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

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DIRECTOR

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DATE: August 11, 2022

Medi-Cal Eligibility Division Information Letter No.: I 22-22

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY CONSORTIA MANAGERS
ALL COUNTY MEDS LIAISONS

SUBJECT: ASSET LIMIT CHANGES – FORMS AND INFORMATIONAL NOTICES DHCS 7077, DHCS 7102, MC 008, MC 010, MC 176 PI, PUB 10

The purpose of this letter is to provide counties with the attached updated forms and informational notices. Effective July 1, 2022, the asset limits for Non-MAGI Medi-Cal programs have changed. The Statewide Automated Welfare System (SAWS) has updated their systems with the new asset limits for Non-MAGI programs, including Medicare Savings Programs (MSP) and Long-Term Care (LTC) programs. These changes were enacted by Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021) and increase the asset limits for Non-MAGI programs as described in ACWDL 21-31.

The Department of Health Care Services (DHCS) has updated the following forms and informational notices to reflect the changes to the asset limits:

- Notice Regarding Standards for Medi-Cal Eligibility—DHCS 7077
- Notice Regarding Standards for Medi-Cal Eligibility and Recovery for Distribution by Insurers, Agents, and Brokers—DHCS 7102
- Qualified Medicare Beneficiary Program Information Notices—MC 008
- Qualified Disabled Working Individual Information Notices—MC 010
- Period of Ineligibility for Nursing Facility Level of Care Worksheet—MC 176 PI
- Non-MAGI Medi-Cal Information Sheet—PUB 10.

All forms and notices are enclosed with this letter and also are available on the DHCS website. Counties should only use the current versions from this point forward. Any hard copies of previous versions may be destroyed.

If you have any questions or if DHCS can provide further information, please contact Sara McDonald at (916) 345-8061 or by email at Sara.McDonald@dhcs.ca.gov.

Original Signed By

Yingjia Huang
Assistant Deputy Director
Health Care Benefits and Eligibility

Enclosures

NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY

If you or your spouse is in or is entering a nursing facility, read this important message!

You or your spouse do not have to use all your resources, such as savings, before Medi-Cal might help pay for all or some of the costs of a nursing facility.

You should be aware of the following to take advantage of these provisions of the law:

Unmarried Resident
An unmarried resident is financially eligible for Medi-Cal benefits if he or she has less than $130,000 in available resources. A home is an exempt resource and is not considered against the resource limit, as long as the resident states on the Medi-Cal application that he or she intends to return home. Clothes, household furnishings, irrevocable burial plans, burial plots, and an automobile are examples of other exempt resources.

If an unmarried resident is financially eligible for Medi-Cal reimbursement, he or she is allowed to keep from his or her monthly income a personal allowance of $35 plus the amount of health insurance premiums paid monthly. The remainder of the monthly income is paid to the nursing facility as a monthly deductible called the “Medi-Cal share-of-cost.”

Married Resident
If one spouse lives in a nursing facility, and the other spouse does not live in a nursing facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than $267,400 in available assets. The couple’s the spouse in the nursing facility is allowed to keep a personal allowance of $35 plus the amount of health insurance premiums paid monthly. The remaining money, if any, generally must be paid to the nursing facility as the “Medi-Cal share-of-cost.” The Medi-Cal program will pay remaining nursing facility costs.

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge that will allow the at-home spouse to retain additional resources or income. Such an order can allow the couple to retain more than $267,400 in available resources if the income that could be generated by the retained resources would not cause the total monthly income available to the at-home spouse to exceed $3,435. Such an order also can allow the at- home spouse to retain more than $3,435 in monthly income, if the extra income is necessary “due to exceptional circumstances resulting in significant financial duress.”

An at-home spouse also may obtain a court order to increase the amount of income and resources that he or she is allowed to retain, or to transfer property from the spouse in the nursing facility to the at-home spouse. You should contact a knowledgeable attorney for further information regarding court orders.

The paragraphs above do not apply if both spouses live in a nursing facility and neither previously has been granted Medi-Cal eligibility. In this situation, the spouses may be able to hasten Medi-Cal eligibility by entering into an agreement that divides their community property. The advice of a knowledgeable attorney should be obtained prior to the signing of this type of agreement.

