

MEDI-CAL HEALTH CARE PROGRAM

UPDATE

April 2006



LEADER AUTOMATION OF NEW HIRE REGISTRY ABSTRACT

IEVS New Hire Registry (NHR) Abstracts are now available on LEADER. The District IEVS coordinator will get a Future Action Control (FAC) whenever a New Hire Registry Abstract is received. Additionally, the IEVS NHR Notification of Employment form (PA 2418N-M English) will now be generated by LEADER when an NHR Abstract is received for Medi-Cal.

The NHR abstract can be accessed through the 'Inter-faces' subsystem via the following new screens:

- ◆ 'IEVS NHR Inquiry'
- ◆ 'IEVS NHR Summary'
- ◆ 'IEVS NHR Details'

The 'IEVS NHR Inquiry' screen is used to look up any NHR Abstracts received by selecting the appropriate aid program and any of the following search options:

- Case Number
- SSN
- District Office (*Month* and *Year* fields must be entered)

The 'IEVS NHR Summary' screen opens after the 'Search' button is selected on the 'IEVS NHR Inquiry' screen and displays a summary of the abstracts received for the specified search selection.

The 'IEVS NHR Details' screen opens after the 'Detail' button is selected on the 'IEVS NHR Summary' screen and displays the IEVS NHR abstract information. Additionally, there's a *Discrepancy* field on this screen that can be edited by users. When the user updates this field with Yes or No indicating whether or not the NHR Abstract resulted in a discrepancy, LEADER will automatically generate an entry to LEADER Case Comments with the P number of the individual updating the 'IEVS NHR Details' screen.

NOTE: All information displayed on the above screens can be printed by selecting the 'Print Abstract' button located on the lower right corner of each screen.

The New Hire Registry Abstracts are received monthly and must be processed by the case-carrying worker following the procedures found in Manual Letter 237 of the Medi-Cal Eligibility Procedures Manual. **It is critically important that the IEVS abstract be filed in the case record at re-termination.**

Ref.: LEADER Build #187- A DPSS Operations Handbook Manual Letter will be released by CalWORKs Program with input from Medi-Cal Program (MCP) on the processing of NHR Abstracts; MCP will also release an Administrative Memorandum.



CERTIFYING SHARE OF COST

SOCO Screen – Missing Mandatory Provider ID???

The Provider ID is a mandatory field in the Share of Cost Obligation (SOCO) screen on MEDS. When obligating expenses paid to an IHSS Provider by an IPW beneficiary, or other healthcare expenses paid by a Medi-Cal beneficiary and the Provider ID is not known, staff must input ten question marks in the Provider ID field.

Presumptive Eligibility (PE) Reminder Pregnant Women Services

When a pregnant woman applies for Medi-Cal, we must process this application as an immediate need **and** remember to inform the pregnant woman about Presumptive Eligibility. Presumptive Eligibility is a program designed to provide immediate, temporary Medi-Cal coverage for prenatal care to low-income pregnant women. This service is available for up to 60 days. The coverage can be extended at the provider's discretion by an authorized participating provider.

Ref.: Medi-Cal Eligibility Procedures Manual Letter No.122, dated 10/27/93

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2006 MEDI-CAL INCOME LEVEL CHARTS

