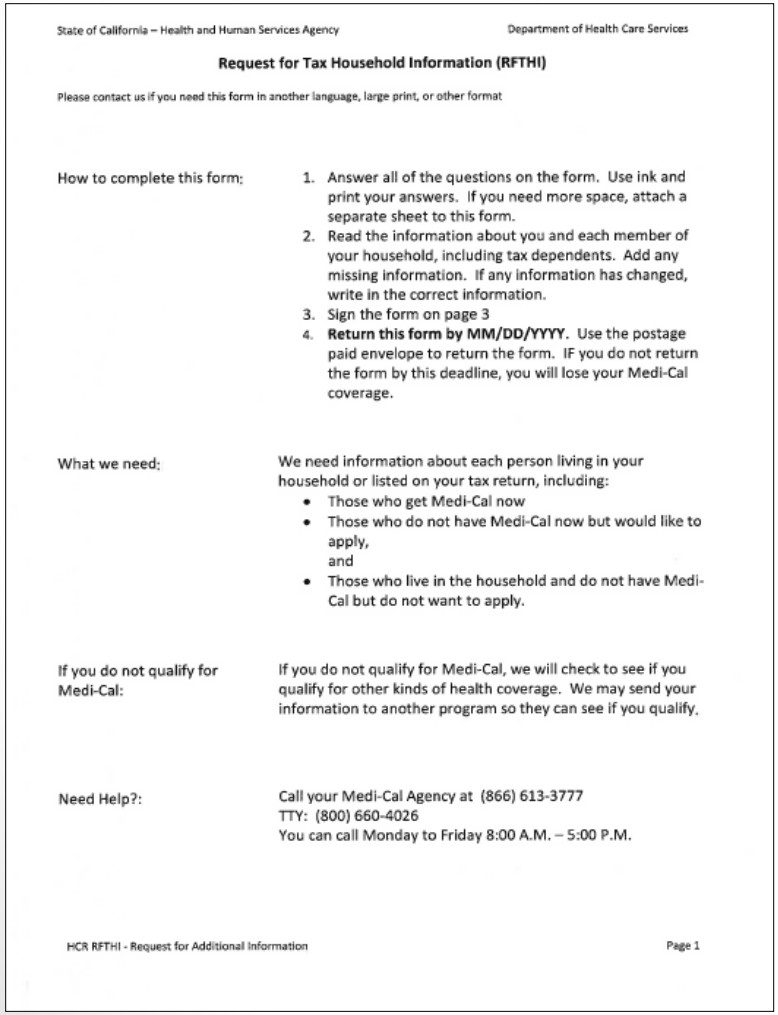
Express Lane aid codes:

- 7U - Adults 19-64;
- 7W - Children under 19;
- 7S - Parents/Caretaker relatives;
- 7L - 19-64, disabled, not receiving Medicare

Note: ELE must be re-evaluated under MAGI following termination of CalFresh eligibility.

EXPRESS LANE RENEWALS

REQUEST FOR TAX FILING INFORMATION (RFTHI)



State of California – Health and Human Services Agency — Department of Health Care Services

Request for Tax Household Information (RFTHI)

Please contact us if you need this form in another language, large print, or other format

How to complete this form:

1. Answer all of the questions on the form. Use ink and print your answers. If you need more space, attach a separate sheet to this form.
2. Read the information about you and each member of your household, including tax dependents. Add any missing information. If any information has changed, write in the correct information.
3. Sign the form on page 3
4. **Return this form by MM/DD/YYYY.** Use the postage paid envelope to return the form. IF you do not return the form by this deadline, you will lose your Medi-Cal coverage.

What we need:

We need information about each person living in your household or listed on your tax return, including:

- Those who get Medi-Cal now
- Those who do not have Medi-Cal now but would like to apply,
  and
- Those who live in the household and do not have Medi-Cal but do not want to apply.

If you do not qualify for Medi-Cal:

If you do not qualify for Medi-Cal, we will check to see if you qualify for other kinds of health coverage. We may send your information to another program so they can see if you qualify.

Need Help?:

Call your Medi-Cal Agency at (866) 613-3777
TTY: (800) 660-4026
You can call Monday to Friday 8:00 A.M. – 5:00 P.M.

HCR RFTHI - Request for Additional Information — Page 1

- The RFTHI form is the RE form for Express Lane (EL).
- RFTHI information may be obtained by phone.
- The RFTHI form is mailed two months prior to the due month.
- EL can be terminated for non-receipt of the RFTHI form.
- A termination NOA is issued for failure to comply with the EL renewal.
- The 90 day cure period also applies to EL cases.

QUESTIONS