Note: For married couples, the resource limit ($137,400 in 2018) and income limit ($3,435 in 2022) generally increase a slight amount on January 1 of every year.

Transfer of Home for Both a Married and an Unmarried Resident

A transfer of a property interest in a resident's home will not cause ineligibility for Medi-Cal reimbursement if either of the following conditions is met:

a. At the time of transfer, the recipient of the property interest states in writing that the resident would have been allowed to return to the home at the time of the transfer, if the resident's medical condition allowed him or her to leave the nursing facility. This provision shall only apply if the home has been considered an exempt resource because of the resident's intent to return home.

b. The home is transferred to one of the following individuals:

    1. The resident's spouse.
    2. The resident's minor or disabled child.
    3. A sibling of the resident who has an equity interest in the home, and who resided in the resident's home for at least one year immediately before the resident began living in institutions.
    4. A son or daughter of the resident who resided in the resident's home at least two years before the resident began living in institutions, and who provided care to the resident that permitted the resident to remain at home longer.

This is only a brief description of the Medi-Cal eligibility rules; for more detailed information, you should call your county welfare department. You will probably want to consult with the local branch of the state long- term care ombudsman, an attorney, or a legal services program for seniors in your area.

I have read the above notice and have received a copy

____

Signature of person being admitted Date

____

Signature of spouse Date

____

Signature of legal representative Date

NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY **AND RECOVERY**
For Distribution by Insurers, Agents, and Brokers

IF YOU OR YOUR SPOUSE ARE CONSIDERING PURCHASING A FINANCIAL PRODUCT BASED ON ITS TREATMENT UNDER THE MEDI-CAL PROGRAM, READ THIS IMPORTANT MESSAGE!

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

Recovery

An annuity purchased on or after September 1, 2004, shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004, may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

Unmarried Resident

An unmarried resident may be eligible for Medi-Cal benefits if he/she has less than $130,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his/her monthly income a personal allowance of $35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

Married Resident

Community Spouse Resource Allowance: If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than $267,400 in countable resources.

Minimum Monthly Maintenance Needs Allowance: If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or $3,435 in monthly income, whichever is greater.

Fair Hearings and Court Orders

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than $267,400 in countable resources. The order also may allow the at-home spouse to retain more than $3,435 in monthly income.

Real and Personal Property Exemptions

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

Real Property Exemptions

- One principal residence. One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.

The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.

Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.

- *Real property used in a business or trade.* Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

Personal Property and Other Exempt Assets

- IRAs, KEOGHs, and other work-related pension plans. These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- Personal property used in a trade or business.
- One motor vehicle.
- Irrevocable burial trusts or irrevocable prepaid burial contracts.

There may be other assets that may be exempt.

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

Please note: If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Care Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Care Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement. To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local county welfare department.

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

Purchaser signature

➢ ______________________________

Spouse’s signature

➢ ______________________________

Legal representative signature

➢ ______________________________

QUALIFIED MEDICARE BENEFICIARY PROGRAM INFORMATION NOTICE

This notice is to help you decide whether to apply for the Qualified Medicare Beneficiary (QMB) Program. People eligible for this program will have their expenses for Medicare Part A and Part B premiums, coinsurance and deductibles paid by the Medi-Cal program. You may apply for the *QMB* program at your local county department of social services.

There are ***four*** requirements which you must meet if you want to be a QMB.

HERE ARE THE FOUR REQUIREMENTS:

1. A *QMB* must be eligible for Medicare Part A (Hospital Insurance).
2. A *QMB* must have monthly income which is equal to or less than $1,153 if he/she is a single person or$1,546 if he/she is married and living with a spouse.
3. A *QMB* must have property which is equal to or less than $130,000 if he/she is single or equal to or less than $195,000 if he/she is married and living with a spouse.
4. A *QMB* must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four *QMB* requirements.

REQUIREMENT 1 A *QMB* must be eligible for Medicare Part A (Hospital Insurance).

❒ I already have Medicare Part A (Hospital Insurance).

❒ I do not have Medicare Part A (Hospital Insurance) but I underst and I must apply for Part A at the Social Security Administration before March 31st. I underst and that I can make a "conditional application" for Part A so that I will only receive it if the premium is p aid by the Medi-Cal program.

