

37. Special Treatment Programs

37.1 Medi-Cal Special Treatment Programs

The Medi-Cal Special Treatment Programs (MSTPs) provide health care benefits to individuals who are in need of:

- Dialysis, or
- Parenteral hyperalimentation (also known as total parenteral nutrition or TPN)

There are two subprograms:

- Medi-Cal Special Treatment Program — ONLY recipients
 - A person who receives Medi-Cal (MC) benefits ONLY for a Special Treatment and is not eligible for regular MC benefits.
- Medi-Cal Special Treatment Program — SUPPLEMENT recipients
 - A person who is eligible for MC benefits with a share of cost (SOC), and who also receives supplemental benefits under the Special Treatment Program.
 - The MSTP -SUPPLEMENT covers certain dialysis/TPN services until the regular MC SOC is met. At that time, all medical services, including dialysis and TPN, are covered under the MC program.

Under these programs, the individual is only required to pay a percentage of the cost of dialysis or TPN services after any other health coverage payment is subtracted from the cost of those services.

There is no retroactive eligibility for these programs.



Important:

Individuals who are MAGI MC eligible must not be screened for special treatment programs.

37.2 Referrals to MBA

Because there are very few of these special cases, they are to be referred to the Medi-Cal Benefit Assistance office, attention to the SSPM, when a determination of eligibility for regular Medi-Cal has been completed and the applicant:

- Is otherwise eligible for Medi-Cal as MN/MI except for excess property, or
- Is employed and has been determined eligible for Medi-Cal with a Share of cost, or

- Is in need of TPN, but has no linkage. (Is not linked to AFDC-MN or MI.)

Note: Individuals applying for MSTP for dialysis coverage must have linkage.

The case must remain in pending status until the MBA EW determines eligibility for these programs. The MBA EW will issue the appropriate Notice of Action (NOA) after eligibility for these programs has been determined.



Exception:

Referrals for the Tuberculosis Program

37.3 Eligibility Requirements

Applicants/Recipients must meet all of the following conditions:

Table 37-1: Eligibility for MSTP-Only

MSTP - ONLY
<ul style="list-style-type: none"> • In need of dialysis or TPN and related services. • NOT eligible for regular MC due to excess property. • NOT currently eligible for Medicare if under age 65 (applies to Dialysis only). [Refer to “Reporting Responsibilities,” page 37-3].] • Meets standard MC requirements for citizenship or legal immigration status, cooperation, and residency. • Meets MC linkage requirements (Dialysis only): MC linkage requirements apply.
NOTE: Undocumented individuals are NOT eligible for the Medi-Cal Special Treatment Programs.

Table 37-2: Eligibility for MSTP-Supplement

MSTP - SUPPLEMENT
<ul style="list-style-type: none"> • In need of dialysis or TPN and related services. • Receives home dialysis or self-care dialysis. • Employed or self-employed AND has gross monthly earnings which exceed the Maintenance Need for one person. • Eligible under the regular MC MN or MI program with a share of cost • Meets standard MC requirements for citizenship or legal immigration status, cooperation, and residency.
NOTE: Undocumented individuals are NOT eligible for the Medi-Cal Special Treatment Programs.

**Note:**

If a recipient loses MSTP-ONLY eligibility because he/she becomes eligible for regular MC, eligibility for MSTP-SUPPLEMENT must be explored.

If a recipient loses MSTP-SUPPLEMENT eligibility due to excess property, eligibility for MSTP-ONLY must be explored.

37.3.1 Reporting Responsibilities

All MSTP clients must report any change in status that could affect their eligibility or their percentage obligation. These include, but are not limited to:

- Loss of employment,
- Increase/decrease in earnings,
- Change in marital status,
- Change in Other Health Coverage (OHC), or
- Change in property.

37.3.2 Medicare Application Requirements

MSTP for Dialysis Coverage

Applicants for Dialysis coverage under MSTP-ONLY or MSTP-SUPPLEMENT must apply for and provide proof of application for Medicare within 10 days of the MC application date. Failure to provide verification, without good cause, will result in the denial of the application.

