STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

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March 23, 1992

Letter No. 92-23

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

SUBJECT: MEDI-CAL ELIGIBILITY MANUAL (MEM) PROCEDURES FOR THE PERCENT PROGRAMS

REFERENCE: ACWDL 89-21, 89-38, 89-50, 89-103, 89-105, 90-34, 90-61, 90-106, 91-06, 91-50, 91-61, 91-75, 91-82, 91-95

This letter transmits a new version of MEM Procedures 5J which provides instructions for the 100, 133, 185, and 200 percent programs for pregnant women, infants, and children. These procedures supersede the above referenced All County Welfare Directors Letters.

We hope that these procedures will prove helpful.

If you have any questions on these programs, please contact Marge Buzdas at (916) 657-0726.

Sincerely,

ORIGINAL SIGNED BY

FRANK S. MARTUCCI, CHIEF
Medi-Cal Eligibility Branch

Enclosure

5J -- MEDI-CAL PERCENT PROGRAMS FOR PREGNANT WOMEN, INFANTS, AND CHILDREN

A. Background

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PERCENT PROGRAMS

The following are the no share-of-cost Percent programs for pregnant women, infants, and children.

A. **BACKGROUND**

1. 185% Program

SB 2579 amended Section 14148 of the Welfare and Institutions Code to require the Department of Health Services (DHS) to adopt the federal Medicaid option available under the Omnibus Budget Reconciliation Act (OBRA) of 1987 to extend Medi-Cal eligibility to all otherwise eligible pregnant women and infants up to the age of one year whose family income does not exceed 185 percent of the federal poverty level (FPL).

2. 200% Program

AB 75 allocated funds from the Cigarette and Tobacco Tax (Proposition 99) to provide a state-only program for otherwise eligible pregnant women and infants up to one year old whose family income exceeds 185% but not in excess of 200% of the FPL.

For information on the waiver of assets for persons in the 200% program, see Section 5R.

3. 133% Program

Section 6401 of OBRA 1989 required states to provide Medi-Cal benefits at no share of cost to otherwise eligible children who have attained age one but who have not attained age six and whose family income does not exceed 133 percent of the FPL.

4. 100% Program

Section 4601 of OBRA 1990 required states to provide Medi-Cal benefits at no share of cost to otherwise eligible children who have attained age six, were born after 9/30/83, but who have not attained age nineteen. The family income may not exceed 100 percent of the FPL.

B. AID CODES, IMPLEMENTATION DATE, AND BENEFITS

Aid Code	Benefits
1. 185% Program	
	Implemented and effective July 1, 1989
44	Pregnancy Related and Postpartum Services Only (Citizen/Lawful permanent resident/PRUCOL/ Conditional Status)
48	Pregnancy Related and Postpartum Services Only (Nonimmigrant/Undocumented Status)
49	Pregnancy Related and Postpartum Services Only (IRCA amnesty)
47	Full benefits to infants up to one year unless continuous hospitalization lasts beyond one year (Citizen/Lawful permanent resident/Prucol Conditional Status)
69	Emergency Services Only to infants up to one year unless continuous hospitalization lasts beyond one year (Nonimmigrant/Undocumented Status)
2. 200% Program	
	Implemented January 1, 1990, retroactive to October 1, 1989
70	Pregnancy Related and Postpartum Services Only (Citizen/Lawful Permanent Resident/PRUCOL/ Conditional Status/Undocumented/Nonimmigrant /Temporary Visa)
75	Pregnancy Related and Postpartum Services Only (IRCA Amnesty Aliens)
79	Full benefits to infants up to one year unless continuous hospitalization lasts beyond one year (Citizen/Lawful permanent resident/Prucol/ Conditional Status)
07	Emergency Medical Services Only to infants up to one year unless continuous hospitalization lasts beyond one year (Nonimmigrant/Undocumented Status

3. <u>133% Program</u>

Implemented June 1990, retroactive to April 1, 1990.

72 — Full benefits to children age one to six unless continuous hospitalization lasts beyond age six (Citizen/Lawful permanent resident/PRUCOL/ Conditional Status)

74 — Emergency Services Only to children age one to six unless continuous hospitalization lasts beyond age six (Nonimmigrant/Undocumented Status)

4. <u>100% Program</u>

Implemented November 1, 1991, retroactive to July 1, 1991.