  ❒ I have already applied for Medicare Part A (Hospital Insurance).

  ❒ I will apply before March 31st.

REQUIREMENT 2 A *QMB* who is not married or not living with a spouse must have count able income which is equal to or less than $1,153. A *QMB* living with a spouse must have count able income which is equal to or less than $1,546. These amount s are expected to increase sometime in April.

The following are examples of some types of income that count towards the Q*MB* income limit. When a person applies to be a *QMB* at the county department of social services, the county will also look at other types of income and may treat the income dif ferently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.

I. Fill in the *MONTHLY* amounts for the person who wants to be a *QMB.*

1. Social Security check $______
2. VA benefits $______
3. Interest from bank accounts or certificates of deposits $______
4. Retirement Income $______
5. Any other Income $______
6. Total—add lines 1 through 5 $______

II. If you are married and living with your spouse, complete the following *MONTHLY* amounts for your spouse even if this spouse also wants to be a *QMB*.

7. Social Security check $______
8. VA benefits $______
9. Interest from bank accounts or certificates of deposit $______
10. Retirement Income $ ______
11. Any Other Income $ ______
12. Total—add lines 7 through 11 $______

II. Fill in the *MONTHLY* amounts for the person in I, and if married, the spouse in II.

13. Gross earnings ***for the person who wants to be a QMB*** $______
14. Gross earnings for the spouse $______
15. Total—add lines 13 and 14 $______
16. Subtract $65 $ – 65
17. Remainder $______
18. Divide by 2 $______
19. Total—add lines 6, 12, and 18 *$______

* If you are not married, this total cannot exceed $ 1,153. If you are married and living with your spouse, this total cannot exceed $1,546. However, if you have children or your spouse has low income, this total may be higher. If you received a Title II Social Security cost of living adjustment, this amount will not be counted until April.

REQUIREMENT 3 A *QMB* who is not married or not living with his/her spouse must have countable property which is equal to or less than $130,000. A *QMB* who is married and living with his/her spouse must have countable property which is equal to or less than $195,000.

The following gives examples of countable property. Important: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county welfare department as a *QMB,* the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county welfare department. This other property may or may not count towards the *QMB* property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

1. Checking accounts $ ______________
2. Savings accounts $ ______________
3. Certificates of Deposit $ ______________
4. Stocks $ ______________
5. Bonds $ ______________
6. A second car (value minus amount owed) $ ______________
7. A second home (value minus amount owed) $ ______________
8. The cash surrender value of life insurance policies if the face value of all policies combined exceeds $1,500 (Do not include "term" insurance policies) $ ______________
9. Total—add lines 1–8 **$ ______________

**This total cannot exceed $130,000 for a single person or $195,000 for a couple.

REQUIREMENT 4 A *QMB* must meet certain other Medi-Cal conditions. For example, Medi-Cal benefits received by a beneficiary after age 55 are recoverable by the State after death under certain conditions. Recovery may be made from the estate or distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled child.

Additional Information

For more information or if you wish to apply as a *QMB,* please call the number of your local department of social services.

QUALIFIED DISABLED WORKING INDIVIDUAL INFORMATION NOTICE

This notice is to help you decide whether to apply for the Qualified Disabled Working Individual (QDWI) program. People eligible for this program will have their Medicare Part A premiums paid by the Medi-Cal program. You may apply for the QDWI program at your local county department of social services.

There are four requirements which you must meet if you want to be a QDWI.

HERE ARE THE FOUR REQUIREMENTS:

1. A QDWI must be eligible for Medicare Part A (Hospital Insurance) as a disabled working individual.
2. A QDWI must have a monthly income which is equal to or less than $2,266 if he/she is a single person or $3,052 if he/she is married and living with a spouse.
3. A QDWI must have property which is equal to or less than $130,000 if he/she is single or $195,000 if he/she is married and living with a spouse.
4. A QDWI must meet certain other requirements and conditions which are part of the Medi-Cal program, such as being a California resident.

The following gives more information about the four QDWI requirements:

REQUIREMENT 1

A QDWI must be under age 65 and eligible for Medicare Part A with a premium.