To qualify for MSTP-ONLY, a person under 65 must NOT be eligible for Medicare.

MSTP for TPN Coverage

Applicants for TPN coverage under MSTP-ONLY or MSTP-SUPPLEMENT must apply for Medicare within 60 days of the MC application. Verification of the application for Medicare is NOT required prior to approval.

Follow-Up on Medicare Applications

Social Security usually notifies a client of the outcome of his/her Medicare application within three months of the date of application. Once notified, the client must report the outcome of the application within 10 days to his/her EW.

If notification is NOT received by the end of the third month, the EW must:

- Ask the client to follow-up with Social Security, OR
- Inquire directly to Social Security regarding the recipient's Medicare status via the "Referral To/From Social Security" (SC 169).

If the client is NOT eligible for Medicare, but he/she is employed or is the spouse/dependent child of an employed person, the EW must:

- Ask the client to provide a "Quarters of Coverage" statement from Social Security.
- Use the information to estimate when the client will become eligible for Medicare. [[Refer to "Eligibility for the Medicare Dialysis Program," page 37-4.](#)]
- Enter a case alert case for the estimated date of Medicare eligibility.
- Reevaluate MSTP eligibility in the month the individual is expected to become eligible for Medicare.



Note:

If the client is eligible for Medicare, the EW must discontinue MSTP - ONLY for dialysis coverage, if the recipient is under 65.

Eligibility for the Medicare Dialysis Program

To be eligible for the Medicare Dialysis program, a person must be suffering from chronic kidney failure, and be:

- Fully insured under Social Security (has 40 calendar quarters of covered employment), OR
- Currently insured under Social Security (has 6 out of the past 13 calendar quarters of covered employment), OR
- The spouse, dependent child, former spouse, widow, etc. of an insured individual.

There is a three month waiting period between the onset of chronic kidney failure and the beginning of Medicare coverage. The entire waiting period is waived if the individual enters self-care or home dialysis training during the waiting period.

37.4 Aid Codes

The following aid codes are used for MSTP-Only and MSTP-Supplement.

Table 37-3: MSTP Aid Codes

MSTP Program	Aid Codes
Dialysis	71
TPN	73

37.5 Annual Net Worth

There is a different method of calculating property reserves for the MSTPs requiring special treatment recipients to pay only a small percentage of the bill for these services. The percentage obligation is based on the Annual Net Worth.

37.5.1 Determination of Annual Net Worth

Annual Net Worth can be determined by completing Part III of the “Medi-Cal Special Treatment Programs - Percentage Obligation Computation” (MC 176 D). The Annual Worth is a combination of:

- The Net Market Value of all nonexempt property, and
- The gross income expected to be received in a 12-month period.

Whose Property/Income to Include

The property and income of the following individuals must be included in the property and income determination:

- The client, AND
- The client’s spouse, AND
- The client’s parents, if he/she is under 21, unmarried, and living with his/her parents.

Exempt Property

Exempt property includes:

- One automobile, if used for the transportation needs of the client or any member of the family.

- The first \$40,000 of the net market value (assessed value less encumbrances) of the home of any member stated above.

Note: The principal residence is NOT exempt.

- The first \$1,000 paid for burial trusts and owned by any member stated above.
- Wedding and engagement rings, heirlooms, clothing, household furnishings and equipment owned by any members stated above.
- Equipment, inventory, licenses and materials owned by any member stated above which are necessary for employment, for self-support, or for an approved plan of rehabilitation or self-care necessary for employment, including motor vehicles.

37.6 Determination of Percentage Obligation

CalWIN will determine the Percentage Obligation. The portion of medical expenses which the client is responsible for paying is based on the Annual Net Worth.]

Table 37-4: Determination of Percentage Obligation

NET WORTH	PERCENTAGE OBLIGATION
Less Than \$5,000	None
\$5,000 - \$250,000	MSTP-Only = 2% for each \$5,000 of ANW MSTP-Supplement = 1% for each \$5,000 of ANW
More Than \$250,000	Not Eligible for MSTP.

