STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES 714/744 P STREET FACRAMENTO, CA 95814 -1.6) 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 upkeep and disabled relative support since there has been no change to allowed amounts for such cases.

- 1. Fending 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.

All County Welfare Directors

20

#### 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-Gal 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-Gal 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-Gal 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 retroactive 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

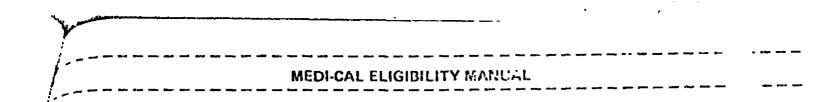
The Department uses this section to provide eligibility staff advance notice of changes to income in kind values. Values effective through June appear here as a reference for retroactive computations after the July increases become effective.

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

•

a. Housing

2 3 4	person . persons. persons. or more	pers	0115	3	•	•	•	• • • •	•	•		132
ъ. U	tilities,	inc	luc	ling	te	210	ph	one				
2 3	person . persons. persons. or more	• •	ons	• •	•	• • •	•	• • • • • •	• • •	• • •	•	\$20 21 23 24
c. F	boo											
2 3 4 5 6 7 8 9 10	persons.	· · · · · · · · · · · ·	•	• • • •	•	• • • • • • •		· · · · · · · · · · · · · · ·			•	\$50 108 137 169 204 237 265 290 317 343
2 3 4 5 6 7 8	persons. persons. persons. persons.		•	• • • • • •	· · · · · · · · · · · · · · · · · · ·	• • • • •	• • • •	      	•			\$ 16 30 45 60 74 89 104 117 134 147



### 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

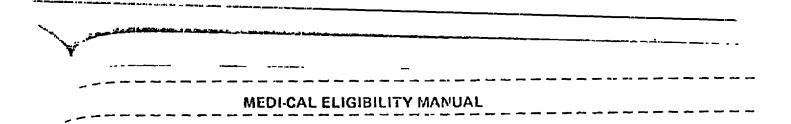
a.					
	- members are PA or Other PA \$ 221				
	l person in all other situations 291				
	2 persons				
	3 persons				
	4 persons				
	5 persons				
	6 persons				
	7 persons				
	3 persons 1,000				
	9 persons 1,083				
	10 persons 1,158				
	•				
	Each additional person +8				
	l person in LTC for entire calendar month 25				
LTC	Patient Special Allowances Effective July 1, 1979				
<ul> <li>Upkeep of home allowance for</li> <li>certain LTC eligibles 50605 (b)</li> </ul>					
	l person who had been living alone \$ 120				
	<pre>l person who shared housing with persons for whom there was no legal responsibility to support</pre>				
	Each spouse, when both are LTC and both will return home within six months 81				

2.

	MEDI-CAL ELIGIBILITY MANUAL
	for support of disabled relative igible 50605 (d)
persons no	relative living alone or with ot legally responsible for his 
	relative living with persons esponsible for his support 221
Maintenance Nee	eds Effective July 1, 1977 and July 1, 1978
	when all other family re PA or Other PA \$ 192
2 persons.	in all other situations
4 persons.	
-	942
	1,008
Each addit	tional person +7
l person i	in LTC for entire calendar month 25
	home allowance for FC eligibles 50605 (b)
i person w	who had been living alone \$ 104
for whom	who shared housing with persons In there was no legal responsibility Port
-	se, when both are LTC and both rn home within six months 70
	for support of disabled relative igible 50605 (d)
· persons no	relative living alone or with ot legally responsible for his
	relative living with persons esponsible for his support 192

EFFECTIVE 7/1/79

A-2



.

# 10A - SSI/SSP PAYMENT LEVELS

Effective September 1, 1078

	LIVINT ARRANCEMENTS						
	INDEPENDENT LIVING ARRANGEMENT	RESIDING IN THA HOLSEFOLD OF ANDINER AND FEEFIVING FORM AND BOARD IN KIND	LYDEPENDENT LIVING ARXINGENENT LIVING ARXINGENENT LITHOUT 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	244.67	340.60	354.60	\$252.60		
Blind	345.60	282.47	K/A	354.60	N/A		
Aged and Aged Spouse -	574.40	479.70	640.40	709.20	N/A		
Disabled and Disabled Spours	574.40	479.70	640-40	709.20	R/A		
Blind and Blind Spoure	680.40	- 585.70	N/A	709.20	R/A		
Aged and Disabled Spouse	574.40	479.70	640.40	709.20	H/A		
Aged and Blind Spouse	642.40	547.70	¥/A	709.20	N/A		
Blind and Disabled Spouer	642.40	547.70	N/A	709.20	8/4		

# Effective July 1, 1979

	LIVING ARRANGEMENTS				
	IND:,PENDENT LIVILG ARRANC DIENT	RESIDING IN THE HOUSEROLD OF ARATHER AND RELEIVING R.CH AND BOARD IN KIND	INDEFLADCAT LIVI:G ARRAI CAMENT VITIKOIT COOKSIG FACILITIFS	NOIMEDIGAL POARD AND CARE	DISABLED MIFU RESIDING IN HOME OF RELATIVE
Aged .	1356.00	\$286.60	\$394.00	\$402.00	H/A
Diambled	356.00	286.60	394.00	402.00	\$282.00
Blund	399.00	329.60	N/k	- 402.00	PI/A
Aged and Aged Spouse	650.00	555.90	736.00	804.00	N/A
Disabled and Disabled Spouse	660.00	555.90	736.00	804.00	11 /A
Bland and Bland Speuse	776.00	671.30	N/A	804.00	N/3
Aged and Disubled Spouse	660,00	555.90	736.00	801,.00	N/A
Aged and Blind Spouse	753.00	628.90	756-00	804.00	h/n
Biind and Disabled Spouse	733.00	628.90	736.00	804.00	N/A

and the second		
, من Cultion na Health and We' Agency من من Roogram		Department of Health Services
	: ٣	(County Stamp)
MEDI-CAL NOTICE OF ACTION CHANGE IN SHARE OF COST		
	L	L
Г	Г	State No.:
		District:
		Change in Share of Cost for:
Ĺ	لہ	(Names)
Your share of cost has been changed to \$ because: State law increased the Medi-(	pern Cal mainter	nonth, beginning nance needs effective July 1, 1979.
Therefore, your revised, lower share July 1979: \$ August 1979:	e of cost i : \$	for past months is: 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:

A STATE AND A STAT

(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.