

ARTICLE 5

SECTION 17

TUBERCULOSIS (TB) PROGRAM

1. GENERAL

MEM
Proc. 5N

Section 13603 of the Omnibus Budget Reconciliation Act of 1993 (OBRA '93) establishes an optional new program for persons infected with tuberculosis whose income and resources do not exceed the maximum amount for a disabled individual. State law (Chapter 147, Statutes of 1994, (Assembly Bill 2377) specifies that this program be adopted. Eligibility for this program was effective October 1, 1994.

Medi-Cal clinics and providers who serve TB infected persons are encouraged to assist such persons in applying for Medi-Cal. This is an alternative to the applicant applying directly at the county welfare office. These providers may help applicants complete all initial Medi-Cal forms used in the application process and may gather applicant verification. This information will then be forwarded to the county welfare department (CWD) for a Medi-Cal determination.

Individuals (both adults and children) eligible for the TB program are identified on MEDS under aid code of 7H.

2. ELIGIBILITY REQUIREMENTS

A. To be eligible for the TB Program, a person must:

- Be infected with TB (This factor links a person to Medi-Cal for the TB Program only).
- Not be a Medi-Cal beneficiary whose coverage is mandated by federal laws (AFDC, SSI, Other PA or Federal Poverty Level Programs).
- Be a United States citizen or an alien with satisfactory immigration status who would be eligible for full scope benefits.
- Have income and resources which do not exceed the maximum amount for a disabled individual under the Supplemental Security Income (SSI) program. Income cannot exceed an amount referred to as the TB income standard. **(See Article 11 Appendix A, Assistance Standards.)** Property can be no more than \$2,000 for an individual including a child. When determining a child's property eligibility, if two parents are in the home and neither is eligible to the TB program, the parents are allowed \$3,000 as a deduction from their property before it is deemed to the TB child.
- Meet all other Medi-Cal requirements (i.e., residency, cooperation, verification, etc.).

B. TB Infected Definition

Infected with TB relates to a condition in which living tubercle bacilli are present in an individual without producing clinically active disease. A TB infection is active when it produces diseases as demonstrated by clinical, bacteriologic, and/or radiographic evidence.

The determination of whether an individual is TB infected shall only be made by a Medi-Cal physician. The Tuberculosis Application form includes a section for physicians to use to indicate TB infection.

C. Medi-Cal Beneficiary With Coverage Mandated by Federal Law

The beneficiary cannot be eligible for Medi-Cal under one of the programs listed below. These individuals are currently eligible for full scope, zero share-of-cost Medi-Cal benefits which includes TB coverage. Workers will not be allowed to enter the TB aid code 7H onto the Medi-Cal Eligibility Data Systems (MEDS) if the beneficiary is eligible for one of the programs listed below:

- 1) California Work Opportunity and Responsibility to Kids (CalWORKS) Program.
- 2) Supplemental Security Income/State Supplementary Program
- 3) Other Public Assistance (Other PA).
- 4) One of the federal poverty level (FPL) programs.

In addition, a beneficiary eligible for full scope, zero share-of-cost Medi-Cal under the MN/MI program does not need coverage under the TB program.

D. United States Citizenship or Satisfactory Immigration Status (SIS)

A person applying for the TB program must be a United States citizen or an alien who would be eligible for full scope benefits if he/she were otherwise linked to Medi-Cal. Workers will follow the usual regulations, procedures and guidelines for determining citizenship-alien status. Undocumented aliens are ineligible for this program. Persons who are eligible for restricted Medi-Cal are ineligible for this program.

E. Income and Property Not Exceeding the Maximum Amount for a Disabled Individual

- 1) Whose Income and Property is Used
 - a) Unmarried Adult: If the adult is an unmarried applicant, use only his/her own income and property.
 - b) Married: If the applicant is married and living with his/her spouse, use only the income received in the applicant's own name. For property, only use the applicant's separate property and one-half of the community property.
 - c) Child: A child is defined as an unmarried person under the age of 18.

If the applicant is a child, use his or her own income and property and the income and property of any of his or her parent(s) who are not eligible for the TB program.

If more than one child is applying for the TB program, the parent's allocation to the TB applicant children is divided among the potential TB applicant children.

Each unmarried person, including a child, applying for the TB program is evaluated separately. If a married couple is applying, TB eligibility is determined separately.

3. SCOPE OF BENEFITS - LIMITED TO TB RELATED SERVICES

The following services are available under the TB program.

- Physician specified clinics,
- Outpatient hospital services,
- Clinic services including specified clinics,
- Federally - qualified health centers services,
- Case management services, and
- Services (other than room and board) to monitor prescribed drugs.

4. MEDI-CAL PROVIDER RESPONSIBILITIES

A. Tuberculosis Application Form MC 274 TB (Appendix A)

The Department of Health Services has developed a TB application Part A form which will be available only to county welfare departments (CWDs) and Medi-Cal providers such as physicians and clinics. This form is entitled the "Application for Medi-Cal Tuberculosis Program." This form replaces the SAWS 1 only for persons applying for the TB program at a Medi-Cal TB provider site.

On the second page Part B of this application Medi-Cal physicians or their designated staff must certify that the individual is infected with TB (by indicating this person requires preventive therapy for tuberculosis infection or that the person requires treatment for active TB) before submitting the application to the county.

On the third page Part C of the application, the client authorizes the clinic to act as their authorized representative. This is the only acceptable authorized representative (AR) form for the TB program. No other AR forms may be used.

NOTE: The effective date of the TB application will be the date the county receives it.

B. Clinic Activities

1) Clinics and providers are encouraged to help applicants complete the following forms and submit them to the county:

- Medi-Cal TB Application (MC 274 TB Parts A, B & C)
- MC 210 Medi-Cal Statement of Facts
- Statement of Citizenship, Alienage, and Immigration Status. This can be on the statement of facts, or sworn statement for U.S. Citizens/Nationals. Non-citizens will need to complete the MC 13. See MPG 4-2-5 for important requirements regarding citizen/national/alien status declaration.
- MC 219 Rights and Responsibilities
- MC 210A Supplement to Statement of Facts for Retroactive Medi-Cal

ACWDL 03-14

Providers will order these forms from the State Department of Health Services' warehouse.

- 2) Face-to-Face Interview: The required Medi-Cal application face-to-face interview can be conducted by the TB clinics or other providers acting on behalf of the CWDs. During the interview, the provider conducting the interview shall complete and explain the contents of the above described forms.
- 3) Verification: In addition, TB clinics and other participating Medi-Cal providers may gather necessary verifications. For example, providers may copy and forward to the CWD Social Security cards, alien registration cards, and other immigration documents for CWD verification of alien status. Providers may also forward other items such as copies of wage stubs or bank statements for CWD verification of earned and unearned income and property.