☐ I already have Part A Medicare Hospital Insurance.

☐ I do not have Part A Hospital Insurance, but I understand I must apply for Part A at the Social Security Administration.

☐ I have already applied for Part A.

REQUIREMENT 2

A QDWI who is not married or not living with a spouse must have countable income which is equal to or less than $2,266 per month. A QDWI living with a spouse must have countable income which is equal to or less than $3,052 per month. These amounts are expected to increase sometime in April.

The following are examples of some types of income that count toward the QDWI income limit. When a person applies to be a QDWI at the county department of social services, the county will also look at other types of income and may treat the income differently from what is on this sheet. For example, if there is a minor child or children in the home, there may be deductions allowed which would reduce the amount of countable income.

Fill in the amounts to see if you are close to the limit.

A. Fill in the MONTHLY amounts for the person who wants to be a QDWI.

1. Social Security check $ ____________
2. VA benefits $ ____________
3. Monthly interest $ ____________
4. Retirement income $ ____________
5. Any other unearned income $ ____________
6. Total – Add lines 1 through 5. $ ____________

B. If you are married and living with your spouse, complete the following MONTHLY amounts for your spouse even if this spouse also wants to be a QDWI:

7. Social Security check $ ____________
8. VA benefits $ ____________
9. Interest from bank accounts or certificates of deposit $ ____________
10. Retirement income $ ____________
11. Any other unearned income $ ____________
12. Total – Add lines 7 through 11. $ ____________

C. Fill in the MONTHLY amounts for the person in A and, if married, the spouse in B.

13.	Gross earnings for the person who wants to be a QDWI	$ ______		
14.	Gross earnings for the spouse	$ ______		
15.	Total – Add lines 13 and 14	$ ______		
16.	Subtract $65	– $ 65		
17.	Remainder	$ ______		
18.	Divide line 17 by 2		$ ______	
19.	Total – Add lines 6, 12, and 18.			$ ______

If you are not married, this amount cannot exceed $2,266 per month. If you are married and living with your spouse, this total cannot exceed $3,052 per month. However, if you have children or your spouse has low income, this total may be higher.

REQUIREMENT 3

A QDWI who is not married or not living with his/her spouse must have countable property which is equal to or less than $130,000. A QDWI who is married and living with his/her spouse must have countable property which is equal to or less than $195,000.

The following gives examples of properties which count. **PLEASE NOTE**: The home you and/or a spouse live in does not count. One car used for transportation does not count. If you apply at the county department of social services as a QDWI, the county may treat the property listed on this form differently. There are other types of property which will also be looked at by the county department of social services. This other property may or may not count toward the QDWI property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

1.	Checking accounts	$ ______	
2.	Savings accounts	$ ______	
3.	Certificates of Deposit	$ ______	
4.	Stocks	$ ______	
5.	Bonds	$ ______	
6.	A second car (value minus amount owed)	$ ______	
7.	A second home (value minus amount owed)	$ ______	
8.	The cash surrender value of life insurance policies if the face value of *all* policies combined exceeds $1,500. (Do not include “term” insurance policies.)	$ ______	
9.	Total – Add lines 1 through 8.		$ ______

This amount cannot exceed $130,000 for a single person or $195,000 for a couple.

REQUIREMENT 4

A QDWI must meet certain other Medi-Cal conditions. For example, you must be a California resident.

Additional Information

For more information or if you wish to apply as a QDWI, please call the number of your local county department of social services.

Period of Ineligibility for Nursing Facility Level-of-Care Work Sheet

For use only when transfers made by an institutional individual occurred on or after January 1, 1990

Case Name: ______________________________ Case Number: ____________________

Eligibility Worker Number: ______________________ Date: __________________________

REMINDER:

- Do not calculate a period of ineligibility if the month of transfer was more than 30 months from the date for which nursing facility level-of-care under Medi-Cal is being requested.
- Do not add transfers together unless they are transfers made on the same day, from the same account, to the same person.
- The period of INELIGIBILITY can be reduced whenever the institutionalized individual receives additional compensation for the property transferred.
- The period of INELIGIBILITY terminates if the property is transferred back to the institutionalized individual.
- Payments from state-certified long-term care policies are to be deducted from the total net nonexempt property.

