

# Article 5 Section 12 – Special Zero Share-of-Cost Programs for Children and Pregnant Women

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## Desk Aids and Processing Guidelines

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LMS Training	<ul style="list-style-type: none"> <li>• <a href="#">Targeted Low Income Training</a> (Type “<b>TLICP</b>” on the LMS search field to register and complete the training.)</li> </ul>

## 05.12.01 Overview

### A. Overview

This section provides regulations for the following programs which are applicable to cases that contain children (ages 0-19) and/or pregnant women:

- Income Disregard
- 133% Program
- 100% Program

- Targeted Low Income Children’s Program (TLICP)

MPG LTR 771 (12/12)

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## 05.12.02 Income Disregard

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### A. Overview

The Income Disregard Program provides zero share-of-cost Medi-Cal coverage to eligible infants under the age of one year and pregnant women. To qualify for the Income Disregard Program, the MFBU must have net nonexempt income that exceeds the Medi-Cal maintenance need level but is not over 200% of the Federal Poverty Level (FPL).

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MPG LTR 316 (10/95)

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### B. Pregnant Women

Eligibility for pregnant women begins with the first day of the month of self-declaration of pregnancy. The pregnant woman may request a retroactive Medi-Cal evaluation (see [05.12.09.B](#)).

ACWDL  
03-34

Pregnant women who qualify for no SOC benefits receive pregnancy-related services regardless of their citizenship or alien status. Pregnancy services include:

- Prenatal care
- Labor
- Delivery
- Postpartum care
- Family planning

Pregnant women may also be eligible to non-pregnancy related services with a SOC under the M/MN program.

If eligibility is maintained through the month of birth, eligibility continues through the 60-day postpartum period. Benefits will be discontinued at the end of the month in which the 60-day postpartum period ends.

If a pregnant minor does not qualify under regular Income Disregard regulations they must be evaluated using the Parental Income Disregard provision.

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### C. Infants up to

Infants up to one year of age may be eligible to full-scope benefits or benefits limited to the treatment of emergency medical conditions

**One Year of Age**

depending upon their citizenship status. Eligibility begins at birth and continues through the month of their first birthday, if eligibility is otherwise maintained during this period.

**NOTE:** Under Continued Eligibility for pregnant women or Deemed Eligibility for infants, eligibility cannot be ended during the pregnancy or, for the infant, prior to the first birthday due to an increase in income. If the infant is active in the Income Disregard Program and loses eligibility, evaluate the child for Deemed Eligibility or Continuous Eligibility for Children (CEC) prior to taking any negative action. Approve for Deemed Eligibility or CEC if eligible.

**05.12.03 133% Program**

**A  
133%  
Program**

The 133% program provides zero SOC Medi-Cal coverage to otherwise eligible children beginning at age one up to end of the month of the child's 6<sup>th</sup> birthday.

ACWDL  
90-34  
90-61

To qualify for this program, the net nonexempt income of the MFBU must exceed the Medi-Cal maintenance need level but not be over 133% of the FPL. Scope of benefits will depend on their citizenship status. The following aid codes will be used:

Aid Code	Scope of Benefits
72	Full Scope
74	Limited Scope

MPG LTR 534 (11/03)

**05.12.04 100% Program**

**A  
100%  
Program**

The 100 Percent Program provides zero SOC Medi-cal coverage to eligible children at age six to the end of the month of the child's 19<sup>th</sup> birthday.

ACWDL  
91-61

To qualify for this program, the net non-exempt income of the MFBU must not exceed 100 percent of the federal poverty level. Scope of benefits will depend on their citizenship status. The following aid codes will be used:

Aid Code	Scope of Benefits
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7A	Full Scope
7C	Limited Scope

MPG LTR 534 (11/03)

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**County of San Diego, Health and Human Services Agency (HHS) Agency (HHS) (HSA)  
Program Guide**

Targeted Low-Income Children's Program (TLICP)	<b>Number</b>	<b>Page</b>
	05.12.05	1 of 3

**Issue Date:**  
4/23/2015

**Effective Date:**  
Upon Receipt

**Background:**

TLICP is a property disregard program that provides coverage for children who would have previously been enrolled in the HFP. Eligibility to the different programs is based on age. The below chart describes how the age groups are determined:

<b>Begin</b>	<b>End</b>
At birth	The end of the month of the child's 1st birthday
At age one	The end of the month of the child's 6 <sup>th</sup> birthday
At age six	The end of the month of the child's 19 <sup>th</sup> birthday

Continuous Eligibility for Children (CEC) applies to the TLICP refer to MPG 5.15.05.