7A — Full benefits to children age six to nineteen, born after 9/30/83 unless continuous hospitalization lasts beyond age 19 (Citizen/ Lawful permanent resident/PRUCOL/Amnesty Status-ABD or under 18)

7C — Emergency Services Only to children age six to nineteen, born after 9/30/83 unless continuous hospitalization lasts beyond age 19 (Nonimmigrant/Undocumented Status/Amnesty- not ABD or under 18).

C. <u>PERIOD OF ELIGIBILITY</u>

1. <u>Pregnant Women (185% & 200%)</u>: Eligibility begins the first day of the month for which pregnancy is verified and continues through the 60-day period beginning on the last day of pregnancy and ending on the last day of the month in which the 60th day occurs.

2. <u>Infants (185% & 200%)</u>: Eligibility begins at birth and continues to age one.*

3. <u>Children</u>:

   <u>Ages 1 to 6 (133%)</u>: Eligibility begins at age 1 and continues to age six.*

Ages 6 to 19 (100%): Eligibility begins at age 6 (born after 9/30/83) and continues to age nineteen.*

* Inpatient Services

An infant or child who is receiving inpatient medical services during a continuous period which began before and continues beyond his/her ending period (birthday) will continue to be eligible until the end of the continuous inpatient period if otherwise eligible.

Since the definition of inpatient services includes long term care (LTC) services, Section 50659 of Title 22, CCR (Long-term Care Patients with a Share of Cost) is now inconsistent with the Percent programs when the infant, child, or pregnant woman LTC patient is not disabled. Currently, Section 50659 provides that the LTC patient in the MFBU shall have the SOC listed, which conflicts with the Percent program's zero SOC requirement for the LTC infant, child, or pregnant woman. Therefore, Section 50659 will be revised to allow the MFBU's SOC to be assigned to the non-LTC members of the MFBU.

NOTE: If a child or infant is eligible for a higher percent program in the month he/she becomes one or six determine or continue eligibility for the higher program for that month.

D. ELIGIBILITY DETERMINATION

1. The regular MI/MN Medi-Cal Family Budget Unit (MFBU) is the starting point for determining eligibility under the Percent programs.

MFBU Has No Share of Cost (SOC)

If the family's net nonexempt income is below the maintenance need level and there is no share of cost, there is no eligibility for the Percent programs. Counties should issue the appropriate regular Medi-Cal card.

MFBU Has A Share of Cost and Sneede Procedures Do Not Apply

Any pregnant woman, infant, or child who would have a share of cost under the MI/MN program shall be considered for potential eligibility under the Percent programs.

A. Determine the number of persons in the MFBU.

B. Determine the family's net nonexempt income as specified under family income determination below.

C. Compare to the appropriate Percent program limit for the number of persons in A.

D. If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.

MFBU Has A Share of Cost and Sneede Procedures Apply For the Income Determination

If Sneede procedures apply to the income determination, the MFBU already has been broken down into mini budget units (MBUs). If the MBU which contains the potential Percent program eligible has no SOC, issue a no share-of-cost Medi-Cal card under the appropriate regular program. If the MBU has a SOC, the pregnant woman, infant, or child shall be considered for Percent program eligibility.

A. Determine the number of people in the MFBU.

B. Determine the potential Percent program eligible's net nonexempt income as follows:

(1) Use the rules described below under family income determination to determine net nonexempt income.

(2) Consider only the potential eligible's own net nonexempt income and that of his/her parent/spouse if they are in the MFBU. Note: The income/property of an infant/child is never used to determine his/her parent's or sibling's Percent program eligibility.

(3) Compare the total net nonexempt income to the appropriate Percent program limit for the number of person in (A).

(4) If the family's net nonexempt income exceeds the FPL, no eligibility exists under the poverty level programs. Compute the share of cost issue the MC 177 (share-of-cost form) for the regular MI/MN program.

(5) If the family's net nonexempt income is at or below the FPL, Percent program eligibility exists.

2. Family Income Determination

- The allowable income deductions for AFDC-MN families shall be considered for potential eligibility, e.g., child support, $30 + 1/3).
- Health insurance premiums are not allowable deductions from the gross income when computing the adjusted net nonexempt family income.
- Deductions which are solely applicable to those who are aged, blind or disabled (ABD) are not allowable deductions.

