



State of California—Health and Human Services Agency
Department of Health Care Services



December 2, 2020

Medi-Cal Eligibility Division Information Letter No.: I 20-36

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Revised Form MC 176 AD for the Aged, Blind & Disabled Federal Poverty Level Program

The purpose of this Medi-Cal Eligibility Division Information Letter is to provide counties with the revised version of the Form MC 176 AD. The form has been revised as a result of an expansion of the Aged, Blind & Disabled Federal Poverty Level (ABD FPL) program. Please see All County Welfare Directors Letter [20-24](#) for information on this expansion.

The revised form reflects the following changes:

- Increase the effective ABD FPL program limit to 138 percent of the FPL
- Removal of the standard disregard for qualified individuals or couples
- Removal of unnecessary form fields
- Added Medicare Part B premium disregard

The updated form can be found in the forms section of the Department of Health Care Services website, located here:

<https://www.dhcs.ca.gov/formsandpubs/forms/Pages/Index-MC100.aspx>

If you have any questions about the revised MC 176 AD, please contact Daniela Gutierrez at (916) 354-8501 or by email at Daniela.Gutierrez@dhcs.ca.gov.

Sincerely,

Original Signed By

Sandra Williams, Chief
Medi-Cal Eligibility Division