The percentage obligation is applied after all other sources of payment have been exhausted. If the patient has Medicare, private health insurance, or any other non-Medi-Cal coverage, that coverage must be billed first. The patient's percentage obligation applies to the balance remaining after payment by the other coverage.

Example: MSTP - Only

A Family's Net Worth is \$78,000. To determine the Total Percentage Obligation:

1. Divide \$78,000 by \$5,000 = 15.6
2. Round 15.6 down to 15.
3. Multiply 15 x percentage obligation (15 x 2% = 30%).

Eligibility for the MSTP-Only program is being evaluated, therefore, a percentage obligation of 2% is required. The patient’s ANW is \$78,000. There are 15 sets of \$5,000 in the ANW. 15 x 2% equals 30% (Total Percentage Obligation)

The patient must pay 30% of each dialysis/TPN bill, after any insurance payments are received. MC will pay the rest.

Example: MSTP - Supplement

Costs which are obligated by the beneficiary under the MSTP-Supplement Program are applied to the MFBU’s SOC, permitting the beneficiary’s entire family to be certified as eligible when the SOC is met.

A family of four applies for MC and the MSTP-Supplement Program and is approved with a \$100 SOC. The percentage obligation is 1%. The medical bill for dialysis from VMC for the month of May is \$1,000.

	TOTAL BILL	\$1,000.00	for self-care dialysis clinic
		- 800.00	Medicare pays (80%)
		200.00	
		- 80.00	Blue Cross pays
		120.00	
		- 1.20	1% obligation (120 x 1%)
		118.80	
		- 98.80	remainder of SOC
		\$21.00	VMC bills Medi-Cal

The other family members can receive MC benefits when the SOC is met. The dialysis patient also receives MC benefits, including full-care dialysis.

37.7 Establishing a MEDS Record

When eligibility has been established, the EW must:

1. Complete an SCD 1296 requesting MTO on-line action to:
 - Establish a MEDS record using the appropriate aid code (71 or 73),
 - Complete an EW 20 (Add) transaction to enter the percentage obligation, and
 - Issue a Medi-Cal BIC, if not previously issued.

2. If the annual determination is done by using the MC 176-D, scan a copy into IDM.

**Note:**

The Notice of Action for this program is the MC 239-F. It is available in CalWIN.

37.8 Tuberculosis Program

The TB program provides limited coverage for outpatient TB-related services. Eligible individuals receive MC coverage for TB services at no cost to the client.

The TB program provides benefits to TB-infected individuals who are:

- Otherwise ineligible for MC
- Currently receiving full-scope MC with a share-of-cost

Individuals who are MC eligible with no SOC are not eligible for the TB program, as MC already covers TB-related care for these clients.

37.8.1 Covered Services

Some of the services covered under the MC TB program include:

- Prescription drugs,
- Physician services,
- Outpatient hospital services,
- Laboratory, X-ray and clinic services,
- Federally Qualified Health Center services,
- Case management services, and
- Services to monitor usage of prescribed drugs.

37.8.2 Aid Code

Adults and children eligible for the TB program are identified on MEDS as Aid Code 7H. TB eligibility information appears on the MEDS [INQ1] screen.

Dually Eligible

Some TB applicants may also be eligible for or currently receiving benefits under another SOC MC program. Individuals eligible for the following MC programs may also be eligible for the TB program:

- AFDC-MN with a share-of-cost
- ABD-MN with a share-of-cost

- QMB, SLMB, or QWDI
- Medi-Cal Dialysis or Parenteral Hyeralimentation (TPN).

37.8.3 TB Eligibility Criteria

To be eligible for the TB program, the following eligibility criteria must be met.

Income Limit

Eligible individuals must have net nonexempt income which does not exceed the TB program income limit, also referred to as the “TB income standard”. The TB income standard is the same one used for a disabled individual under the SSI/SSP program.

[Refer to Chart Book, [Refer to “Tuberculosis (TB) Program Income and Property Limits,” page 5-11]

Resource Limit

Eligible individuals cannot exceed the TB property limit. The program property limit is the same amount that disabled persons may have under the SSI/SSP program.