**A. Aid Codes and Income Limits:**

To qualify for TLICP, the net non-exempt income of the MFBU must be as follows:

<b>Age Group</b>	<b>Percent Level</b>	<b>Aid Code</b>	<b>Premium?</b>
0-1	Above 200% - up to 250% (PRE-ACA)	H1	No
0-1	Above 208% - up to 266%	T5	No
0-1	Above 208% - up to 266% Undoc	T0	No
1-6	Above 133% - up to 150%(PRE-ACA)	H2	No
1-6	Above 142% - up to 160%	T4	No
1-6	Above 142% - up to 160% (Undoc)	T9	No
1-6	Above 160% - up to 266%	T3	Yes
1-6	Above 150% - up to 250%(PRE-ACA)	H3	Yes
1-6	Above 160% - up to 266% (Undoc)	T8	Yes
6-19	Above 133% - up to 160%	T2	No
6-19	Above 133% - up to 160%	T7	No
6-19	Above 100% - up to 150%(PRE-ACA)	H4	No
6-19	Above 160% - up to 266%	T1	Yes
6-19	Above 160% - up to 266% (Undoc)	T6	Yes
6-19	Above 150% - up to 250%(PRE-ACA)	H5	Yes

Aid codes H3 and H5 are Pre-ACA premium payment aid codes. Aid codes T1, T3, T6 and T8 Are MAGI TLICP premium payment aid codes.

**County of San Diego, Health and Human Services Agency (HHS) Program Guide**

<b>Targeted Low-Income Children’s Program (TLICP)</b>	<b>Number</b>	<b>Page</b>
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There are no restricted scope aid codes for pre-aca TLICP. If an applicant fails to provide citizenship/identity documentation at the end of their reasonable opportunity to provide period, they must be re-evaluated for limited scope Medi-Cal with a SOC.

MAGI Based TLICP has aid codes for undocumented children.

**B. Premiums**

Premiums are \$13 per child monthly, with a maximum of \$39 per family monthly. When workers approve a beneficiary for one of the TLICP premium payment aid codes, the information will be transmitted to MAXIMUS via MEDS. Beneficiaries may pay premiums in the following forms:

- Cash, check, Western Union
- Electronic Funds Transfer
- Credit Card Transactions

MAXIMUS is the administrative vendor of premium payment collection and will be known as the Medi-Cal Premium Payment Section (MPPS). The MPPS will:

- Maintain premium payment case files
- Bill beneficiaries
- Send overdue payment notices
- Notify counties when a beneficiary on a premium payment aid code has not paid premiums for 60 days
- Verify when a beneficiary previously discontinued for non-payment of premiums has paid and should be reinstated.

**C. Non-Payment of Premiums (NPP) Condition**

The Non-Payment of Premium Condition is when a beneficiary is two monthly payments past due. A reminder letter is mailed by the MPPS prior to 60 days past due. Upon receipt of notification of NPP, discontinue the beneficiary with timely notice. Beneficiaries are billed until they pay past due payments or are discontinued from TLICP. Premium Payment is a condition of eligibility for premium payment aid codes. No reevaluation of Medi-Cal is required when a beneficiary is discontinued from a premium based aid code for NPP.

**D. Reinstate TLICP Discontinued Due to NPP**

Beneficiaries can reinstate TLICP prior to termination, or within 30 days of termination by paying their past due premiums. After 30 days discontinuance, the customers must re-apply. If discontinued customers are determined eligible for TLICP with a premium again, they will be billed for all past due premiums. Procedures for reinstatement of premium based TLICP is in the NPP and Premium Refund/Waiver Processing Guide sections C, D, and E.