EXAMPLES

EXAMPLE A

Regular MI/MN SOC Program -Sneede procedures do not apply

MFBU - MN		INCOME
Married unemployed dad	Tom	$1467 net unearned income of dad
Married pregnant mom unborn	Robyn	- 40 health insurance premium
3 mo. old	Matthew	$1427 net nonexempt income
5 yr. old	Ryan	-1417 MNL for 6
7 yr. old	Bob	
		$ 10 SOC

Since the family has a share of cost, Robyn, Matthew, Ryan, and Bob will be considered for the percent programs. Since health insurance premiums and deductions solely for the aged, blind, and disabled cannot be used to reduce the family's income for these programs, the EW will add back health insurance premium to the family's adjusted net nonexempt income.

$1427 net nonexempt income under regular Medi-Cal
+ 40 health insurance premium
$1467 adjusted net nonexempt income

100 Percent

Compare to 100 percent of the FPL for 6 persons:
$1493 (effective April 1, 1991).
Bob is eligible for 100 Percent program.

133 Percent

Compare to 133 percent of the FPL for 6 persons:
$1989 (effective April 1, 1991).
Ryan is eligible for the 133 Percent program.

185 Percent

Compare to 185 percent of the FPL for 6 persons:
$2763 (effective April 1, 1991).

Robyn, unborn, and Matthew are eligible for 185 Percent program.

NOTE: Counties currently need not determine eligibility for

the 100 Percent program for a family of three or less because the current Medi-Cal maintenance need levels (MNL) for these families are above 100 percent of the FPL and these families have no SOC under regular Medi-Cal. Also, if a family of four or more has a health insurance premium deduction under regular Medi-Cal, they may not be eligible for the 100 Percent program after this deduction is added to the family's adjusted net nonexempt income.

EXAMPLE B

Regular MI/MN SOC Program -Sneede procedures do not apply

MFBU - MN		INCOME
Mother	Jill	$1165 net unearned income of Mom
6 mo. old	Pam	-50 health insurance premium
4 yr. old	Cindy	
6 yr. old	Bryan	1115 net nonexempt income
		-1100 MNL for 4
		$ 15 SOC

Since the family has a share of cost, all will be considered for the percent programs. Since health insurance premiums and deductions solely for the aged, blind, and disabled cannot be used to reduce the family's income for these programs, the EW will add back the health insurance premium to the family's adjusted net nonexempt income.

$1115 net nonexempt income
+ 50 health insurance premium
$1165 adjusted net nonexempt income

100 Percent

Compare to 100 percent of the FPL for 4 persons:
$1117 (effective April 1, 1991).
Bryan is not eligible for 100 Percent program.

133 Percent

Compare to 133 percent of the FPL for 4 persons:
$1485 (effective April 1, 1991).
Cindy is eligible for the 133 Percent program.

185 Percent

Compare to 185 percent of the FPL for 4 persons:
$2066 (effective April 1, 1991).
Jill and Pam are eligible for 185 Percent program.

NOTE: If Jill and Pam were not eligible for the 185 Percent program, then they are evaluated for the 200 Percent program.

3. Minor Consent Cases

The full range of minor consent services may be covered by the percent programs. A no share-of-cost card will be issued with the appropriate sensitive services code to otherwise eligible minors. A minor's declaration that she is pregnant is sufficient to provide pregnancy related services under the 185 and 200 percent programs.

EXAMPLE: Jane is a pregnant 17-year old and eligible for Minor Consent Services with a share of cost. She would normally receive aid code 83 with an L8 sensitive services indicator. Her net nonexempt income is under . 185 percent of the FPL. She would now receive aid code 44 (citizen) with an L8 indicator (to identify the Minor Consent Services) under the 185 Percent program.

E. MULTIPLE MEDI-CAL FAMILY BUDGET UNITS - DUAL ELIGIBILITY

Under the Percent programs, the pregnant woman is only entitled to receive pregnancy related services. However, she is also eligible under the MI/MN program (unless she requested Minor Consent services only) with a share of cost for her non-pregnancy related care. Therefore, she and her unborn will be in two MFBUs: (1) the Percent program and (2) the MI/MN program with a share of cost. If Sneede procedures apply, she and the unborn will be in two MBUs.

