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DIGEST OF NEW REGULATIONS

CALIFORNIA REGULATORY CODE SUPPLEMENT DIGEST

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SUMMARIES OF NEW REGULATIONS

For subscribers to the amendment service for
Title 22. Social Security
Division 3. Health Care Services
Includes all amendments to regulations approved by the Office of Administrative Law and filed with the Secretary of State for the period 12/8/97 through 12/12/97

Title 22

Health Services, Department of

Department of Health Services clarifies adult/child classifications for the determination of Medi-Cal eligibility

Summary: The Department of Health Services has amended regulations governing parental financial responsibility for the costs of their children's health care, including married children under the age of 21 who are living with the parents.

Prior to this action, the regulations addressed parental financial responsibility through the classification of offspring as either a child or an adult. Federal law requires parents to be financially responsible for their children and makes no distinction between married and unmarried children if they are under 21 and living in the home of the parent. Therefore, this action deletes the state regulatory definition of an adult as a person who is or has been married in order to be consistent with federal regulation. The deletion of said definition will result in the classification of a married child under 21 living in the parent's home as a child rather than an adult.

Also prior to this action, the regulations provided that an Aid to Families with Dependent Children-Medically Needy or Medically Indigent person who was 18 to 21 years of age and who was not living in the home of a parent or caretaker relative was to be classified as an adult. The definition included a person receiving out-of-home care from a public agency. That definition caused problems during the Medi-Cal application process. Therefore, the definition is being amended to indicate that a person claimed by the parent as a tax dependent and receiving out-of-home care from a public agency is classified as a child rather than an adult.

Statutory law requires parents to be financially responsible for health care and related services for a married child under the age of 21 who lives in the parent's home except under certain conditions. Prior to this action, the regulations defined "unmarried minor parent" as a person who meets the definition of a child and has children living in the home.

That definition did not comply with federal regulations; therefore, the word "unmarried" has been deleted from the definition.

The amendments also allow a caretaker relative with a spouse and/or children to be linked and included in the same Medi–Cal Family Budget Unit (MFBU) with related children (not their own) if the caretaker relative chooses to be linked or would not be otherwise linked.

Regulatory language addressing stepparent cases in the MFBU determination is being amended to delete the reference to the stepparent "needs" test which is now obsolete. The legislature has established that the stepparent is not required to have sufficient income to meet the needs of the stepparent unit if only the separate children of one parent wish to receive Medi–Cal.

Regulations specifying the eligibility requirements for MFBUs have been amended to cross–reference section 50302(c), which has not been touched in this action. Section 50302(c) specifies that alien applicants for restricted Medi–Cal benefits who lack documentation of satisfactory immigration status or who are nonimmigrant aliens are not required to possess or apply for a Social Security number as a condition of Medi–Cal eligibility. Federal law also requires the Medi–Cal program to provide emergency benefits to undocumented aliens and other noncitizens; therefore, aliens are no longer treated as ineligible members of the MFBU. This section is also being amended to clarify that persons must disclose their Medicare health insurance claim number. The reference to the Nine–Month Continuing program has been replaced by reference to the Transitional Medi–Cal program.

Regulatory Action: Changes affect title 22, sections 50014, 50030, 50068.5, 50069.5, 50351, 50373, 50375, 50379 and 50381.

Filed: 12/9/97, **Effective:** 1/8/98, **OAL File No.:** 97–1023–02

Agency Contact: Sandra Ortega (916) 657–3174

9. Certificate of Compliance as to 3-25-91 order transmitted to OAL 7-19-91 and filed 8-19-91 (Register 92, No. 1).

§ 50013. Adequate Consideration.

Adequate consideration means the receipt of cash or property which is fair and reasonable under the circumstances considering the net market value of property that is sold, converted or transferred.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14015, Welfare and Institutions Code.

HISTORY

1. Editorial correction adding NOTE filed 7-7-83 (Register 83, No. 29).

§ 50014. Adult.

(a) Adult means:

(1) A person who is 21 years of age or older.

(2) A blind or disabled MN person who is 18 to 21 years of age, living in the home of a parent and not currently enrolled in school, college, university, or a course of vocational or technical training to prepare him/her for gainful employment.

(3) A person who is 18 to 21 years of age, who is not living in the home of a parent or caretaker relative, is not claimed as a tax dependent of his/her parent(s) and is not receiving out-of-home care from a public agency.

(4) A person 14 to 18 years of age who is not living in the home of a parent or caretaker relative and who does not have a parent, caretaker relative or legal guardian handling any of his/her financial affairs.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14005.4, 14005.7, 14008 and 14010, Welfare and Institutions Code.

HISTORY

1. Amendment filed 1-8-81; effective thirtieth day thereafter (Register 81, No. 2).
2. Amendment of subsection (a)(2), repealer of subsection (a)(3), subsection renumbering, amendment of newly designated subsection (a)(4), and amendment of NOTE filed 12-9-97; operative 1-8-98 (Register 97, No. 50).

§ 50015. Adverse Action.