Citizen/Alien Status

Individuals eligible for the TB program must be either a U.S. citizen or a noncitizen with legal permanent residence.



Note:

Undocumented individuals, individuals here on a temporary visa, or any other person who would be eligible for only restricted MC benefits are not eligible for the TB program. Undocumented non-citizens can receive TB-related care through county health clinics, even though they are ineligible for the TB program.

Certification of TB Infection

To be eligible for the TB program, an applicant must be TB-infected. This means that the applicant must:

- Require preventive therapy for tuberculosis infection, or
- Require treatment for active tuberculosis.

The determination of whether an individual is TB-infected is made by a physician. The “Medi-Cal Tuberculosis Program Referral” (MC 274TB, Part B), which is part of the TB application form, must be completed by the physician to certify TB infection.

Other Requirements

TB applicants and recipients must meet all other MC program requirements and must not be eligible for zero SOC or MAGI MC.

37.8.4 TB Child

A TB child is defined as a TB-infected applicant/recipient who is:

- Unmarried, and
- Under age 18, and
- Living with his/her parent(s).

For purposes of TB eligibility determination, a TB child is subject to the deeming of parental income and resources.



Note:

All individuals 18 or over, including an 18-21 year old who is a full time student and tax dependent of their parents, is treated as an adult for TB MC purposes.

37.8.5 Ineligible Spouse/Child

The spouse who is living with the TB applicant/recipient, but who is not applying for the TB program is referred to as an ineligible spouse.

A minor child who is living with the TB applicant/recipient, but who is not applying for the TB program, and is:

- Unmarried and under age 18, or
- Unmarried, between the ages of 18-21 and a full-time student,

is referred to as an ineligible child.

These terms apply when determining if the applicant meets TB income and property requirements, and there is a spouse or minor child in the home who is not applying for the TB program.

37.8.6 Married Individuals

A married person is evaluated as an individual when determining TB income and resource eligibility. This rule applies whether one or both spouses apply for TB Medi-Cal.

- The income of a married individual is income received in his/her own name.

- The property of a married individual is his/her separate property and one-half of the community property.

37.9 TB Application Process

Most TB applicants are referred by the TB and VMC Ambulatory Care clinics. Some TB patients will be referred by private physicians and community health clinics. Applicants may also initiate an application on their own at any one of the district offices. **DO NOT REFER TO MBA.**

37.9.1 TB Application Packet

The client must complete the following forms when applying for the TB program:

- “Identification and Intake Record” (SCD 41).
- “Medi-Cal Tuberculosis Program Application” (MC 274TB).
- “Application for Health Insurance” (CCFRM 604)
- The “Important Information for Persons Requesting Medi-Cal” (MC 219) must be provided but completion is not required.
- “Supplement to Statement of Facts for Retroactive Medi-Cal” (MC 210A), if retroactive coverage is requested.
- “Health Insurance Questionnaire” (DHS 6155), if applicable.

37.9.2 TB Application (MC 274TB)

The TB application form is the “Medi-Cal Tuberculosis Program Application” (MC 274TB). It is a three part form consisting of:

- Part A — Application. This is the actual TB application form. It must be completed for each TB applicant. A SAWS 2 Plus cannot be used in lieu of the MC 274TB, Part A.



Note:

The MC274TB, Part A is used **ONLY** for the TB program. It cannot be used for other MC or public assistance programs.

- Part B — Referral. This form is the physician's certification that the client is TB-infected. One form must be completed for each TB applicant. No other forms or statements are acceptable. The MC 274TB, Part B certification must be completed by a physician.
- Part C — Authorization for Clinic Assistance. This form is signed by the applicant and a TB clinic staff member when the client wishes the TB clinic to assist in the application process.

The completion of this form enables the clinic to assist their patients with the TB application.

37.9.3 Homeless Applicant

TB-infected applicants who are homeless and are patients of the TB clinic at 976 Lenzen Ave., San Jose, CA 95126, may use the clinic address as their mailing address, or designate another mailing address.

When unable to contact a homeless client, EWs must complete the eligibility determination through contact with the TB clinic whenever possible. Some homeless clients may continue to receive treatment at the clinic, and may be reached at the next clinic appointment.