**County of San Diego, Health and Human Services Agency (HHS) Program Guide**

<b>Targeted Low-Income Children’s Program (TLICP)</b>	<b>Number</b>	<b>Page</b>
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**E. Requests for Discontinuance of TLICP**

- The request for discontinuance must be in writing and documented in the case file.
- Discontinuances of TLICP can only be made for the future months and cannot be made retroactive to the client’s request unless a change in circumstance reported timely makes the individual eligible for a non-premium aid code.

**F. Premium Refund/Waiver Requests**

The MPPS must continue billing the beneficiary until the Premium aid code is discontinued in MEDS. TLICP beneficiaries with premiums can request a waiver or refund of premiums in the following conditions:

- They are found retroactively eligible to a non-premium aid code. They can request a refund of the premiums paid for the months where they are eligible for a non-premium aid code.
- A beneficiary requests discontinuance of a premium based aid code and the discontinuance is not effective the last day of the request month (example: client requests discontinuance in May 2014, but the worker does not take action until July 2014, the refund request would be for June 2014 and July 2014 paid premiums).

Submit a premium refund/waiver request if the discontinuance is not processed by the end of the month of request, even if the beneficiary has not paid because the MPPS will still bill for the months where the client shows active in MEDS on a premium aid code. If the client goes back on a premium aid code within a year, the MPPS will bill the beneficiary for past due payments. Instructions for submitting Premium Refund/Waiver requests can be found in the NPP and Premium Refund/Waiver Processing Guide.

**G. American Indian/Alaskan Native Premium Waivers**

American Indians/Alaskan Natives who are eligible to receive or have received service from an Indian Health Service/ Tribal 638/ Urban Indian Health Program or through a referral to a Contracted Health Services, are eligible to a premium waiver for TLICP Premium-based aid codes. Initiate the premium waiver process for these individuals following the directions in the NPP and Premium Refund/Waiver Processing Guide section G.

**References:**

ACWDLs [12-33](#), [14-29](#), [14-29E](#), [14-43](#), and [15-10](#)  
[MPG LTR 771](#)

**Sunset Date:**

This policy will be reviewed for continuance by 4/23/2018.

## 05.12.06 Property Disregard

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### A. Overview

The Income Disregard, 133% and 100% program offer a property disregard option that will be applied in the following situations:

ACWDLs  
89-50  
89-103  
89-104  
94-07  
95-28  
95-52  
98-06

- When the property reported exceed the MFBU's property limit.
- In situations where a pregnant women request pregnancy related services and the only pending verifications are property verifications.
- Property verifications will delay benefits for children (ages 0-19).

Workers must inform applicants of the property disregard option at application or when made aware that the family is for a child (age 0-19) or pregnant woman.

If the pregnant woman wants full-scope benefits for herself and/or the rest of her family, she must reduce her family assets to the property limit in order to establish non Asset Waiver Provision Medi-Cal eligibility.

**NOTE:** Workers must not require verification on any property listed on the MC 210, property utilization verification or completion of supplemental property forms.

MPG LTR 555 (05/04)

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### B. Aid Codes

The following aid codes must be used for property disregard cases:

Aid Code	Program	Level of Benefits
47	200%	Full Scope
69	200%	Restricted
44	200% (Pregnancy)	Full Scope
48	200% (Pregnancy)	Restricted
8P	133%	Full Scope
8N	133%	Restricted
8R	100%	Full Scope
8T	100%	Restricted

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## 05.12.07 Long Term Care

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### A. Overview

A child who is an inpatient receiving continuous services which begin before and continue beyond the age of eligibility to the following programs, will be entitled to extended eligibility under the program they

ACWDL  
89-105



qualify until the end of the month in which the continuous stay ends, as long as the family remains eligible:

- Income Disregard
- 133% Program
- 100% Program
- TLICP

Inpatient services are defined as any medical facility in which the child stays over 24 hours, including long-term care (LTC) and acute care facilities.