(a) Adverse action means an action taken by a county department which discontinues Medi-Cal eligibility or increases an MFBU's share of cost. The following shall not be considered to be adverse actions:

(1) Discontinuance due to any of the following reasons:

(A) Death, for a one-person MFBU.

(B) The whereabouts of the beneficiary is unknown and the post office has returned county department mail directed to the beneficiary indicating no forwarding address.

(C) Admission to an institution which renders the beneficiary ineligible.

(D) The beneficiary also has Medi-Cal eligibility under another identity or category, or in another county or state; or will have such dual eligibility as of the first of the coming month if discontinuance action is not taken.

(E) Receipt of the beneficiary's clear and signed written statement that does either of the following:

1. States the beneficiary no longer wishes Medi-Cal benefits.

2. Gives information that requires discontinuance and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information.

(2) An increase in an MFBU's share of cost due to either of the following:

(A) The voluntary inclusion of eligible family members who currently are not receiving benefits under any Medi-Cal program.

(B) Receipt of the beneficiary's clear and signed statement which gives information which requires an increase in the share of cost and includes the beneficiary's acknowledgment that this must be the consequence of supplying such information.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 10721, 10950 and 11050, Welfare and Institutions Code.

HISTORY

1. Amendment filed 12-15-77; effective thirtieth day thereafter (Register 77, No. 51).
2. Amendment filed 5-30-80 as an emergency; effective upon filing (Register 80, No. 22). A Certificate of Compliance must be transmitted to OAH within 120 days or emergency language will be repealed on 9-27-80.
3. Certificate of Compliance filed 9-26-80 (Register 80, No. 39).
4. Amendment of subsection (a)(2)(A) filed 7-9-87; operative 8-8-87 (Register 87, No. 30).

§ 50016. Aid.

Aid means cash assistance, food stamps or Medi-Cal.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14050.2, Welfare and Institutions Code.

HISTORY

1. Editorial correction adding NOTE filed 7-7-83 (Register 83, No. 29).

§ 50017. Aid Category.

Aid category means the specific category under which a person is eligible to receive Medi-Cal.

§ 50018. Aid Code.

Aid code means the two-digit number which indicates the aid category under which a person is eligible.

§ 50019. Aid to Families with Dependent Children (AFDC).

Aid to Families with Dependent Children (AFDC) means the public assistance program that provides a cash grant and Medi-Cal to children deprived of parental support or care and their eligible relatives.

§ 50020. Aid to the Potentially Self-Supporting Blind (APSB).

NOTE: Authority cited: Sections 10725, and 14124.5, Welfare and Institutions Code. Reference: Sections 14005.1, and 14050.1, Welfare and Institutions Code.

HISTORY

1. Repealer filed 7-31-81 as an emergency; effective upon filing (Register 81, No. 33) A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 11-28-81.
2. Certificate of Compliance transmitted to OAL 11-6-81 and filed 1-27-82 (Register 82, No. 5).

§ 50021. Applicant.

Applicant means the individual or family making, or on whose behalf is made, an application, request for restoration of aid or reapplication.

§ 50022. Application.

Application means a written request for aid.

§ 50023. Approval of Eligibility.

Approval of eligibility means the determination made by the county department that a person or family is eligible for Medi-Cal.

§ 50024. Beneficiary.

Beneficiary means a person who has been determined eligible for Medi-Cal.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14252, Welfare and Institutions Code.

HISTORY

1. Editorial correction adding NOTE filed 7-7-83 (Register 83, No. 29).

§ 50025. Benefits Review Unit (BRU).

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14016, Welfare and Institutions Code.

HISTORY

1. Editorial correction adding NOTE filed 7-7-83 (Register 83, No. 29).
2. Repealer filed 7-3-86; effective thirtieth day thereafter (Register 86, No. 27).

§ 50025.3. Board and Care.

(a) Board and care means receipt of board, room, personal care and designated supplemental services related to individual needs in one of the following nonmedical protective living environments certified in accordance with EAS 46-325.3 for a full calendar month:

(1) A licensed residential care facility.

(2) The home of a relative or legally appointed guardian or conservator, other than the home of a spouse or the home of a parent for a blind or disabled child.

(3) A home in which a child is placed by a court under Welfare and Institutions Code 727(a).

(4) An exclusive use home approved by a licensed home finding agency.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14005.13, Welfare and Institutions Code.

HISTORY

1. New section filed 1–8–81; effective thirtieth day thereafter (Register 81, No. 2).

§ 50025.5. Burial Insurance.

Burial insurance means insurance which by its terms can only be used to pay the burial expenses of the insured.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14006, Welfare and Institutions Code.

HISTORY

1. New section filed 3–7–80; as an emergency; effective upon filing (Register 80, No. 9). A Certificate of Compliance must be transmitted to OAH within 120 days or emergency language will be repealed on 7–6–80.
2. Certificate of Compliance filed 6–6–80 (Register 80, No. 23).
3. Editorial correction of NOTE filed 7–7–83 (Register 83, No. 29).

§ 50025.6. California Standard Nomenclature (CSN), 1979.

