

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814  
(916) 445-1912



November 19, 1982

To: All County Welfare Directors

Letter No. 82-58

TITLE II DISREGARD CASES

This will confirm our telephone call of October 5, 1982, by which we informed you of three errors which occurred in All County Welfare Director's Letter No. 82-50. The attached pages provide you with the corrected version of the original cover letter, the MFBU composition chart calculation "B", and the MFBU composition chart calculation "C".

The correct versions of these pages have been incorporated into a corresponding Medi-Cal Eligibility Manual Letter (No. 67) which you will receive shortly.

We regret any inconvenience this oversight may have caused. Please contact your program consultant should you have any further questions on this letter.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief  
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons  
Medi-Cal Program Consultants

MEDI-CAL ELIGIBILITY MANUAL

MFBU COMPOSITION CHART FOR TITLE II DISREGARD

B. ABD individual with MI/AFDC-MN spouse with income with or without children.

1. Enter amount from MC 176-M, column I, line 18. \_\_\_\_\_
2. Enter \$142.10 per child less child's net income. \_\_\_\_\_
3. Enter amount of Title II increase for the ABD individual. \_\_\_\_\_
4. Add lines 2 and 3. \_\_\_\_\_
5. Subtract line 4 from line 1. \_\_\_\_\_
6. Enter for aged or disabled person \$664.20, for blind person enter \$719.20. \_\_\_\_\_
7. Subtract line 6 from line 5; if less than zero, enter zero. \_\_\_\_\_

If line 7 is zero, the ABD individual has Title II Disregard eligibility and receives zero share of cost Medi-Cal. The spouse and child(ren) must meet the share of cost on the MC 176-M, column III, line 15 or 17.

MEDI-CAL ELIGIBILITY MANUAL

MFBU COMPOSITION CHART FOR TITLE II DISREGARD

C. Blind or disabled child and parent(s) with or without siblings.

1. Enter amount from MC 176-M, column I, line 18. \_\_\_\_\_
2. Enter \$142.10 per sibling, less sibling's net income. \_\_\_\_\_
3. Enter amount of Title II increase for the child. \_\_\_\_\_
4. Add lines 2 and 3. \_\_\_\_\_
5. Subtract line 4 from line 1. \_\_\_\_\_
6. If only one parent in MFBU, enter \$591.20; if both parents in MFBU enter \$804.40. \_\_\_\_\_
7. Subtract line 6 from line 5. If less than zero, enter zero. \_\_\_\_\_

If line 7 is zero, the child has Title II Disregard eligibility and receives no cost Medi-Cal. The parent(s) must meet the share of cost on MC 176-M, column III, line 15 or 17.

If line 7 is greater than zero, the child does not have Title II Disregard eligibility and the entire MFBU must meet the share of cost on MC 176-M column III, line 15 or 17.