Children receiving continuous inpatient services must be re-evaluated for the 133% program at age six and at 6 month intervals until the continuous period ends. Workers must set a case alert to re-evaluate the child.

Any MFBU with a share-of-cost (SOC) that contains an LTC person, must have the SOC listed for the LTC person. A pregnant woman in LTC who is not disabled and is eligible under the special programs must have zero SOC. Any SOC will be assigned to the other members of the MFBU who are not LTC. Any non-pregnancy related services received by her in the LTC facility may be applied towards the MFBU's SOC.

MPG LTR 771 (12/12)

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## 05.12.08 Income Treatment and Deductions

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### **A Income**

This section includes the treatment of income for Income Disregard, 133%, 100% and TLICP program. Income from exempt property is counted in the budget except in the below situations:

ACWDLs  
89-50  
94-07

- is unavailable in accordance with [MPG Article 10.01.04](#),
- exempted by specific court order or statute
- Interest income from a revocable or irrevocable burial trust or reserve which is exempt as property shall not be counted, if the family provides documentation that the burial trust or reserve meets the exemption criteria and that the interest income is left to accumulate and become part of the separate identifiable burial fund.
- Interest income from disaster or emergency assistance payments is also exempt.

Rental income from real property is counted in the budget, and must

be verified as follows:

- Applicants/recipients must be provided the opportunity to state any expenses relate to rental income by completing the questions on the MC 210 S-P that relate to rental expenses.
- The Asset Waiver applicant/recipient will not have to provide verification of the property other than what is necessary to establish the income and expense amounts.

**NOTE:** Workers must review IEVS for all applicants regardless if the applicants/recipients meet the Asset Waiver provision requirements. IEVS provides income information including interest income from property.

MPG LTR 771 (12/12)

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## **B. Deductions**

This section includes the treatment of deductions for Income Disregard, 133%, 100% and TLICP program. Allowable income deductions are the same as AFDC-MN programs (including excluded child allocations) outlined in [MPG 10.06.04](#) except for the following:

ACWDL  
89-50  
94-07

- Health insurance premiums
- Deductions allowed for ABD persons under the M/MN programs ([MPG 10.06.03](#)).

**NOTE:** When these deductions are allowed in the M/MN case they must be added back when completing the budget evaluation for the programs mentioned above.

MPG LTR 771 (12/12)

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## **C. Parental Income Disregard**

Under the Parental Income Disregard Program provision, income from a parent of a pregnant minor who live together in the home is to be disregarded if the pregnant minor is not eligible using regular Income Disregard rules.

ACWDL  
89-50  
94-07

This applies to all pregnant minors, including a pregnant minor between the ages of 18 and 21 and claimed as a tax dependent by her parents, even though she does not live in the home of the parents (e.g. she is temporarily away at college).

The Parental Income Disregard provision must be used if the parent refuses to provide verification of income, but provides sufficient information about the minor.

When the parental income is disregarded, the parent(s) will not be counted in the maintenance need level when comparing income to 200% of the FPL.

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**D.  
Medi-Cal  
Family  
Budget Unit**

Children (age 0-19) and pregnant women in TLICP, 100%, 133% and Income Disregard program will be included in the special program MFBU and The M/MN program MFBU with a share-of-cost as an ineligible person.

ACWDL  
94-07

Property Disregard children (0-19) and pregnant women in 100%, 133% and Income Disregard Program will only be included in the special program MFBU.

**NOTE:** The child may link parents to AFDC-MN for Medi-Cal eligibility purposes.

MPG LTR 771 (12/12)

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## 05.12.09 Miscellaneous

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**A.  
Adding  
Newborns**

No application forms are required to add a newborn to the Medi-Cal case regardless of whether the child is Deemed Eligible or not. See MPG [04.02.16](#) for more information on adding newborns.

ACWDL  
03-45

03-49

According to Deemed Eligibility rules, an infant is to be placed in the same category of aid as the mother. Therefore, if the mother received Medi-Cal in the month of birth (see MPG 5-15) through the Income Disregard Program, the newborn will be added to the Income Disregard Program case. For more information, see [MPG 05.15.02](#).