A. Was the property transferred exempt or excepted from inclusion in the property reserve at the time of transfer?.......... ☐ Yes ☐ No

If Yes, **STOP. No period of ineligibility exists.** If No, continue to B.

B. Determine the uncompensated value of the property transferred.

1. Net market value of nonexempt property transferred. ………….. ______________

2. Amount of compensation received in excess of encumbrances and closing costs. ______________

3. Uncompensated value (line 1 minus line 2) ………….. ______________

C. Was the uncompensated value of the property transferred less than the average private pay rate (APPR)?.......... ☐ Yes ☐ No

1. Uncompensated value (B.3.)………….. ______________

2. APPR as of the date of application or the date of institutionalization, whichever is most recent. ………….. ______________

3. Total (line 1 minus line 2) ………….. ______________

If Yes, **STOP. No period of ineligibility exists.** If No, continue to D.

D. Is there a potential period of ineligibility? (Skip D and continue to E if individual was a Medi-Cal Long-Term Care beneficiary at time of the transfer.) ………….. ☐ Yes ☐ No

1. Uncompensated value (B.3.) divided by APPR (round down to the nearest whole number)………….. ______________

2. Number of months including month of transfer up to and excluding the month of application or retroactive month, if applicable. ………….. ______________

3. Total (line 1 minus line 2) ………….. ______________

If D.3. is equal to or less than zero, check **NO** and **STOP. No period of ineligibility exists.**

If D.3. is greater than zero, check **YES** and continue to E.

E. Was the institutionalized individual within the property limits at the time of transfer? .... ☐ Yes ☐ No

1. Amount of other net nonexempt property available to the institutionalized individual at the time of transfer. Note: If any applicant is an institutionalized spouse with a community spouse, include the net nonexempt property available to the community spouse. .... ______
2. Uncompensated value of property transferred (line B.3.) .... ______
3. Total net nonexempt property (add lines 1 and 2) .... ______
4. Enter $130,000. (If the applicant is an institutionalized spouse with a community spouse, include the Community Spouse Resource Allowance (CSRA) in effect at the time of application in addition to the $130,000.) .... ______
5. Uncompensated value which would have resulted in excess property, transferred to establish eligibility (line 3 minus line 4). If the result is greater than amount in line 2, copy the amount in line 2 here.......... ______

If amount is $0 or less, check **Yes. STOP. No period of ineligibility exists.**

If amount is greater than zero, check **NO** and continue to F.

F. Period of Ineligibility for Nursing Facility Level-of-Care.

1. Uncompensated value of transferred property that would have resulted in excess property (line E.5.).......... ______
2. APPR.......... ______
3. Number of months in the period (line 1 divided by line 2, round down to nearest whole number).......... ______

   If less than one, **STOP. No period of ineligibility exists.**

4. **Applicants:** Number of months including month of transfer and up to and excluding month of application and retroactive month (line D.2.)
   Beneficiaries: Number of months including month of transfer up to and excluding current month.......... ______
5. Months of ineligibility remaining (line 3 minus line 4).......... ______
6. If the number of months remaining in line 5 is greater than zero, the PERIOD OF INELIGIBILITY WILL EXPIRE ON .... ______
   (Begin with the month of application, retroactive month, or current month if the person is a beneficiary.)

G. Beneficiaries Only: Did the person receive Medi-Cal for Nursing Facility Level-of-Care in a month throughout which a period of ineligibility should have existed?.......... ☐ Yes ☐ No

If Yes, there is an overpayment for nursing facility level-of-care. A referral is required.

Note: Prior to sending a Notice of Action imposing a period of ineligibility for nursing facility level-of-care:

- Evaluate for undue hardship.
- If undue hardship DOES NOT exist, you may forward case information to DHCS Medi-Cal Eligibility Division Property Analyst for review prior to sending the 10-day Notice of Action.

What is Non-MAGI Medi-Cal?

The most common form of Medi-Cal is Modified Adjusted Gross Income (**MAGI**) Medi-Cal. It uses tax rules to see if you qualify.

Non-MAGI Medi-Cal is Medi-Cal that uses other rules to count property, household income, and size to see if you qualify.