5. DSS RESPONSIBILITIES

Each district will designate a TB Coordinator who will receive the TB applications and forms from Medi-Cal providers. Upon receipt of the completed application and additional forms, the TB Coordinator will determine eligibility under the TB Medi-Cal program. If forms received are incomplete and/or additional client information is needed, the clinic/provider may be contacted for this information. If the information can be obtained by telephone this would be the preferred method. The worker may have to contact the clinic worker and sometimes participate in a conference call with the clinic worker and the Medi-Cal client. If the TB clinic/provider is unable or unwilling to assist in providing completed forms and/or verifications, the worker must attempt to contact the client to obtain any forms and/or verifications needed to make an eligibility determination.

When a TB application is received and potential eligibility for full-scope Medi-Cal is identified, the worker must inform the TB applicant. If the applicant wishes to pursue the determination, he/she must complete a SAWS1 and a face-to-face interview. If the person is actively infected, a family member may apply for this individual. If the person has no family member to apply on his/her behalf, the worker will complete a SAWS1 to preserve the application date. The worker will continue to process the TB application but delay the face-to-face interview until the person can come into the office. After that interview, the worker can resume the eligibility determination for full-scope Medi-Cal.

MEM
Proc. 5N

Beneficiaries will be notified in writing of their Medi-Cal eligibility and of any changes made in their eligibility status. A Notice of Action will be issued for approvals, denials, or discontinuance of eligibility. Workers will use E-line action and NOA codes 107 for approval, 127 for denial and 077 for discontinuance of eligibility to the TB program. Timely notice requirements must be met.

If the worker determines that the applicant is eligible for the TB program, the worker will grant eligibility under Aid Code 7H.

6. PROPERTY METHODOLOGY

The TB Property Worksheets MC 278 (for an adult) and MC 279 (for a child) must be used.

A. TB Property Limits

The resource limit for an individual (including a child) is \$2,000. The resource limits do not increase even if the applicant and/or his or her spouse have children living in the home. When determining a child's property eligibility, if two parents are in the home and neither is eligible to the TB program, the parents are allowed \$3,000 as a deduction from their property before it is deemed to the TB child.

B. Determination of Net Nonexempt Property

Resources are determined according to Article 9 and Article 5, Section 14, Sneede v. Kizer. If the TB applicant is a child, property is deemed to the child as follows:

ACWDL
95-12

1) One parent in the home:

If there is only one parent living in the home who is not eligible for the TB program, reduce the parent's property by the property limit for one. The remainder is deemed to the child.

2) Two parents or one parent and a stepparent in the home

If there are two parents living in the home and neither is eligible for the TB program, reduce the parents' property by the property limit for two. The remainder is deemed to the child.

If there is more than one child applying for the TB program, the parent(s)' property is divided among the potential TB applicant children. However, as soon as a child is determined ineligible for the TB program, the parent(s)' property must be redivided among the remaining children to determine their TB property eligibility, even if their eligibility has already been determined.

C. Resource Eligibility

Net nonexempt property is compared to the appropriate TB property limit. If net nonexempt property is less than or equal to the TB limit, the applicant is TB property eligible.

7. INCOME METHODOLOGY

The TB Financial/Income Eligibility Worksheets MC 280 and MC 282 must be used.

A. TB Income Standard

The term "TB income standard" means the maximum amount of income a person may have and still be income eligible for this program. This is the amount against which the applicant's net nonexempt income is tested. The TB income Standard is located in **Article 11 Appendix A, Assistance Standards.**

MEM
Proc. 5N

The TB income standard is not changed by the presence in the home of a spouse or children of the applicant or applicant's spouse. The TB income standard is based on a computation using the federal benefit rate (FBR) which changes each January.

B. Determination of Net Nonexempt Income

Net nonexempt income is determined according to Article 10. The TB applicant is treated as if he/she were a disabled person when determining deductions and exemptions. Do not deem income to a child from a stepparent. As in Sneede procedures, use only the parent's income which is in his/her own name. There are three exceptions to the use of Article 10.

ACWDL
95-12
MEM
Proc. 5N

1) Parental Allocation to Ineligible Children:

Instead of the allocation to excluded children a parental allocation as described below will be applied.

a) Who may have this allocation:

A parent who is not eligible for the TB program before the parent's income is used to determine the TB income eligibility of his/her child.

b) Which child the parental allocation is for:

This allocation is available to any ineligible child. An ineligible child is defined as a person not applying for the TB program who is (1) unmarried and under age 18 or (2) unmarried, between the ages of 18 and 21 and who is a full time student.

c) How to determine the amount of the parental allocation:

(1) Determine the standard SSI allocation: This amount will be provided to counties annually, likely in January, and can be found in **Article 11, Appendix A, Assistance Standards.**

(2) Subtract each ineligible child's own income from the standard SSI allocation.

Student Deduction: Each ineligible child is allowed a student deduction for earned income of up to \$400 per month, but not to exceed \$1,620 per year, if the ineligible child is regularly attending a school, college, university, or a course of vocational training to prepare him for gainful employment.

- (3) The remainder is each ineligible child's parental allocation.
- (4) Total each ineligible child's parental allocation. The total is the actual parental allocation.
- (5) This allocation is applied first to the ineligible parent's unearned income and then to his/her earned income.

2) Parental Deduction

- a) Who may have this deduction:

This deduction is available to a parent or parents whose income is being deemed to a child whose income eligibility for the TB program is being determined.

- b) Amount of the Deduction:

The amount of the deduction is the Federal Benefit Rate (FBR) for one, if only one ineligible parent lives in the home with the child or it is the FBR for a couple if both ineligible parents live in the home with the child. The FBR income standard is located in **Article 11 Appendix A, Assistance Standards.**

3) No Deeming From the Ineligible Spouse:

There will be no deeming from the ineligible spouse.

C. Income Eligibility

Compare the applicant's net nonexempt income to the appropriate TB income standard. If net nonexempt income exceeds the applicable standard, the person is ineligible for the TB program.

8. ANNUAL REDETERMINATION

An annual redetermination is required for the TB program. Redeterminations are handled similar to the initial application and the face-to-face interview may be completed by the TB provider/clinic.

A new TB certificate Part B would be required to document TB infection and the need for additional TB-related services. Part A of the MC 274 is not needed for the annual redetermination. Clinic workers may line out Part A and Part C or indicate "NA" on each. If the client designates the TB provider/clinic as an authorized representative, Part A can be lined out and completed Part B and Part C forwarded to the county.

MEM
Proc. 5N

9. DUAL ELIGIBILITY

- A. An AFDC-MN or ABD-MN with a share-of-cost may receive TB services, as well as Dialysis and TPN Supplement beneficiaries.
- B. A Qualified Medicare Beneficiary (QMB) or Specified Low Income Medicare Beneficiary (SLMB) may receive TB services.
- C. Persons who are TB infected and in long-term care are not dual eligible because they are already receiving care for TB.