If the mother did not meet her SOC in the month of birth, a statement of citizenship/alien status and application for SSN must be obtained for the infant. For more information, see MPG 5-15 I don't think this applies any longer. Need to research.

### M/MN MFBU

The newborn must be added to the M/MN MFBU as an ineligible person when he/she will be issued benefits through the Income Disregard MFBU. If the entire M/MN MFBU is ineligible (e.g., no linkage for parents, no other children), the newborn's PDTL linkage code must be entered.

MPG LTR 541 (11/03)

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**B.  
Retroactive  
Requests**

The following programs may be applied in retroactive evaluations:

- Income Disregard
- 133% Program
- 100% Program
- TLICP

ACWDL  
94-07  
03-49

**NOTE:** TLICP may not be applied to retroactive applications dated prior to 1/1/2013.

In some cases, a woman applicant may not be pregnant at the time of application but may have been pregnant or in the postpartum period for one or more of the retroactive months. Likewise, an infant may be over one year of age at the time of application but may have been under one year of age for all or part of the three-month retroactive period. These situations need to be evaluated for retroactive Deemed Eligibility, Income Disregard and Asset Waiver benefits.

MPG LTR 771 (12/12)

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**C.  
Retroactive  
Repayment of  
SOC**

Beneficiaries who previously met or were obligated to pay their SOC and were subsequently determined eligible in the same month of eligibility for the Income Disregard program are entitled to an adjustment (refund/reduction of the billed amount). If the family met its SOC but the beneficiary had no expenses for that month (received no benefits), he/she would not be eligible for a refund.

<b>If the beneficiary ...</b>	<b>Then ...</b>
had expenses in a month and the share of cost was <u>not met</u> ,	the county should issue the appropriate Income Disregard program card.
states that he/she does not wish a refund but prefers an adjustment to a future month's SOC,	follow the procedures outlined in Article 12 of the Medi-Cal Program Guide.

Beneficiary's must be provided with the following:

<b>If the date of service ...</b>	<b>Then the beneficiary should be given ...</b>
Less than 12 months	the SOC Medi-Cal Provider Letter (MC 1054) containing the "Old SOC County I.D." and the "New Non-SOC County I.D."
Older than 12 months	a retroactive Medi-Cal card containing the original SOC, county I.D. and an MC 1054.

These documents must be given to the provider for processing. Once the provider's claim for services has been reimbursed by the fiscal intermediary, the provider must refund the appropriate amount to the beneficiary if the met SOC was paid. If the SOC was obligated but not paid, the provider reduces the amount billed to the beneficiary by the appropriate amount.

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**D.  
Minor  
Consent**

Pregnant minors who apply for minor consent services may qualify for either the Income Disregard or the Asset Waiver provision. Pregnant minors are to be issued a no SOC limited service card under the appropriate aid code. Remember, minor consent applicants are never required to verify pregnancy.

MPG LTR 541 (11/03)

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**E.  
Sneede**

As in the other percentage programs, workers are to determine Sneede MBUs first. MBUs of children born after September 30, 1983 who are at least six years old and who have a share-of-cost should be evaluated for the 100% program.

MPG LTR 414 (12/98)

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**F.  
MEDS Alerts**

The following MEDS alerts will generate:

<b>Alert</b>	<b>Description</b>
9524	Generated towards the end of the 11th month from which the MEDS record was established stating that the woman appears to be no longer eligible for the Income Disregard or Asset Waiver program. The worker will be responsible for terminating the MEDS record. If the woman becomes pregnant again within 12 months the worker can reactivate the MEDS record through a restoration of benefits; however, no subsequent alert will be generated.
9525	Generated every 6 months beginning with the last month of eligibility to remind the worker to check the child's inpatient status, send a notice of action, or that a termination action should be taken if MEDS has no termination date.
9526	Generated when the child is past the appropriate age and every 6 months thereafter when eligibility has not been reconfirmed by the worker. It will inform the worker that eligibility has been terminated on MEDS.

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