EXAMPLES

EXAMPLE A

Holly is a pregnant mom. She is applying for herself and her husband Jim who is unemployed. The family income for three is above 185 percent but less than 200 percent of the FPL. The MFBUs would be as follows:

200 Percent	MI/MN Program
Holly	Holly
Unborn	unborn
	Jim

Children in the percent programs are entitled to receive full or emergency and pregnancy related services depending on their citizen status. They will also appear in two MFBUs if there are other members of the family receiving regular share-of-cost Medi-Cal; however, they will be considered an ineligible (I.E.) member of the regular MFBU.

EXAMPLE B

Ann is a pregnant mother of three children. She is applying for herself and her unborn, her six month old son Mike, her four year old son John, and her ten year old daughter Marie. The family is income eligible for all the percent programs; however, Marie is not eligible for the 100 Percent program because she was not born after 9/30/83.

185 Percent	133 Percent	MI/MN Program
Ann	John	Ann
Unborn		Unborn
Mike		<Mike> I.E.
		<John> I.E.
		Marie

NOTE: When the pregnant woman delivers her baby, the otherwise eligible newborn will be issued a Medi-Cal card under the appropriate 185 or 200 percent program.

F. RETROACTIVE REPAYMENT OF SHARE OF COST

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

1. Date of Service is less than 12 months:

   The beneficiary should be given the Share-of-Cost Medi-Cal Provider Letter (MC 1054) containing the "Old Share of Cost County I.D." and the "New Non-Share of Cost County I.D." to give 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 share of cost was paid. If the share of cost was obligated but not paid, the provider reduces the amount billed to the beneficiary by the appropriate amount.

2. Date of Service is older than 12 months:

   The beneficiary should be given a retroactive Medi-Cal card containing the original share of cost county, I.D. and an MC 1054. The beneficiary should follow the same procedure as noted above.

3. If the beneficiary had expenses in a past month and the share of cost was <u>not met</u>, the county should issue the appropriate Percent program card.

4. If the beneficiary states that he/she does not wish a refund but

prefers an adjustment to a future month's share of cost, follow the procedures outlined in Article 12 of the Medi-Cal Eligibility Procedures Manual.

G. MEDS ALERTS

Pregnant Women

Counties will receive an alert 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 Percent program. The county will be responsible for terminating the MEDS record. If the woman becomes pregnant again within 12 months, the county can reactivate the MEDS record through a restoration of benefits; however, no subsequent alert will be generated.

Children

An alert (9525) will be generated every 6 months beginning with the last month of eligibility to remind the county 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.

An alert (9526) will be sent when the child is past the appropriate age and every 6 months thereafter when eligibility has not been reconfirmed by the county. It will inform the county that eligibility has been terminated on MEDS.

Counties should consult their MEDS Manual for the appropriate Eligibility Status Action Codes (ESACs) in the case of continuing inpatient status.

H. QUESTIONS AND ANSWERS

1. If a pregnant woman has income of her own and is married to a man receiving disability benefits (not SSI), how is the income to be treated?

   Answer: To determine the family's share of cost under the regular MI/MN program, the ABD deductions would be allowed. However, to determine the woman's eligibility under the 185% program, the AFDC-MN deductions are applied to their income. No deductions for the aged, blind or disabled (ABD) are allowed.

2. Same situation as #1 except the husband is in LTC. How are the MFBUs determined?

   Answer: There are two MFBUs. The maintenance need for the mom and the unborn will be for two persons. The husband will be in his own MFBU and will receive a maintenance need amount of $35 for his LTC status.

3. Can a woman become initially entitled to the 185 or 200 Percent program during the 60-day postpartum period or during one of the three retroactive months prior to the month of application?

   Answer: Yes, if otherwise eligible, she may become initially entitled to the Percent programs during or prior to the 60-day postpartum period. For example, if a pregnant woman's initial Medi-Cal application is made three months after the month the pregnancy ended, she still could be eligible for the Percent program. This is unlike the actual 60-day postpartum program (aid code 76) where the woman must have filed for, was eligible for, and received Medi-Cal in the month of delivery.

4. How are excluded children treated in the MFBU?

   Answer: There is no change in the treatment of excluded children; they would not show in the MFBU. These children would receive an allocation of parental income as specified in the Sneede v. Kizer rules.