Some people who do not qualify for MAGI Medi-Cal may qualify for one of the Non-MAGI Medi-Cal programs. These include the Medically Needy or Medically Indigent (MN/MI) program. There are also programs for people with disabilities.

Who does the MN/MI program cover?

MN/MI covers:

- Children under age 21.
- Pregnant women,
- Families with children under age 21 who have too much income to qualify for MAGI Medi-Cal,

People who are 65 years or older, or those who are blind or disabled, and have too much income for other Medi-Cal programs,

What programs does Medi-Cal have for people with disabilities?

Medi-Cal has several programs for people with disabilities. These include a program for people with disabilities who work. You must request a full eligibility determination to be screened for this and other Non-MAGI programs. You must also report on your income and property.

What information must I give to find out if I qualify for Non-MAGI Medi-Cal?

You must fill out the MC604 IPS form that came with this brochure. We use it to see if you qualify for any of the Non-MAGI Medi-Cal programs. You may also need to give proof, such as paystubs or bank statements.

What are the property limits to qualify for Non-MAGI Medi-Cal?

Here are the limits for property we count, such as bank accounts:

- 1 person – $130,000
- 2 people – $195,000
- More people – $195,000 plus $65,000 for each added person, up to 10.

If your property is over the limit, you can still qualify by spending the amount over the limit.

We do **not** count:

- 1 car.
- Personal items and household furnishings.
- The home you live in.
- Money in your checking account that was counted as income in the month that it is received.
- Balances in an Individual Retirement Account (IRA), KEOGH or work-related pension fund do not count if you receive regular payments from these types of accounts. Only the income received will count. If you have a family member with one of those accounts and they do not want Medi-Cal for themselves, their account will not count and they do not have to receive regular payments for your Medi-Cal eligibility.

For more about how we count property for Non-MAGI programs, read Notice 007, "Medi-Cal General Property Limitations."

What is the income limit for Non-MAGI Medi-Cal?

Each program has its own income limit. There is an income limit for no cost Medi-Cal through the MN / MI program. If your household income is above that limit you can still qualify and have a share of cost (SOC). Read more on SOC below in "**What is share of cost (SOC)?"**

What kind of income counts?

We only count some types of income. For some income that we count, we may deduct (subtract) part of the income first. For example, in the MN/ MI program for families, we deduct from your income any court-ordered child or spousal support you pay.

If you work, we deduct $90 from your income for work-related expenses. We may deduct some earned income of families with blind or disabled persons. We also deduct health insurance premium payments.

People with disabilities have different rules about what income counts to qualify for Non-MAGI Medi-Cal. To learn more about how we count income or how we figure the SOC, read "Medi-Cal, What it Means to You."

Whose income counts?

For MN/MI Medi-Cal, we count:

- A spouse's income for the other spouse, and
- A parent's income for the children.

Sometimes we do **not** count:

- A brother or sister's income for a child or parent,
- A stepparent's income for a child, or
- Unmarried parents' income for each other.

Because of these rules, members of a family with a stepparent, unmarried parents or a child with income, or families with many children and expenses, may get no cost Medi-Cal through MN/MI even if they do not qualify for MAGI Medi-Cal.

What is share of cost (SOC)?

SOC is the amount of medical costs you must pay or owe first in any month you get health services. After you meet your SOC, Medi-Cal will pay for the rest of your medically necessary health care services in that month. If you have no medical expenses in a month, you have no SOC that month.

What are some SOC examples?

1. If the total countable income of your family of 3 is $2,248, the income limit for no cost Medi-Cal is $934. This is the "maintenance need level" (MNL) for 3 people. The amount over $934 would be your SOC ($1,314 each month). Before Medi-Cal would begin paying for that month, you would pay or owe $1,314 of any medical care the family gets that month.

2. If a child has income or property, or there is a stepparent, stepchildren or a caretaker relative, family members might have different SOC amounts.
   For example, if a mother and stepfather have $1,500 gross unemployment income, they may have a SOC of $566 a month. If the Mom's daughter receives child support of $200 a month, her income calculation is different. She may have no SOC. This is because a daughters' income cannot count toward a parent or stepparent.

For question about SOC, you can call your county worker.