

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814

(916) 445-1797



July 30, 1979

To: ALL COUNTY WELFARE DIRECTORS

LETTER NO. 79-18

## JULY 1979 MEDI-CAL MAINTENANCE NEEDS AND OTHER ALLOWABLE INCOME AMOUNTS

The 1979-80 cost of living increases for Medi-Cal maintenance needs, income in kind amounts, LTC support allowances and SSI/SSP payment levels (for Medi-Cal special deduction computations) have now been calculated. These new amounts are effective July 1, 1979 in accordance with state statute. Amendments to CAC, Title 22 are required to formally implement the new amounts. These regulatory changes, which will be effective retroactively, are being processed on an emergency basis; they will be transmitted as an Eligibility Manual update as soon as they are adopted and filed.

In order to facilitate and expedite county welfare department implementation of these changes, this letter transmits the necessary implementing information. The information includes the new amounts described above and instructions for their use. The new amounts will also be incorporated in a revision to the procedural portion of the Eligibility Manual.

APPLICATION OF NEW LEVELS AND AMOUNTS

The instructions below are designed to minimize the one-time recomputation workload, while still providing the Medi-Cal-only beneficiaries the full benefit of the cost of living increases. It should be noted that no recomputations will be necessary for long-term care cases in which there are no allocations to family members at home or deductions for home up-keep and disabled relative support since there has been no change to allowed amounts for such cases.

## 1. Pending applications:

For Medi-Cal-only applications which are pending as of receipt of this letter, apply the new amounts for the months of July 1979 and later.

## 2. Continuing share-of-cost cases (no Title II Social Security income):

a. Recalculate ongoing share of cost using the new amounts.

b. Recalculate the share of cost for previous months in which there was a share of cost, beginning with the month of July 1979, using the new amounts.

July 30, 1979

PROVIDER REIMBURSEMENT OF REDUCED SHARE OF COST

If a beneficiary chooses to obtain a reimbursement from a provider for previous month(s) share-of-cost adjustments, the provider is obligated to reimburse the beneficiary in accordance with Welfare and Institutions Code, Section 14019.3. The wording of that Section is attached. Beneficiaries should contact Department of Health Services, Medi-Cal Relations Unit at (916) 445-0266 if their providers are unwilling to provide reimbursement.

TITLE II DISREGARD PERSONS

As described in Medi-Cal Letter No. 79-13, SSI/SSP recipients who were discontinued from SSI/SSP in July 1979 because of a Title II Social Security increase will continue to get no-cost Medi-Cal cards as Title II Disregard eligibles until the new SSI/SSP payment levels are in place for grant computation. The new payment levels are expected to be in use for October 1 SSI/SSP checks; in that case, October will be the last month that the state will issue such cards. A statement to that effect will be sent with those cards, as described in Letter No. 79-13. Counties should expect Title II Disregard persons to begin applying for Medi-Cal shortly thereafter. The provisions of CAC, Title 22, Section 50564 must be applied to these applications. A list of discontinued SSI/SSP eligibles who qualify for the Title II Disregard will be transmitted to the counties approximately the same time as the last state-issued cards are mailed. Since the retro-active SSI/SSP increase is greater than the July 1979 Title II increase, most of these individuals will be restored to their cash grant status.

Please direct any questions regarding this letter to your Medi-Cal field representative.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief  
Eligibility Branch

cc: Medi-Cal Liaisons  
Medi-Cal Field Representatives

Expiration Date: January 31, 1980

## MEDI-CAL ELIGIBILITY MANUAL

### 10F - INCOME IN KIND VALUES

The Department uses this section to provide eligibility staff advance notice of changes to income in kind values. Values effective through June appear here as a reference for retroactive computations after the July increases become effective.