5. How are stepparents treated in the MFBU?

   Answer: There is no change in the current procedure on treatment of stepparents. Apply Sneede v. Kizer rules if more than just the separate child of one parent wishes aid and the family has a share of cost before determining eligibility for the percent programs.

6. Is verification of the date pregnancy ended required as it is under the 60-Day Postpartum program?

   Answer: No the county may accept the client's verbal statement.

7. May a pregnant woman file an application for Medi-Cal benefits only under the 185 or 200 Percent program?

   Answer: Yes, a pregnant woman may file solely for pregnancy related benefits under the Percent programs. However, since dual eligibility will not exist, only one MFBU and one case will be established. It is not particularly advantageous for the counties to establish eligibility under the Percent programs alone. First, the woman must be otherwise eligible and all eligibility factors must be developed and verified whether or not she chooses to restrict her application. Secondly, should the woman require non-pregnancy related care, she would need to file another Medi-Cal application. Even if the woman knows she cannot meet her share of cost, the county may still establish dual eligibility in order to avoid the second application process should she require non-pregnancy related care later.

NOTE: Numbers 8 and 9 address the 185 Percent program. However, they also apply to children who are in the 200, 133 and 100 Percent programs.

8. Situation #1: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the 185 Percent program. The family income subsequently exceeds the 185% limit and the infant is discontinued from this program. If the family's income later drops to within the 185 Percent program limits and there has been no change in the infant's inpatient status, may the infant re-establish eligibility under the 185 Percent program?

   Answer: No, the child had a break in eligibility and cannot re-establish eligibility under the 185 Percent program beyond the age of one year. This would hold true regardless of the reason for discontinuance (e.g., excess property, etc.). However, the child should be evaluated under the 133 Percent program.

9. Situation #2: Infant is over one year old, has been an inpatient continuously since before the age of one, continues to be an inpatient beyond the age of one, and has been eligible under the 185 Percent program. The family income subsequently drops to an amount which is at or below the maintenance need level. Will the county need to change the aid code from the 185 Percent program to the regular MI/MN program code with a zero share of cost or the 133 Percent program if there is a share of cost?

   Answer: No. Infants over one year old receiving inpatient services are the only exception to the rule under which infants who would have no share of cost are to receive cards under the regular MI/MN program. This exception would make it administratively easier to ensure that the otherwise eligible infant remains on the 185 Percent program should family income later increase where there would be a share of cost but family income does not exceed 185% of the federal poverty level.

   Example: Infant is 14 months old and has been receiving continuous inpatient services since prior to age one. He has been eligible for benefits with no share of cost under the 185 Percent program since birth. His family now has a drop in income to an amount which is below the maintenance need level. The EW shall not change the infant's aid code to the regular MI/MN program because the infant would receive the same scope of benefits with no share of cost under either program.

   Two months later the family's income rises above the maintenance need level but not over 185% of the federal poverty level. The EW will not need to review the case history to verify 185 Percent program eligibility prior to age one or make any changes to the infant's record since his aid code had not been changed.

10. Since eligibility can change from one month to the next due to income changes, will monthly status reports be required?

    Answer: No, beneficiaries are still required to report changes to the counties within ten days. Counties are not mandated to change to monthly status reports. There are no restrictions to prevent counties from switching to monthly reporting for the 185 Percent program eligibles if they wish to do so.

11. Does this program change any existing policies on the treatment of income?

    Answer: No changes have been made with respect to the treatment of income. The only changes made pertain to the allowable deductions in determining family adjusted net nonexempt income under the 185 Percent program. Health insurance premiums and deductions which are solely for the aged, blind, or disabled are not allowable deductions under this program.

12. May services usually provided under the 185 or 200 Percent program be used instead to meet the share of cost for the regular MI/MN?

    Answer: Yes. The provider may list the services on the MC 177 (share of cost form), but the provider may not take a sticker from the 185 or 200 Percent Medi-Cal card and bill Medi-Cal for those same services.

13. When a pregnant woman has two Medi-Cal cards, one with the 185 Percent program aid code and the second card with a regular MI/MN aid code, which card should she present to the doctor?

    Answer: If the services she received were pregnancy related, she may use either card though it would be preferable to bill the services under the 185 Percent card so that program costs can be identified. If the services are not pregnancy related, she must use the regular share-of-cost Medi-Cal card.