Family Size	1931(b)		TMC	Reg-M/C	Expanded Children's Percentage			Healthy Families	QMB and SLMB Programs			A&D	PICKLE
	MBSAC (12/04)	100% (4/06)	185% (2 nd 6 Mos) (4/06)	Maintenance Need Levels (MMNL)	100% (Age 6-19) (4/06)	133% (Age 1-6) (4/06)	200% (Pregnant & child to 1 Yr)(4/06)	250% (4/06)	100% QMB (4/06)	120% SLMB (4/06)	135% QI-1 (4/06)	100% (4/06)	Last SSI/SSP Check Received Between Multiplier
1	\$398	\$817	\$1,511	\$600	\$817	\$1,087	\$1,634	\$2,042	\$817	\$980	\$1,103	\$817	01/05-12/05....0.0394
2	\$653	\$1,100	\$2,035	*\$750	\$1,100	\$1,463	\$2,200	\$2,750	\$1,100	\$1,320	\$1,485	\$1,100	01/04-12/04....0.0646
3	\$808	\$1,384	\$2,560	\$934	\$1,384	\$1,840	\$2,767	\$3,459	\$1,384	\$1,660	\$1,868	\$1,384	01/03-12/03 0.0839
4	\$961	\$1,667	\$3,084	\$1,100	\$1,667	\$2,217	\$3,334	\$4,167	\$1,667	\$2,000	\$2,250	\$1,667	01/02-12/02 0.0965
5	\$1,094	\$1,950	\$3,608	\$1,259	\$1,950	\$2,594	\$3,900	\$4,875	\$1,950	\$2,340	\$2,633	\$1,950	01/01-12/01 0.1194
6	\$1,229	\$2,234	\$4,132	\$1,417	\$2,234	\$2,971	\$4,467	\$5,584	\$2,234	\$2,680	\$3,015	\$2,234	01/00-12/00 0.1492
7	\$1,350	\$2,517	\$4,656	\$1,550	\$2,517	\$3,348	\$5,034	\$6,292	\$2,517	\$3,020	\$3,398	\$2,517	01/99-12/99 0.1691
8	\$1,473	\$2,800	\$5,180	\$1,692	\$2,800	\$3,724	\$5,600	\$7,000	\$2,800	\$3,360	\$3,780	\$2,800	01/98-12/98 0.1798
9	\$1,591	\$3,084	\$5,705	\$1,825	\$3,084	\$4,101	\$6,167	\$7,709	\$3,084	\$3,700	\$4,163	\$3,084	01/97-12/97 0.1967
10	\$1,709	\$3,367	\$6,229	\$1,959	\$3,367	\$4,478	\$6,734	\$8,417	\$3,367	\$4,040	\$4,545	\$3,367	01/96-12/96 0.2193
Each Added Person	\$-0-	\$284	\$525	* 2 Adults \$934	\$284	\$377	\$567	\$709	\$284	\$340	\$383	\$284	01/95-12/95 0.2391
				\$14									01/94-12/94 0.2598
													01/93-12/93 0.2786
													01/92-12/92 0.2996
													01/91-12/91 0.3246
													01/90-12/90 0.3592
													01/89-12/89 0.3880
													01/88-12/88 0.4115
													01/87-12/87 0.4352
													01/86-12/86 0.4425
													01/85-12/85 0.4592
													01/84-12/84 0.4775
													07/82-12/83 0.4952
													07/81-06/82 0.5300
													07/80-06/81 0.5773
													07/79-06/80 0.6302
													07/78-06/79 0.6635
													07/77-06/78 0.6840
													04/77-06/77 0.7016

2006 SSI/SSP PAYMENT STANDARDS INDEPENDENT LIVING ARRANGEMENT	2006 MEDICARE PREMIUM	SGA DISABLED (01/06) \$860	AVERAGE PRIVATE PAY (To determine Period of Ineligibility)	2006 SSA COLA Multiplier 1.041
INDIVIDUAL <u>01/01-03/31</u> <u>04/01-12/31</u> Aged/Disabled \$812 \$836 Blind \$877 \$901 Disabled Minor \$698 \$722 (If residing in the home of relative)	Part B \$88.50	A&D FPL DEDUCTIONS Individual \$ 230 Spouse Couple 01/01/05-03/31/05 \$ 367 04/01/05-12/31/05 \$ 372	1999 \$3,882 2000 \$3,836 2001 \$4,163 2002 \$4,322 2003 \$4,415 2004 \$4,477 2005 \$4,812 2006 \$5,031	2006 FEDERAL BENEFIT RATE (FBR) Individual (ABD) \$603 Couple (ABD) \$904
COUPLE <u>01/01-03/31</u> <u>04/01-12/31</u> Both \$1,437 \$1,472 Aged/Disabled Both Blind \$1,664 \$1,699 Blind/Aged/Disabled \$1,579 \$1,614 (One spouse blind & other aged or disabled)	\$1,291	INCOME CONVERSION FACTOR (All Programs) Weekly X 4.33 Bi-Weekly (every 2 weeks) X 2.167	2006 QMB/SLMB/Q1 SSI Standard Allocation \$301 "Any Income" Deduction \$ 20	2006 LONG TERM CARE BUDGET FACTORS CSRA Limit \$99,540 Community Spouse Maintenance Need \$ 2,489 Dependent Relative Allowance \$ 1,604 Home Maintenance Allowance \$ 209 Shared Home Maintenance Allowance \$ 138 Maintenance Need \$ 35