Workers do not have to discontinue the TB program coverage if a person becomes eligible to zero SOC full scope coverage unless it is one of the following full scope or federally mandated aid codes:

03	Adoption Assistance	10	Aged (SSI/SSP)
20	Blind (SSI/SSP)	3A	CAAP CalWORKS-FG
3C	CAAP CalWORKS-U	30	CalWORKS-FG
35	CalWORKS-U	39	Transitional Medi-Cal
4C	Voluntary AFDC-FC	42	AFDC-FC/Federal
44	200%-Pregnant Citizen	47	200%-Infant Citizen
48	200%-Pregnant OBRA	5T	Continuing TMC-OBRA
5W	4-Month Continuing OBRA	5X	2 nd year TMC
5Y	2 nd year TMC OBRA	54	4-Month Continuing
59	Continuing TMC (6 months)	60	Disability (SSI/SSP)
69	200%-Infant OBRA	7A	100%-Citizen Child
7C	100%-OBRA Child	72	133%-Citizen Child
74	133%-OBRA Child	8N	133%-Excess Prop OBRA
8P	133%-Excess Prop Child	8R	100%-Excess Prop Child
8T	100%-Excess Prop OBRA		

MEDS will generate an alert message indicating these aid codes are INCOMPATIBLE WITH THE TB PROGRAM.

10. RETROACTIVE BENEFITS

Up to three months of retroactive coverage is available. The TB Application form asks the provider to indicate whether the applicant was infected three months prior to the date the form was completed. If the application shows the person was infected at that time and he/she is otherwise eligible, retroactive coverage is appropriate. Workers are to use the Medi-Cal Application for Retroactive Eligibility form, MC 239D, to approve and deny retroactive eligibility.

11. PLASTIC BENEFITS IDENTIFICATION CARD (BIC)

Beneficiaries covered under the TB Program will use the Plastic Benefits Identification Card (BIC) for TB-related services. The message will be OUTPATIENT TB-RELATED SERVICES ONLY AT NO SHARE OF COST.

12. EXAMPLES - TREATMENT OF INCOME AND PROPERTY

Example 1:

Mr. Smith, age 47 is homeless. He is not disabled. He receives monthly unemployment insurance benefits (UIB). On October 15, 1994, Mr. Smith is diagnosed at the county Medi-Cal clinic as being TB infected. The clinic advises him of the TB program and he agrees to apply. In October, he will receive \$207 UIB and will have no other income. He has no property.

Provider Activities

The clinic assists Mr. Smith in completing the TB application and the MC 210. The clinic forwards these forms to the District TB coordinator.

Worker Activities

The worker reviews the TB application. A SAWS 1 is not used since the TB application form is used for those applying at a provider site. The worker reviews the MC 210 and needs additional information from Mr. Smith, but Mr. Smith has no address or telephone. The worker contacts the clinic's TB contact person and the clinic worker agrees to call the worker when Mr. Smith next comes into the clinic. The next day, Mr. Smith comes in for TB treatment at the clinic. The worker, Mr. Smith and the clinic worker hold a telephone conference call and the worker is satisfied with the information now provided.

Income is determined as if Mr. Smith were disabled.

The worker determines TB income eligibility (Appendix B) for October as follows:

\$ 207	UIB
- 20	any income disregard
= \$187	net nonexempt income
\$977	TB income standard for one in 1994

Mr. Smith's net nonexempt income does not exceed the TB income standard. He is income eligible.

If the other TB program requirements are met, the worker will find Mr. Smith eligible for the TB program and establish Medi-Cal TB benefits under aid code 7H for October.

Example 2:

On October 15, 1994, Mr. Jones, who lives alone, was determined TB infected at the county Medi-Cal clinic. The clinic explained about the TB program to him and Mr. Jones agrees to apply. The clinic informs him that he cannot work until the TB is no longer active. If Mr. Jones follows the prescribed regimen, his TB should no longer be active by about November 1. Mr. Jones will be on sick leave from July 16 through the end of July. He earned \$1,205 through October 15 and will earn \$1,200 in sick leave pay through the remainder of October.

Provider Activities

The clinic assists Mr. Jones in completing the TB application and MC 210. Mr. Jones provides the clinic with his October pay stubs. The clinic forwards the forms and a copy of his pay stubs to the District TB Coordinator.

Worker Activities

The worker reviews Mr. Jones' TB application and needs additional information about Mr. Jones' bank account. The worker calls Mr. Jones at his home and Mr. Jones supplies his most recent bank statement. The worker determines Mr. Jones' eligibility. His property is determined to be less than \$2,000 the property limit for one person.

Income is determined (Appendix C) as if Mr. Jones were disabled. His sick leave pay is earned income.

\$2,405	gross earned income
- 20	any income deduction (There is no unearned income to apply this against)
- 1,225	\$65 and 1/2 earned income deduction (\$65 + \$1160)
= \$1,160	net nonexempt income
\$977	TB standard for one in 1994

The worker compares Mr. Jones' net nonexempt income to \$977.00, the TB standard for one. Mr. Jones is ineligible due to excess income.

Example 3:

In November, 1994, the county Medi-Cal clinic determines Mr. Brown to be TB infected (active TB). Mr. Brown is married and lives with his wife. They have no children. Mrs. Brown is TB infected (dormant TB) and the clinic will provide her with preventive TB therapy. Although Mr. Brown cannot work until his TB is no longer active, Mrs. Brown may continue to work since she does not have active TB. The clinic worker explains about the TB program and they agree to apply.

Mr. and Mrs. Brown both work. In November, Mr. Brown will earn \$1,655 gross income and Mrs. Brown will earn \$1,001 gross income. They have one car and have a \$2,500 savings account (all community property). There is no other property.

Provider Activities

The provider may choose to assist with the TB application or may refer Mrs. Brown to the CWD. If Mrs. Brown is referred to the CWD, the provider will have minimal activities in the TB application process. Instead of completing the TB Application and MC 210 at the provider site, Mrs. Brown will be referred to the CWD where she will apply for the TB program and be given the regular Medi-Cal application packet. The provider will complete only Part B (TB Referral Form) of the TB application to confirm the TB infection. An MC 274 Part B is needed for Mrs. Brown and one for Mr. Brown. Mrs. Brown will take these forms to the CWD when she applies.

Worker Activities

The worker will process the application according to regular county intake procedures. The worker will consider Mr. and Mrs. Brown as separate individuals. Consider each person's separate property and half of the community property (Appendix D1 and D2).

Income is determined (Appendix D3) as if Mr. Brown were disabled.

\$1,655	Total earned income of Mr. and Mrs. Brown
- 20	Any income deduction (There is no unearned income to apply this against)
- 850	\$65 and 1/2 earned income deduction (\$65 + 785)
= 785	Net nonexempt income
\$ 977	TB income standard in 1994

Mr. Brown is income eligible.

Income is determined as if Mrs. Brown were disabled.

\$1,001	Gross earned income of Mrs. Brown
- 20	Any income deduction (There is no unearned income to apply this against.)
- 523	\$65 and 2 earned income deduction (\$65 + 458)
= 458	Net nonexempt income
\$ 977	TB income standard in 1994

Mrs. Brown is income eligible.

Mr. and Mrs. Brown each have a property limit of \$2,000. Each has a community property share of \$1,250. Consider each person's separate property and half of community property. The Browns are resource eligible.