NOTE: Authority cited: Section 57(c), Chapter 328, Statutes of 1982; Section 14124.5, Welfare and Institutions Code. Reference: Sections 14132, 14133 and 14122.1, Welfare and Institutions Code; and Section 53, Chapter 328, Statutes of 1982.

HISTORY

1. New section filed 6–24–83 as an emergency; effective upon filing (Register 83, No. 26). A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 10–22–83.
2. Certificate of Compliance transmitted to OAL 10–21–83 and filed 11–23–83 (Register 83, No. 48).
3. Editorial correction renumbering Section 50025.6 to Section 51050 filed 12–20–83 (Register 83, No. 52).

§ 50026. Cash Grant.

Cash grant means the money payment made to a person eligible for AFDC, EVH or SSI/SSP.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14005.1 and 14050.1, Welfare and Institutions Code.

HISTORY

1. Amendment filed 7–31–81 as an emergency; effective upon filing (Register 81, No. 33) A Certificate of Compliance must be transmitted to OAL within 120 days or emergency language will be repealed on 11–28–81.
2. Certificate of Compliance transmitted to OAL 11–6–81 and filed 1–27–82 (Register 82, No. 5).

§ 50027. Certification Date for Claims Clearance.

Certification date for claims clearance means the date of the most recent service listed on the Record of Health Care Costs, MC 177S or MC 177P.

§ 50028. Certification—Effective Date.

Effective date of certification for Medi–Cal means the date the person is certified to receive Medi–Cal benefits.

§ 50029. Certification for Medi–Cal.

Certification for Medi–Cal means the determination by the county department or the Department that a person is eligible for Medi–Cal and has no share of cost, has met the share of cost or is in long–term care and has a share of cost which is less than the cost of long–term care at the Medi–Cal rate.

§ 50029.5. Certified Long–Term Care Insurance Policy or Certificate.

Certified Long–Term Care Insurance Policy or Certificate means any long–term care insurance policy or certificate certified by the Department of Health Services and approved for issue or delivery to California residents by the Department of Insurance as meeting the requirements set forth in Section 22005(e) of the Welfare and Institutions Code.

NOTE: Authority cited: Section 22009(a), Welfare and Institutions Code. Reference: Sections 22004, 22005 and 22006, Welfare and Institutions Code.

HISTORY

1. New section filed 11–1–93 as an emergency; operative 11–1–93 (Register 93, No. 45). A Certificate of Compliance must be transmitted to OAL by 3–1–94 or emergency language will be repealed by operation of law on the following day.
2. Certificate of Compliance as to 11–1–93 order transmitted to OAL 2–17–94 and filed 3–31–94 (Register 94, No. 13).

§ 50030. Child.

(a) Child means a person under the age of 21 except for those persons who are specified as adults in Section 50014.

(b) An unborn is considered a child for Medi–Cal purposes.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 12305, 12305.5, 14001, 14005.1, 14005.4, 14005.7, 14008, 14010, 14011, 14017, 14018, 14051, 14051.5, and 14052, Welfare and Institutions Code; Sections 25.6, 34.7, 34.9 and 34.10, Civil Code.

HISTORY

1. Amendment of subsection (a)(3) filed 10–31–78 as an emergency; designated effective 11–1–78 (Register 78, No. 44).
2. Certificate of Compliance filed 2–6–79 (Register 79, No. 6).
3. Amendment filed 1–8–81; effective thirtieth day thereafter (Register 81, No. 2).
4. Amendment of subsection (a), repealer of subsections (a)(1)–(a)(4) and amendment of NOTE filed 12–9–97; operative 1–8–98 (Register 97, No. 50).

§ 50031. Child Health and Disability Prevention Program (CHDP).

Child Health and Disability Prevention Program (CHDP) means the community based program for early identification and referral for treatment of persons under 21 years of age with potentially handicapping conditions.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14053 and 14100.1, Welfare and Institutions Code; Section 320, Health and Safety Code.

HISTORY

1. Editorial correction adding NOTE filed 7–7–83 (Register 83, No. 29).

§ 50032. Competent.

Competent means being able to act on one's own behalf in business and personal matters.

§ 50033. Contiguous Property.

Contiguous property means adjacent or adjoining property that is not separated by a road, street, right of way or in any other manner from property being considered.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Section 14006, Welfare and Institutions Code.

HISTORY

1. Editorial correction adding NOTE filed 7–7–83 (Register 83, No. 29).

§ 50034. Conversion of Property.

Conversion of property means changing property from one form to another without changing ownership.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14006 and 14015, Welfare and Institutions Code.

HISTORY

1. Editorial correction adding NOTE filed 7–7–83 (Register 83, No. 29).

§ 50035. County Agency.

County agency means either an administrative division of a county government or a noncounty organization that has a contract with the county to act on the county's behalf.

§ 50035.5. County Cash–Based Medi–Cal Eligibility.

County cash–based Medi–Cal eligibility means eligibility for Medi–Cal benefits which is based upon a county department determination of eligibility for a cash grant or IHSS.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14005.1 and 14050.1, Welfare and Institutions Code.

HISTORY

1. New section filed 3–5–81; effective thirtieth day thereafter (Register 81, No. 10).