

## Medi-Cal Eligibility and Estate Recovery Standards

For Distribution by Insurers, Agents, and Brokers

Starting **January 1, 2024**, the Medi-Cal program no longer counts your assets when determining if you are eligible for benefits. This means that you do not need to report your bank accounts, vehicles, or property. Medi-Cal will still look at your income to see if you are eligible. This includes income from jobs, child and spousal support, Social Security retirement disability benefits, rental income, and more.

### **Annuities and Medi-Cal Estate Recovery**

When a person on Medi-Cal passes away, Medi-Cal might ask for some money back for the services they got when they were 55 or older. These services include nursing care, help at home, and certain hospital and medicine costs.

If the person didn't own anything when they passed away or didn't have to go through a legal process called probate, Medi-Cal won't ask for money back. There might be some special rules or special cases where they won't ask.

Certain types of financial plans called annuities might be a part of Medi-Cal asking for money back after someone passes away. You can learn more by visiting the Medi-Cal Estate Recovery Program website at [https://www.dhcs.ca.gov/TPLRD\\_ER](https://www.dhcs.ca.gov/TPLRD_ER) or call 1-916-650-0590.

### **For Individuals Who Use Nursing Facility Care**

If you're single, each month most of your income will go to your nursing facility or toward your nursing care. You can keep **\$35 each month** for your personal needs.

There are special rules that may let you transfer some or all your income to your spouse or registered domestic partner. These rules help make sure that the person at home has enough money to live on. Sometimes, a court special judge (administrative law judge) might let them keep even more income from you (42 United States Code § 1396r-5).

**I have read the above notice and have received a copy.**

Purchaser Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Spouse or Registered Domestic Partner Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Legal Representative Signature:

\_\_\_\_\_ Date: \_\_\_\_\_