If Mr. and Mrs. Brown meet the other Medi-Cal requirements (i.e. residency, cooperation, etc.) for the TB program, they will be put in aid code 7H).

Example 4:

The District TB Coordinator receives a TB application form and an MC 210 from the county Medi-Cal clinic for Mr. and Mrs. Green who are homeless and cannot be contacted. The worker is unable to determine whether the Greens are citizens or have satisfactory immigration status

(SIS). The worker advises the clinic that additional information is needed. The clinic discusses this with the Greens and the Greens inform the clinic that they are undocumented aliens. Since the Greens do not meet the citizenship/SIS requirement for the TB program, they are ineligible. The worker sends a denial notice of action to the Greens via the clinic.

Example 5:

John Doe, aged 16, moved back into his parents' home in January, after being a runaway for 8 months. John and his two brothers are on Medi-Cal with a share of cost. Mr. and Mrs. Doe are on the County Medical Services Program. In February, John is diagnosed as TB infected. No other treatment is prescribed for the remainder of the family.

Mr. and Mrs. Doe are both employed. Mr. Doe earns \$850 gross income per month and Mrs. Doe earns \$801 gross income per month. They have one car and a \$2,500 savings account. Mrs. Doe agrees to request an eligibility determination for the TB program for John. Since John is already on Medi-Cal, the provider only needs to complete Part B of the TB application form, the Medi-Cal Tuberculosis Program Referral Form which establishes TB infection. The provider calls the District TB Coordinator and is told to mail the form directly to them.

Worker Activities

Because John already is a Medi-Cal beneficiary, all TB requirements are met except for the income and property determination.

Income Determination (Appendix E1): John is treated as if he were disabled. Income of the parents is considered, but the parents' income is reduced by any allocation to ineligible children who are the other children who are not applying under the TB program. Assume the other children each have \$100 unearned income.

Determine the allocation to the ineligible children:

- 1) The standard SSI allocation to each ineligible child in 1994 is \$223.
- 2) Subtract each ineligible child's own income.
- 3) The remainder is each ineligible child's allocation.
- 4) Total each ineligible child's allocation to determine the total allocation to ineligible children. Reduce the parent's income by this amount after the other unearned and earned deductions.

	Brother 1	Brother 2
Standard SSI allocation	\$223	\$223
Child's own income	-100	-100
Each child's allocation	\$123	\$123
Total allocation	\$246	

Parental Income Deemed to John:

\$1,651	Mr. and Mrs. Doe's gross earned income
- 246	Allocation to ineligible children
- 20	Any income deduction (There's no unearned income to apply it against)
- 725	\$65 and 1/2 earned income deduction (\$65 + \$660)
<u>- 669</u>	Parental Deduction for a couple in 1994 (couple FBR)
= \$ 0	Parental income deemed to John

John's TB Income Determination:

0	John's own income
<u>0</u>	Income from parents
= \$ 0	John's total income

\$977.00 TB income standard for one in 1994

John is income eligible.

Property Determination (Appendix E2)

\$2,500	parents' savings account
<u>-3,000</u>	parents' property exclusion
\$ 0	parents' property deemed to John

Since John has no property of his own, he is property eligible. The worker puts John into aid code 7H for February. He also continues on regular Medi-Cal with a share-of-cost.

Example 6:

Mr. Samuels is unmarried. He lives with his 6 year old son Will and the mother of his child. Mr. Samuels and Will were diagnosed with active TB at the county Medi-Cal clinic in October 1994. The child's mother needs no TB treatment. Mr. Samuels agrees to apply for the TB program for himself and Will. Mr. Samuels will earn \$1,535 gross income in October. The mother will earn \$2,000 gross income in October. Mr. Samuels has a \$2,800 savings bond and the mother has a \$5,000 savings account. Will has \$100 per month unearned income.

Eligibility is determined first for Mr. Samuels. If he is TB eligible, none of his income or property will be deemed to Will when Will's TB eligibility is determined. If Mr. Samuels is not TB eligible, his income and property will be deemed.

Income determination for Mr. Samuels (Appendix F1):

Mr. Samuels is unmarried. For purposes of the TB program, only his income is used and compared to the TB standard for one.

\$1,535	gross earned income
- 20	any income disregard (there is no unearned income to apply it against)
<u>- 790</u>	\$65 and 1/2 earned income disregard (\$65 + \$725)
= \$ 725	net nonexempt income

\$ 977 TB income standard for one in 1994

Mr. Samuels is income eligible.

MEM
Proc. 5N

Property Determination (Appendix F2) for Mr. Samuels: Mr. Samuels' savings bond is a nonexempt resource. The savings account of the child's mother is not considered. Mr. Samuels' net nonexempt property of \$2,800 exceeds the \$2,000 TB property standard for an individual person. Mr. Samuels is ineligible for the TB program.

Income determination (Appendix F3) for Will:

Determine the income deemed to Will from his unmarried parents:

\$ 0	parents' combined unearned income
+3,535	parents' combined earned income
- 20	any income disregard
-1,790	\$65 and 1/2 earned income disregard (\$65 + 1,725)
<u>- 669</u>	parent deduction
= \$1,056	parental income deemed to Will

Determine Will's income

\$1,056	income from parents
+ 80	Will's own income (\$100 - \$20 any income deduction)
= \$1,136	Will's total income

\$ 977 TB standard for one in 1994

Will is income ineligible for the TB program.

13. QUESTIONS AND ANSWERS

QUESTION 1: If the TB clinic sends an application to the county and the county finds this person eligible for full-scope benefits, can the TB application still be used in lieu of the SAWS 1 or would the actual SAWS 1 have to be completed?

ANSWER 1: The SAWS 1 would be required if the client is applying for full-scope Medi-Cal benefits. In addition, the face-to-face would also be required when the applicant is applying for full-scope Medi-Cal benefits. If this individual has infectious active TB, then a family member who is not infected would apply at the county welfare office for this individual.

QUESTION 2: Will the clinics gather all client information and complete an application for each person applying and then forward all completed information to the counties?

ANSWER 2: Clinics will assist TB applicants in completing the forms AND FORWARDING THEM BY MAIL to the TB Coordinator. Clinics may also forward verification of income, property, etc.

QUESTION 3: Will a TB application be taken for each individual when families are applying, or will one application suffice?

ANSWER 3: A TB application (MC 274 TB) must be completed for each individual applying for the TB Program. If there are more than one family members applying for the TB program, each member of the family must have his/her own TB application completed.

QUESTION 4: Are family members who are NOT actively infected (Dormant TB) with TB required to go into the county welfare office to apply for the TB program themselves and other active TB infected family members?

ANSWER 4: Other family members of an TB infected individual may go into the county welfare office and apply for benefits on behalf of this person or the family may apply at the clinic. However, if the individual or family desires full-scope Medi-Cal benefits, he/she or a family member must go into the county welfare office to apply. A face-to-face interview would be required.

QUESTION 5: Once the District TB Coordinator receives and reviews the application and determines that additional information is necessary, how will this information be obtained?