#### 1. Value of Income In Kind Effective July 1, 1979

##### a. Housing

1 person . . . . .	\$ 90
2 persons. . . . .	121
3 persons. . . . .	132
4 or more persons. . . . .	140

##### b. Utilities, including telephone

1 person . . . . .	\$ 20
2 persons. . . . .	21
3 persons. . . . .	23
4 or more persons. . . . .	24

##### c. Food

1 person . . . . .	\$ 50
2 persons. . . . .	108
3 persons. . . . .	137
4 persons. . . . .	169
5 persons. . . . .	204
6 persons. . . . .	237
7 persons. . . . .	265
8 persons. . . . .	290
9 persons. . . . .	317
10 or more persons. . . . .	343

##### d. Clothing

1 person . . . . .	\$ 16
2 persons. . . . .	30
3 persons. . . . .	45
4 persons. . . . .	60
5 persons. . . . .	74
6 persons. . . . .	89
7 persons. . . . .	104
8 persons. . . . .	117
9 persons. . . . .	134
10 or more persons. . . . .	147

## MEDI-CAL ELIGIBILITY MANUAL

### 11A - MAINTENANCE NEEDS; LTC PATIENT SPECIAL ALLOWANCES

The Medi-Cal maintenance needs and the special allowances for LTC patients are directly related to the AFDC maximum aid payments; therefore, when the AFDC grant levels are adjusted for cost of living increases, the Medi-Cal maintenance needs and the special allowances for LTC patients also increase. The Department uses this section to provide eligibility staff advance notice of the changes in the maintenance needs and the special allowances changes. The maintenance needs and LTC patient special allowances effective through June month of eligibility appear here as a reference for retroactive computations after the July increases become effective.

#### 1. Maintenance Needs Effective July 1, 1979

a. 1 person, when all other family members are PA or Other PA . . . . .	\$ 221
1 person in all other situations . . . . .	291
2 persons . . . . .	442
3 persons . . . . .	550
4 persons . . . . .	650
5 persons . . . . .	742
6 persons . . . . .	833
7 persons . . . . .	917
8 persons . . . . .	1,000
9 persons . . . . .	1,083
10 persons . . . . .	1,158
Each additional person . . . . .	+8
1 person in LTC for entire calendar month. .	25

#### 2. LTC Patient Special Allowances Effective July 1, 1979

a. Upkeep of home allowance for certain LTC eligibles — 50605 (b)	
1 person who had been living alone . . . . .	\$ 120
1 person who shared housing with persons for whom there was no legal responsibility to support . . . . .	81
Each spouse, when both are LTC and both will return home within six months . . . . .	81

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## MEDI-CAL ELIGIBILITY MANUAL

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- b. Allowance for support of disabled relative  
of LTC eligible -- 50605 (d)

Disabled relative living alone or with  
persons not legally responsible for his  
support. . . . . \$ 291

Disabled relative living with persons  
legally responsible for his support. . . . . 221

3. Maintenance Needs Effective July 1, 1977 and July 1, 1978

- a. 1 person, when all other family  
members are PA or Other PA . . . . . \$ 192

1 person in all other situations . . . . . 253

2 persons. . . . . 383

3 persons. . . . . 475

4 persons. . . . . 567

5 persons. . . . . 650

6 persons. . . . . 725

7 persons. . . . . 800

8 persons. . . . . 867

9 persons. . . . . 942

10 persons. . . . . 1,008

Each additional person . . . . . +7

1 person in LTC for entire calendar month. . . . . 25

- b. Upkeep of home allowance for  
certain LTC eligibles -- 50605 (b)

1 person who had been living alone . . . . . \$ 104

1 person who shared housing with persons  
for whom there was no legal responsibility  
to support . . . . . 70

Each spouse, when both are LTC and both  
will return home within six months . . . . . 70

- c. Allowance for support of disabled relative  
of LTC eligible -- 50605 (d)

Disabled relative living alone or with  
persons not legally responsible for his  
support. . . . . \$ 253

Disabled relative living with persons  
legally responsible for his support. . . . . 192

# MEDI-CAL ELIGIBILITY MANUAL

## 10A - SSI/SSP PAYMENT LEVELS

Effective September 1, 1978

	LIVING ARRANGEMENTS				
	INDEPENDENT LIVING ARRANGEMENT	RESIDING IN THE HOUSEHOLD OF ANOTHER AND RECEIVING FOOD AND BOARD IN KIND	INDEPENDENT LIVING ARRANGEMENT WITHOUT COOKING FACILITIES	NONMEDICAL BOARD AND CARE	DISABLED MINOR RESIDING IN HOME OF RELATIVE
Aged	\$307.60	\$244.47	\$340.60	\$354.60	\$ N/A
Disabled	307.60	244.47	340.60	354.60	\$252.60
Blind	345.60	282.47	N/A	354.60	N/A
Aged and Aged Spouse	574.40	479.70	640.40	709.20	N/A
Disabled and Disabled Spouse	574.40	479.70	640.40	709.20	N/A
Blind and Blind Spouse	680.40	585.70	N/A	709.20	N/A
Aged and Disabled Spouse	574.40	479.70	640.40	709.20	N/A
Aged and Blind Spouse	642.40	547.70	N/A	709.20	N/A
Blind and Disabled Spouse	642.40	547.70	N/A	709.20	N/A