37.9.4 Individuals in LTC

Individuals in Long Term Care (LTC) who are TB-infected do not receive benefits from the TB Program, as coverage is limited to TB-related outpatient services.

Individuals in LTC who are eligible for regular full-scope benefits will have their TB care covered under the regular MC program.

37.9.5 Plastic BIC

Individuals eligible for the TB Program receive an MC Benefits Identification Card (BIC).

MC providers are alerted through the eligibility verification system that the TB program (Aid Code 7H) covers only outpatient TB-related services. The message to the provider says "OUTPATIENT TB-RELATED SERVICES ONLY AT NO SHARE OF COST".

37.9.6 Retroactive Benefits

There is three-month retroactive eligibility for the TB program. The applicant completes the "Supplement to Statement of Facts for Retroactive Medi-Cal" (MC 210A) for retroactive TB coverage.

37.10 TB Property Determination

37.10.1 TB Property Limit

CalWIN will determine whether an individual meets the property limit for the TB Program, however, in a system outage, the MC 278 TB and MC 279 TB can be used. If the applicant's nonexempt property is less than or equal to the TB property limit, then the applicant is property eligible.

The TB property limit is \$2,000.

Each person, including a child applying for the TB program is evaluated as an individual, regardless of their marital status. CalWIN will:

- Count each individual's non-exempt separate property,
- Count one-half of the non-exempt community property for each spouse.
- Evaluate the resources of the parent(s) for potential deeming to the TB child. (Property may be deemed from parent to child, but is NEVER deemed from spouse to spouse.)

Exempt and nonexempt property is determined according to regular MC rules. [[Refer to Chapter 26: Property](#)]



Note:

When determining a child's property eligibility and there are two parents in the home, CalWIN will allow the parents a \$3,000 deduction from their property before it is deemed to the TB child.

37.10.2 Parental Deeming

When the applicant is a child, CalWIN will determine if the resources of a parent(s) in the home must be "deemed" or allocated to the TB child as countable property.

CalWIN will:

- Compute the total amount of non-exempt property belonging to a married or unmarried parent(s) in the home, EXCEPT:
 - (1) Any property from a parent eligible for the TB program.
 - (2) Any property from the parent(s) if one or both are public assistance (PA) or other PA.
 - (3) Any property from the stepparent in the home.

37.11 TB Income Determination & Budgeting Examples

37.11.1 TB Income Standards

To be eligible for the TB program, each applicant must pass the TB program financial eligibility tests completed by CalWIN.

The TB Income Standard is the same eligibility income standard for a disabled individual under the SSI/SSP program, and is based upon a computation using the federal benefit rate (FBR), which changes each January.

Each person applying for the TB program is evaluated as an individual, regardless of their marital status. Count only income received in their own name.

37.12 TB Program Redetermination

Annual redeterminations are required for individuals eligible for the TB program.

In addition to the normal redetermination requirements, EWs must obtain a new MC 274TB, Part B, from the TB provider at each RD. To remain eligible for the TB Program, a recipient must continue to be TB-infected.

If the returned MC 274TB, Part B, indicates that the client no longer requires preventive therapy for TB infection, or no longer requires treatment for active TB, the EW must discontinue the client.

A face-to-face interview with the client is not required at RD. Obtain an MC 274TB, Part C, if the client wishes the TB clinic to assist in the RD process.

37.13 Prostate Cancer Treatment Program

The Prostate Cancer Treatment Program (PCTP) is available to California men age 18 and older, diagnosed with Prostate Cancer, and whose income is at or below 200% FPL. PCTP is administered by the University of California, Los Angeles (UCLA) under the name Improving Access, Counseling, and Treatment (IMPACT) and collaborates statewide to provide treatment services in the nearest participating facility. Services and rates are based on Medi-Cal eligible services and rates and are limited to Prostate Cancer treatment only. Eligible men receive 12 months of Prostate Cancer treatment.

**Note:**

The client must call IMPACT at (800) 409-8252 to determine eligibility. They may also visit <http://www.california-impact.org> for more information.