ANSWER 5: If the TB Coordinator receives forms that are incomplete and needs additional client information, they may contact the clinic or provider for this information. If the information can be obtained by telephone, this would be the preferred method of obtaining this information. Counties at times may have to contact the clinic worker and sometime participate in a conference call with the clinic worker and the Medi-Cal client. (Many clients will be homeless and without a phone.)

QUESTION 6: If an applicant claims to have Satisfactory Immigration Status (SIS) and then the worker finds this to be incorrect, will this individual be discontinued immediately?

ANSWER 6: The alien verification requirements for the TB program are the same as for the full-scope Medi-Cal program. When a TB applicant meets all other eligibility requirements, the worker must grant eligibility while SAVE verification is pending. If the Immigration and Naturalization Service SAVE response indicates this person does not have SIS, the worker should terminate eligibility immediately subject to all notice of action requirements.

QUESTION 7: Will faxes be appropriate to transmit client information from clinics to counties or must they be photocopies?

ANSWER 7: Workers may accept faxes, however clinics should subsequently forward the original document.

QUESTION 8: When an applicant is homeless and he is found eligible for the TB Medi-Cal program, where should his card be sent? Can it be sent to the clinic?

ANSWER 8: The card may be sent wherever the client wishes it to be sent (i.e, the clinic, General Delivery, a shelter, a friend's house).

QUESTION 9:

- a. Can a TB applicant be eligible for the TB program and County Medical Services Program (CMS)?
- b. Can a TB applicant be eligible for the TB program and a different Medi-Cal program?

ANSWER 9:

- a. Yes, the beneficiary may have dual eligibility with CMS.
- b. Yes, as long as the beneficiary is not covered by a zero share-of-cost Medi-Cal program which covers TB services, such as the ABD-MN or AFDC-MN with zero share of cost or coverage under a federal poverty level program for pregnant women, infants or children.

QUESTION 10: Can persons under age 21 living away from their parent's home apply on their own?

ANSWER 10: This would have to be determined according to the living situation of the individual. The living situation of the individual would be looked at to determine whether their status is as an adult or child.

QUESTION 11:

- a. Is a TB application needed when a Medi-Cal beneficiary with a share-of-cost becomes TB infected and wishes to apply for the TB Program
- b. What then would be the date of application for the TB Program?
- c. Could there be a retro period?

- ANSWER 11: a. Only the certification (MC 274 TB Part B) is needed.
- b. The date the person asks for coverage.
- c. Yes.

QUESTION 12: Will a physician's stamp be acceptable under this program?

ANSWER 12: Yes. A physician's stamp is acceptable. Other staff members using the stamp should countersign with their own initials.

QUESTION 13: Do deductions for guardian/conservatorship fees and educational expenses apply to the TB program? At this time there is no place for these deductions on the Eligibility worksheets (MC 280 TB 9/94) or (MC 281 9/94). If allowed, how shall these be recorded?

ACWD
95-12

ANSWER 13: Yes. These deductions would apply. To accommodate these deductions until the forms are corrected, we suggest pen and ink changes to the MC 280 and the MC 281 and their related instructions.

QUESTION 14: Does the ineligibility child mean an ineligible child living with his or her parents?

ANSWER 14: Yes.

QUESTION 15: If the TB clinic/provider is to act on behalf of the applicant/beneficiary, would the TB granting/denial Notice of Action (NOA) be sent to the TB clinic or provider?

ANSWER 15: The choice is the client's. It may be sent to the clinic or to any address the applicant/beneficiary chooses.

QUESTION 16: When working with homeless applicants via a TB clinic or provider, are workers required to meet the promptness requirements for determining eligibility for the TB program?

ANSWER 16: Yes.

QUESTION 17: If the TB applicant has other family members who want RESTRICTED Medi-Cal benefits, will the clinic/provider refer the family to the county welfare office to apply for Medi-Cal?

ANSWER 17: Yes. This referral is made anytime family members want Medi-Cal other than the Medi-Cal TB program, unless the family member who will go to the county has active TB.

QUESTION 18: Does the client provider check the restricted box for TB on the MC 13?

ANSWER 18: No. They need to check the box labeled "other" and write in ATB@ in the space next to that box.

QUESTION 19: When determining income eligibility, is the actual income used or is weekly/biweekly converted to a monthly amount?

ANSWER 19: Actual income is used.

QUESTION 20: If the clinic conducts the face-to-face interview, who should sign the MC 219 on behalf of the ET?

ANSWER 20: The clinic staff person or provider who initially goes over the form with the client should sign the MC 219.

QUESTION 21: Can the county hold a TB application for at least a month while verification of actual income is pending?

ANSWER 21: Applications are not "held", but there must be verification before eligibility can be approved. Workers must verify in the same manner that is used for any other Medi-Cal case according to the promptness requirement.

QUESTION 22: Under the TB program, what is the definition of family member?

ANSWER 22: Family member means the following persons living in the home:

- (1) A child or sibling children
- (2) The parents married or unmarried of the sibling children
- (3) The stepparents of the sibling children
- (4) The separate children of family member means a single person of a married couple.

QUESTION 23: Can a TB case be transferred to another county?

ANSWER 23: This case would be transferred the same as any other Medi-Cal case.

5-17-A1
TB Application - Part A

State of California - Health and Welfare Agency			Department of Health Services		
MEDI-CAL TUBERCULOSIS PROGRAM APPLICATION					
If you are applying only for the Medi-Cal Tuberculosis Program, please complete this form.					
NOTE: You must be a U.S. citizen or have satisfactory immigration status to receive benefits under this program.					
1. PATIENT/APPLICANT NAME					COUNTY USE ONLY
2. MAILING ADDRESS - Number/Street			City	ZIP Code	Case Name:
3. IF NO PERMANENT ADDRESS, TELL US WHERE YOU CAN BE REACHED					
4. TELEPHONE NUMBER(S) - Home ()		Work ()	Message ()		Case Number:
5. DATE OF BIRTH ____/____/____ Month Day Year			6. SOCIAL SECURITY NUMBER - - -		
<p>7. THE LAW SAYS WE MUST GET YOUR ETHNIC GROUP AND PRIMARY LANGUAGE. IF YOU DO NOT WANT TO COMPLETE THESE ITEMS, THE COUNTY WILL DO IT FOR YOU. THIS WILL NOT AFFECT YOUR ELIGIBILITY.</p> <p>a. Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Laotian <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> American Indian <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese or Alaskan Native <input type="checkbox"/> Other Pacific Islander (specify): _____</p> <p>b. Language: <input type="checkbox"/> English <input type="checkbox"/> Cantonese <input type="checkbox"/> Lao <input type="checkbox"/> Tagalog <input type="checkbox"/> Spanish <input type="checkbox"/> Cambodian <input type="checkbox"/> Vietnamese <input type="checkbox"/> American Sign <input type="checkbox"/> Other (specify): _____</p>					County of Application:
					County of Residence:
					<input type="checkbox"/> CWD Records Cleared
					Ethnic Group:
					Primary Language:
If Applicant is Under 18 Years of Age, Parent/Spouse information:					
NAME					
ADDRESS - Street/Number			City	ZIP Code	
CERTIFICATION AND PERJURY STATEMENT					
I certify that I understand and agree that I have to comply with eligibility rules. I understand that the statements I have made on this form may be checked and verified.					
I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.					
SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE				DATE SIGNED	
➤					
SIGNATURE OF INTERPRETER OR WITNESS TO APPLICANT'S MARK					
➤					
<i>ORIGINAL - County Welfare Department</i>		<i>COPY - Provider</i>		<i>COPY - Patient</i>	
MC 274 TB (8/94) Part A - Application					