14. Can eligibility under the Percent programs ever be established for months prior to the effective dates?

    Answer: No.

15. What will happen if a timely 10-day notice is not issued to terminate the infant/child due to the attainment of the maximum age (one/six/nineteen)?

    Answer: A 10-day notice is always required for adverse actions. If a 10-day notice was not sent in time and MEDS has already

terminated the record, the county will need to input an ESAC code of 9 with a termination date to allow for the extra month(s) needed to issue the 10-day notice of action.

16. If a woman already on Medi-Cal with a share of cost reports to the county that she is 5 months pregnant and she is income eligible under the 185 Percent program, how far back should the county issue retroactive Medi-Cal cards under the 185 Percent program?

    Answer: If the pregnant woman reported her pregnancy timely with the date of medical confirmation the county would follow Section 50653.3 of the Medi-Cal Eligibility Manual which describes how to process changes which would decrease a beneficiary.'s share of cost.

17. Are Medicare premiums considered health insurance premiums?

    Answer: Yes, parts A and B of Medicare are considered health insurance premiums. Therefore, under the Percent programs no deductions are allowed for Medicare premiums regardless of whether the beneficiary is paying it directly or if the State is paying the premium.

18. When a pregnant woman who is eligible under the Percent programs delivers her baby and the newborn will be the only person left on the MFBU as a Medi-Cal eligible, how soon after delivery must the county obtain a new application?

    Answer: Infants born to Medi-Cal eligible women are automatically deemed eligible for one year (Continued Eligibility), provided certain criteria are met. In this case, a separate application form, MC 13, and Social Security number are not required until the infant attains age one.

19. Will the counties be required to verify continuous inpatient status for the infant/child over one/six/nineteen?

    Answer: The counties are not required to verify continuous inpatient services for infants over one year old. The counties will continue with their current verification procedures. However, the counties are cautioned that the potential for an overpayment exists if verification is not done. Remember, MEDS will send out alerts at 6 month intervals to remind the counties to verify continuing eligibility. Therefore, if the county does not verify continuing eligibility, a potential overpayment situation may exist for 6 months or longer.

I. **NOTICES:**

Form numbers for the Percent programs are as follows:

FORM NUMBER	TYPE	PROGRAM	BENEFICIARY
MC-239B-1	Approval	60 Day Post	Women*
MC-239B-2	Approval	185 & 200%	Women & Infants
MC-239B-3	Discontn.	185 & 200%	Women & Infants
MC-239B-4	Denial	200%	Women & Infants
MC 239B-5	Denial/Dis	133%	Children 1 to 6
MC 239B-6	Approval	133%	Children 1 to 6
MC 239G	Denial/Dis	100%	Children 6 to 19
MC 239H	Approval	100%	Children 6 to 19

All are available in Spanish

*The 60 Day Postpartum notice is used for aid code 76 and should not be used for the women eligible under the Percent programs. There is no separate discontinuance notice.

J. **CASE COUNTS:**

Counties will receive one case count for each Percent program MFBU plus one for the regular MFBU. If there are more than one eligible person in the same Percent program, only one count will be given.

For example:

185 Percent	133 Percent	MI/MN Program
Ann	John	Ann
Unborn		Unborn
Mike		<Mike> I.E.
		<John> I.E.
		Marie

Counties will receive three case counts for the above family. One for the 185% program, one for the 133% program, and one for the MI/MN program.

K. WORKSHEET

County Code__________ Social Services Agency

PERCENT PROGRAM WORKSHEET
(Share of Cost Cases Only)

Case Name:____________________________________ Case Number:____________

No. in MFBU________ Effective Eligibility Date ______________
(Mo/Yr)

__________ Net nonexempt income (from MC 176M): ______________
Mo/Yr (Do not include ABD deductions

Health Insurance Premium if already allowed as a deduction +______________

Adjusted Net Nonexempt Income ______________

____ Poverty Level $____________ Maintenance Need Level ______________

Does adjusted net nonexempt income exceed maintenance need level but not over _____ poverty level?

[ ] Yes: eligible under ______ program.

[ ] No: not eligible for _____ percent program

List Eligible Persons

Person Number	Name	Aid Code

____________________ ____________________________________
(EW Signature) (Worker No.) (Date)