Effective July 1, 1979

	LIVING ARRANGEMENTS				
	INDEPENDENT LIVING ARRANGEMENT	RESIDING IN THE HOUSEHOLD OF ANOTHER AND RECEIVING FOOD AND BOARD IN KIND	INDEPENDENT LIVING ARRANGEMENT WITHOUT COOKING FACILITIES	NONMEDICAL BOARD AND CARE	DISABLED MINOR RESIDING IN HOME OF RELATIVE
Aged	\$356.00	\$286.60	\$394.00	\$402.00	N/A
Disabled	356.00	286.60	394.00	402.00	\$282.00
Blind	399.00	329.60	N/A	402.00	N/A
Aged and Aged Spouse	660.00	555.90	736.00	804.00	N/A
Disabled and Disabled Spouse	660.00	555.90	736.00	804.00	N/A
Blind and Blind Spouse	776.00	671.90	N/A	804.00	N/A
Aged and Disabled Spouse	660.00	555.90	736.00	804.00	N/A
Aged and Blind Spouse	733.00	628.90	736.00	804.00	N/A
Blind and Disabled Spouse	733.00	628.90	736.00	804.00	N/A

(County Stamp)

**MEDI-CAL  
NOTICE OF ACTION  
CHANGE IN SHARE OF COST**

State No.: \_\_\_\_\_

District: \_\_\_\_\_

Change in Share of Cost for: \_\_\_\_\_

\_\_\_\_\_  
(Names)

Your share of cost has been changed to \$ \_\_\_\_\_ per month, beginning \_\_\_\_\_,  
because: State law increased the Medi-Cal maintenance needs effective July 1, 1979.

Therefore, your revised, lower share of cost for past months is:

July 1979: \$ \_\_\_\_\_ August 1979: \$ \_\_\_\_\_ Sept. 1979: \$ \_\_\_\_\_

If your medical bills in any of the above months were higher than your revised share of cost for that month, you may be eligible to have those medical bills reduced, or to have your future share-of-cost amounts reduced. If your medical bills were higher than your revised share of cost, and you want a share of cost or medical bill reduction, contact your eligibility worker.

The regulations which require this action are California Administrative Code, Title 22, Section(s): 50653

Your new share of cost was determined as follows:

Monthly gross income	\$ _____
Monthly net nonexempt income	\$ _____
Maintenance need	\$ _____
Monthly share of cost	\$ _____

\_\_\_\_\_  
(Eligibility Worker)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Dated)

**PLEASE READ THE REVERSE SIDE OF THIS NOTICE**

14019.3 Return of payment for services otherwise covered by Medi-Cal program; submission of claim for Medi-Cal reimbursement

A beneficiary or any person on behalf of the beneficiary who has paid for health care services otherwise covered by the Medi-Cal program received by the beneficiary shall be entitled to a return from the provider of any part of such payment which:

(1) Was rendered during any period prior to the receipt of his Medi-Cal card, for which such card authorizes payment under Section 14018 or 14019;

(2) Was reimbursed to the provider by the Medi-Cal program, following all audits and appeals to which the provider is entitled;

(3) Is not payable by a third party under contractual or other legal entitlement; and

(4) Was not used to satisfy his paid or obligated liability for health care services or to establish eligibility.

Upon presentation of the Medi-Cal card or other proof of eligibility, the provider shall submit a Medi-Cal claim for reimbursement, subject to the rules and regulations of the Medi-Cal program. Payment received from the state in accordance with Medi-Cal fee structures shall constitute payment in full. The provider shall return any and all payments made by the beneficiary, or any person on behalf of the beneficiary, for Medi-Cal program covered services upon receipt of Medi-Cal payment.