5-17-A2
TB Application - Part B

State of California - Health and Welfare Agency		Department of Health Services											
MEDI-CAL TUBERCULOSIS PROGRAM REFERRAL			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; padding: 2px;">COUNTY USE ONLY</td> </tr> <tr> <td style="padding: 2px;">EW Name</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">EW No</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Case No</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">Case Name</td> <td style="padding: 2px;">_____</td> </tr> </table>	COUNTY USE ONLY		EW Name	_____	EW No	_____	Case No	_____	Case Name	_____
COUNTY USE ONLY													
EW Name	_____												
EW No	_____												
Case No	_____												
Case Name	_____												
<i>This form must be completed in order to determine the person's eligibility for the Medi-Cal Tuberculosis Program.</i>													
Please Print Clearly.													
PATIENT NAME	DATE OF BIRTH - Month/Day/Year	SOCIAL SECURITY NUMBER — —											
PATIENT CONSENT:													
I consent to this information being forwarded to the County Welfare office.													
Signature of Patient or Parent/Guardian (If Patient is Under 18 Years of Age)													
➤													
PROVIDER USE ONLY:													
If either question is answered "Yes," the patient, _____, is Tuberculosis infected.													
1. Requires Preventive Therapy for Tuberculosis Infection. <input type="checkbox"/> Yes <input type="checkbox"/> No													
2. Requires Treatment for Active Tuberculosis. <input type="checkbox"/> Yes <input type="checkbox"/> No													
RETROACTIVE ELIGIBILITY													
This person has been under therapy for Tuberculosis within the past three months prior to application.													
<input type="checkbox"/> Yes - Date Tuberculosis therapy began: _____													
<input type="checkbox"/> No													
Provider or Clinic Staff - please complete the MC 210A if the above question is "Yes" and patient believes he/she is eligible for retroactive benefits.													
IF THIS PERSON IS TUBERCULOSIS INFECTED, PLEASE MAIL PART A, B, AND C OF THE MC 274 TB FORM TO THE LOCAL COUNTY WELFARE OFFICE FOR A MEDI-CAL DETERMINATION UNDER THE TUBERCULOSIS PROGRAM.													
PHYSICIAN NAME (Please Stamp, Print, or Type)		TELEPHONE NO. ()											
PHYSICIAN TITLE	MEDI-CAL PROVIDER NO.	DATE											
PROVIDER ADDRESS - Number/Street	CITY	ZIP Code											
AUTHORIZED PROVIDER SIGNATURE													
➤													
<i>ORIGINAL - County Welfare Department</i>		<i>COPY - Provider</i>	<i>COPY - Patient</i>										
MC 274 TB (8/94) Part B - Referral													

5-17-A3
TB Application - Part C

**MEDI-CAL TUBERCULOSIS PROGRAM
AUTHORIZATION FOR CLINIC ASSISTANCE**

I hereby designate any staff member, authorized by the clinic, to perform intake and/or treatment functions, to assist me in my application for Tuberculosis Program benefits at no cost to me.

This assignment enables the authorized staff of the clinic to:

- Submit requested verifications to the county welfare department;
- Assist me in the completion of the "Application for Medi-Cal Tuberculosis Program" and the MC 210 Statement of Facts forms; and
- Obtain information from the county welfare department regarding the status of my application.

I understand that I do not have to apply for Medi-Cal benefits under this program and that I will not be denied treatment if I choose not to apply. I also understand that I have the responsibility to complete and sign the Statement of Facts and to provide all requested verifications before my Medi-Cal eligibility can be determined.

I hereby state that I make this assignment voluntarily and that I may revoke it at any time by notifying my Medi-Cal eligibility worker and the clinic.

Signature of Applicant

Signature of Authorized Clinic Staff Assistant

Date

Name of Clinic

Clinic Address

(_____)
Clinic Telephone Number

ORIGINAL - County Welfare Department

COPY - Provider

COPY - Patient

Example 1

**TUBERCULOSIS (TB) PROGRAM
INCOME ELIGIBILITY WORK SHEET**

Using 1994
Income Standards

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible, then this process completes the determination for the ineligible spouse.

CASE NAME Mr. Smith		CASE NUMBER	
APPLICANT'S NAME Mr. Smith			
TB INDIVIDUAL'S TOTAL COUNTABLE INCOME			
	a. TB APPLICANT	b. TB SPOUSE	
PART A. UNEARNED INCOME			
1. Applicant's Gross Unearned Income:	207		
2. Subtract General Income Exclusion:	- 20		
3. Subtract Other Unearned Income Deductions:	187		
4. Total Countable Unearned Income:			
PART B. EARNED INCOME			
5. Applicant's Earned Income:	_____		
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	_____		
7. Remaining Earned Income:	_____		
8. Subtract Work Expense Exclusion:	_____		
9. Subtract Other Earned Income Deductions:	_____		
10. Remaining Earned Income:	_____		
11. Subtract One-Half (1/2) Remaining Earned Income:	_____		
12. Total Countable Earned Income:	_____		
13. Total Countable Income (add lines 4 and 12):	187		
PART C. TB ELIGIBILITY CALCULATION			
14. Current TB Income Standard for Individual:	977		
15. Enter Total Countable Income (line 13):	187	TB Income Eligible	
<i>(If line C. 15 is less than or equal to line C. 14, the Applicant is TB Income eligible.)</i>			
Eligibility Worker Signature ➤	Worker Number	Computation Date	County Use Only
MC 282 TB (7/95)			

Example 2

**TUBERCULOSIS (TB) PROGRAM
INCOME ELIGIBILITY WORK SHEET**

Using 1994
Income Standards

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible, then this process completes the determination for the ineligible spouse.

CASE NAME Mr. Jones		CASE NUMBER	
APPLICANT'S NAME Mr. Jones			
TB INDIVIDUAL'S TOTAL COUNTABLE INCOME			
	a. TB APPLICANT	b. TB SPOUSE	
PART A. UNEARNED INCOME			
1. Applicant's Gross Unearned Income:			
2. Subtract General Income Exclusion:			
3. Subtract Other Unearned Income Deductions:			
4. Total Countable Unearned Income:			
PART B. EARNED INCOME			
5. Applicant's Earned Income:	2405		
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	- 20		
7. Remaining Earned Income:	2385		
8. Subtract Work Expense Exclusion:	- 65		
9. Subtract Other Earned Income Deductions:	_____		
10. Remaining Earned Income:	2320		
11. Subtract One-Half (½) Remaining Earned Income:	1160		
12. Total Countable Earned Income:	1160		
13. Total Countable Income (add lines 4 and 12):	1160		
PART C. TB ELIGIBILITY CALCULATION			
14. Current TB Income Standard for Individual:	977		
15. Enter Total Countable Income (line 13):	1160	TB Income Ineligible	
<i>(If line C. 15 is less than or equal to line C. 14, the Applicant is TB Income eligible.)</i>			
Eligibility Worker Signature ➤	Worker Number	Computation Date	County Use Only
MC 282 TB (7/95)			

Example 3

**TUBERCULOSIS (TB) PROGRAM
PROPERTY WORKSHEET
ADULT
(18 Years of Age and Older or Married)**

NAME Mrs. Brown	CASE NUMBER	MONTH
---------------------------	-------------	-------

STEP I
Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the TB applicant; do not consider the property of any other family members in the home. **One-half of
Community Property**

B. Net nonexempt property of TB applicant:..... \$ 1250

C. Property limit for one person: \$ 2000

D. Is line II.B. less than or equal to line II.C.?
 Yes, TB property requirement met.
 No, ineligible due to excess property.

TB Property Eligible

➤ _____
Eligibility Worker Signature

Worker Number

Example 3

TUBERCULOSIS (TB) PROGRAM
PROPERTY WORKSHEET
ADULT
(18 Years of Age and Older or Married)

NAME Mr. Brown	CASE NUMBER	MONTH
--------------------------	-------------	-------

STEP I
Determine net nonexempt property in accordance with Article 9.

STEP II

A. Only consider the net nonexempt property of the TB applicant; do not consider the property of any other family members in the home. **One-half of
Community Property**

B. Net nonexempt property of TB applicant:..... \$ 1250

C. Property limit for one person:..... \$ 2000

D. Is line II.B. less than or equal to line II.C.?
 Yes, TB property requirement met.
 No, ineligible due to excess property.

TB Property Eligible

➤ _____ Eligibility Worker Signature _____ Worker Number _____

Example 3**TUBERCULOSIS (TB) PROGRAM
INCOME ELIGIBILITY WORK SHEET**Using 1994
Income Standards

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible, then this process completes the determination for the ineligible spouse.

CASE NAME Mr. Brown		CASE NUMBER	
APPLICANT'S NAME Mr. Brown			
Mrs. Brown		TB INDIVIDUAL'S TOTAL COUNTABLE INCOME	
	a. TB APPLICANT	b. TB SPOUSE	
PART A. UNEARNED INCOME	Mr. Brown	Mrs. Brown	
1. Applicant's Gross Unearned Income:			
2. Subtract General Income Exclusion:			
3. Subtract Other Unearned Income Deductions:			
4. Total Countable Unearned Income:			
PART B. EARNED INCOME			
5. Applicant's Earned Income:	1655	1001	
6. Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	20	20	
7. Remaining Earned Income:	1635	981	
8. Subtract Work Expense Exclusion:	65	65	
9. Subtract Other Earned Income Deductions:	—	—	
10. Remaining Earned Income:	1570	916	
11. Subtract One-Half (½) Remaining Earned Income:	785	458	
12. Total Countable Earned Income:	785	458	
13. Total Countable Income (add lines 4 and 12):	785	458	
PART C. TB ELIGIBILITY CALCULATION			
14. Current TB Income Standard for Individual:	977	977	
15. Enter Total Countable Income (line 13):	785	458	
<i>(If line C. 15 is less than or equal to line C. 14, the Applicant is TB Income eligible.)</i>		Both are TB Income Eligible.	
Eligibility Worker Signature ➤	Worker Number	Computation Date	County Use Only
MC 282 TB (7/95)			

TUBERCULOSIS (TB) PROGRAM
FINANCIAL ELIGIBILITY WORK SHEET - ELIGIBLE CHILD
WITH INELIGIBLE PARENT OR PARENT(S) Using 1994
Income Standards

Example 5

CASE NAME John Doe	CASE NUMBER
------------------------------	-------------

APPLICANT'S NAME John Doe

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

1. Parent's unearned income - do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if spouse is PA, other PA, or TB: \$ 0

2. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name
223	223		
-100	-100	-	-
123 + 123 + + = \$ <u>246</u>			

a. Standard SSI allocation (Federal Benefit Rate (FBR) for a couple minus FBR for an individual):

b. Minus child's income:

c. Total allocation:

3. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ 246

PART II. INELIGIBLE PARENT'S EARNED INCOME

1. Parent's gross earned income: \$ 1651

2. Unused portion of allocation for ineligible child(ren): \$ 246

3. Remaining earned income (subtract II.2. from II.1.): \$ 1405

*IF THERE IS NO INCOME REMAINING AND I.3. AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.*

PART III. COMBINED INCOMES - Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION
Unearned Income	1. Deemed income from Part III.15. 0
1. Remaining unearned income (after allocation) or zero (from I.3.)	2. Eligible child's own OASDI income 0
2. A. Subtract general income exclusion - 20	3. Other unearned income 0
B. Subtract other unearned income deductions	4. A. Subtract general income exclusion - 20
3. Countable unearned income (to III.11.)	B. Subtract other unearned income deductions 0
Earned Income	5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20) 0
4. Remaining earned income (from II.3.) 1405	6. A. Child's countable earned income (subtract \$65 + 1/2 remainder) 0
5. Subtract balance of general income exclusion 20	B. Subtract other earned income deductions 0
6. Remainder 1385	7. Total countable income 0
7. A. Subtract work expense exclusion -65	8. Current TB income standard 977
B. Subtract other earned income deductions -	If line IV.7. is less than or equal to line IV.8., this person is income eligible.
8. Remainder 1320	TB Income Eligible
9. Subtract 1/2 remainder 660	
10. Countable earned income (to III.12.) 660	
Deemed Income	
11. Countable unearned income (from III.3.) -	
12. Add countable earned income (from III.10.) 660	
13. Total countable income (from III.11. + III.12.) 660	
14. Subtract parent deduction* -669	
15. Deemed income. Enter on Line IV.1. 0	

* Individual FBR if one ineligible parent lives with child; couple FBR if both ineligible parents live with child.

**TUBERCULOSIS (TB) PROGRAM
PROPERTY WORKSHEET
CHILD**

Example 5

NAME	John Doe	CASE NUMBER	MONTH
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STEP I

- A. There is no allocation of property from an ineligible parent(s) if one or both parents is public assistance (PA), other PA, or eligible for the TB program.
- B. Determine net nonexempt property in accordance with Article 9. **(1) car exempt**

STEP II

Ineligible Parental Allocation

Only consider the net nonexempt property of the parent(s) in the home; do not consider the property of any other family members.

Parent(s)' net nonexempt property:	\$ <u>2500</u>
Property limit for one person (if two parents, enter property limit for two persons)	\$ <u>3000</u>
Subtract line A.2. from line A.1. (enter 0 if negative). Total Allocation:.....	\$ <u>0</u>
Divide line A.3. by the number of TB children in the home. TB Child's Share:	\$ <u>0</u>

TB Child's and Parent(s)' Resources

Child's own net nonexempt property (as determined under Article 9):	\$ <u>0</u>
Enter child's share of property from parent(s) (line A.4.)	\$ <u>0</u>
Add line B.1. and B.2.:	\$ <u>0</u>
Enter the TB property limit for one person:.....	\$ <u>2000</u>

Is line B.3. less than or equal to line B.4.?

- Yes, TB property requirement met.
- No, ineligible due to excess property. If more than one TB child in the home, proceed to Section C.

TB Property Eligible

More Than One TB Child in the Home

Follow these steps if the child in Section B above is ineligible for any reason, e.g., attainment of age 18 or due to excess property because the parental allocation when combined with the TB child's own net nonexempt property exceeds the TB property limit for one person.

Take the amount of property deemed from the parent(s) (line A.3.) and re-divide it among the remaining number of TB children in the home (line A.4.).

Repeat Section B for each of the remaining TB children in the home to determine if the combined amount of the child's share of parental net nonexempt property and the child's own net nonexempt property (line B.3.) is within the allowable TB property limit (line B.4.).

➤ _____ Eligibility Worker Signature _____ Worker Number _____

Example 6

**TUBERCULOSIS (TB) PROGRAM
INCOME ELIGIBILITY WORK SHEET**

Use this form for an individual or applicant with spouse where both may be eligible for the TB Program. If one individual is found to be ineligible, then this process completes the determination for the ineligible spouse.

CASE NAME Mr. Samuels		CASE NUMBER	
APPLICANT'S NAME Mr. Samuels			
TB INDIVIDUAL'S TOTAL COUNTABLE INCOME			
	a. TB APPLICANT	b. TB SPOUSE	
PART A. UNEARNED INCOME			
1.	Applicant's Gross Unearned Income:		
2.	Subtract General Income Exclusion:		
3.	Subtract Other Unearned Income Deductions:		
4.	Total Countable Unearned Income:		
PART B. EARNED INCOME			
5.	Applicant's Earned Income:	1535	
6.	Subtract Balance of General Exclusion: [If Not Offset by Unearned Income (Line 2)]	20	
7.	Remaining Earned Income:	1515	
8.	Subtract Work Expense Exclusion:	65	
9.	Subtract Other Earned Income Deductions:	_____	
10.	Remaining Earned Income:	1450	
11.	Subtract One-Half (½) Remaining Earned Income:	725	
12.	Total Countable Earned Income:	725	
13.	Total Countable Income (add lines 4 and 12):	725	
PART C. TB ELIGIBILITY CALCULATION			
14.	Current TB Income Standard for Individual:	977	
15.	Enter Total Countable Income (line 13):	725	
<i>(If line C.15 is less than or equal to line C.14, the Applicant is TB Income eligible.)</i>		TB Income Eligible	
Eligibility Worker Signature ➤		Worker Number	Computation Date
			County Use Only
MC 282 TB (7/95)			

Example 6

**TUBERCULOSIS (TB) PROGRAM
PROPERTY WORKSHEET
ADULT
(18 Years of Age and Older or Married)**

NAME Mr. Samuels	CASE NUMBER	MONTH
----------------------------	-------------	-------

STEP I
Determine net nonexempt property in accordance with Article 9.

STEP II

E. Only consider the net nonexempt property of the TB applicant;
do not consider the property of any other family members in the home.

F. Net nonexempt property of TB applicant:..... \$ 2,800

G. Property limit for one person: \$ 2,000

H. Is line II.B. less than or equal to line II.C.?
 Yes, TB property requirement met.
 No, ineligible due to excess property.

TB Property Ineligible

➤ _____
Eligibility Worker Signature

Worker Number

TUBERCULOSIS (TB) PROGRAM
FINANCIAL ELIGIBILITY WORK SHEET - ELIGIBLE CHILD
WITH INELIGIBLE PARENT OR PARENT(S) Using 1994
Income Standards

Example 6

CASE NAME Mr. Samuels	CASE NUMBER
---------------------------------	-------------

APPLICANT'S NAME Will Samuels

PART I. INELIGIBLE PARENT'S UNEARNED INCOME

4. Parent's unearned income - do not include public assistance (PA), other PA, or TB parent's income. Do not include parent's income if spouse is PA, other PA, or TB: \$ _____

5. Allocation for ineligible children (if no children, enter zero in Part I.2.c.). Do not include TB applicant or TB-eligible children.

CHILD #1	CHILD #2	CHILD #3	CHILD #4
Name	Name	Name	Name
-	-	-	-

a. Standard SSI allocation (Federal Benefit Rate (FBR) for a couple minus FBR for an individual):

b. Minus child's income:

c. Total allocation: _____ + _____ + _____ + _____ = \$ _____

6. Remaining unearned income (subtract line I.2.c. from line I.1.): \$ 0

PART II. INELIGIBLE PARENT'S EARNED INCOME

4. Parent's gross earned income: \$ 3535

5. Unused portion of allocation for ineligible child(ren): \$ 0

6. Remaining earned income (subtract II.2. from II.1.): \$ 3535

*IF THERE IS NO INCOME REMAINING AND I.3. AND II.3. ARE BOTH ZERO, DO NOT DEEM, GO TO PART IV.
IF THERE IS INCOME, PROCEED WITH PART III.*

PART III. COMBINED INCOMES - Ineligible Parents	PART IV. TB ELIGIBILITY CALCULATION
Unearned Income	1. Deemed income from Part III.15. 1056
1. Remaining unearned income (after allocation) or zero (from I.3.)	2. Eligible child's own OASDI income 0
2. A. Subtract general income exclusion - 20	3. Other unearned income 100
B. Subtract other unearned income deductions	4. A. Subtract general income exclusion - 20
3. Countable unearned income (to III.11.)	B. Subtract other unearned income deductions 0
Earned Income	5. Countable unearned income (IV.1. + IV.2. + IV.3. - \$20) 1136
4. Remaining earned income (from II.3.) 3535	6. A. Child's countable earned income (subtract \$65 + 1/2 remainder) 0
5. Subtract balance of general income exclusion 20	B. Subtract other earned income deductions 0
6. Remainder 3515	7. Total countable income 1136
7. A. Subtract work expense exclusion -65	8. Current TB income standard 977
B. Subtract other earned income deductions 0	TB Income Ineligible
8. Remainder 3450	
9. Subtract 1/2 remainder 1725	
10. Countable earned income (to III.12.) 1725	
Deemed Income	
11. Countable unearned income (from III.3.) 0	
12. Add countable earned income (from III.10.) 1725	
13. Total countable income (from III.11. + III.12.) 1725	
14. Subtract parent deduction* -669	
15. Deemed income. Enter on Line IV.1. 1056	

* Individual FBR if one ineligible parent lives with child; couple FBR if both ineligible parents live with child.