DEPARTMENT OF HEALTH SERVICES

14/744 P STREET ACT MENTO, CA 95814



January 29, 1986

Letter No. 86-5

To: All County Welfare Directors
County Administrative Officers

MEDI-CAL INCOME IN KIND VALUES

Enclosed is an advance copy of regulations recently filed with the Secretary of State which will permit changes to the income in kind values to occur outside the regulatory process. Also enclosed is an advanced copy of the procedures section of the Medi-Cal Eligibility Manual setting forth the updated values.

The regulations become effective in mid-February, 1986. To avoid any proration in share-of-cost determinations, the new values should be applied commencing with March month of eligibility for Intake cases. Continuing cases should be reviewed for impact as quickly as possible, but no later than with the next activity occurring on a specific case (such as receipt of a Status Report, completed Record of Health Care Costs form, annual renewal, etc.). All affected cases should reflect these new values by July 1986. No retroactive share-of-cost calculations should be required as these values will increase the amount of income received by a MFBU.

The regulations and procedures will be issued to all holders of the Medi-Cal Eligibility Manual shortly. Upon receipt of the Manual updates this letter may be destroyed.

If you have any questions regarding this letter please contact Ruthell Ussery of my staff at (916) 332-6238; ATSS 492-6238.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief Medi-Cal Eligibility Branch

Enclosure

cc: Medi-Cal Liaisons

Medi-Cal Program Consultants .

Expiration Date: June 30, 1986

U (U) UU)	(OAL-4) REGISTER FOR FILING ADMINISTRATIVE REGULATIONS	86-#3 R-99-83 Medi-Cal Income-
:	WITH THE OFFICE OF ADMINISTRATIVE LAW	In-Kind
	ATTACHED ARE REGULATIONS ADOPTED, AMENDED OR REPEALED BY:	ENDORSED FILED IN THE OFFICE OF
ENDORSED PPROVED FOR FILING	Department of Health Services	JAN 19 4 23 PH 1986
JAN 1 7 1936	BY: Han Manda.	MARCH FONG EU SECRETARN OF STATE OF CAMPORNIA
LEAVE BLANK	(AGENCY OFFICER AUTHORIZED TO SUBMIT REGULATIONS)	LEAVE BLANK
Y CONTACT PERSON AND Ron C. Wetherall, Chief	POSITION (91 , Office of Regulations (91	6) T52524956
cate California Administrative	Code Title and specify sections to be amended, a	adopted, and/or repealed:
SECTIONS AMENDE		
: 22 50511 SECTIONS ADOPTED)	
SECTIONS REPEALE	D	
E OF ORDER (CHECK ONE		
Regular	Emergency (Attach Finding of Emergency)	Certificate of Compliance
er Regulatory Actions:		
ocedural and Organizationa onange		Authority and Reference Citation Change
HIS ORDER A RESUBMUTA	L OF A PREVIOUSLY DISAPPROVED OR WITHD	RAWN REGULATION?
No	Yes, if yes give date of previous filing	
HIS FILING A RESULT OF	THE AGENCY'S REVIEW OF EXISTING REGULAT	FIONS?
No	Yes	
HESE REGULATIONS REQ CK THE APPROPRIATE BO	JIRED PRIOR REVIEW AND APPROVAL BY AN	Y OF THE FOLLOWING AGENCIES,
	ding Standards Comm. ach Approval) Fair Political Practices (Include FPPC Approv	
ATION DATE OF NOTICE IN CALIFORNIA . STRATIVE NOTICE REGISTER		DATES OF AVAILABILITY OF MODIFIED REGULATION(S) (GOV. CODE SEC. 11346.8(c))
qust 2, 1985	December 127 1303	ovember 7, 1985-November 21, 1985
No	N SCHEDULED ON YOUR AGENCY RULEMAKIN Yes	G CALENDAR?
CTIVE DATE OF REGULATIEVERSE)	ORY CHANGES: (SEE GOVERNMENT CODE SE	CTION 11346.2 AND INSTRUCTIONS
Effective 30th day after filing	g with the Secretary of State.	
Effective on	as required by statutes: (list)	
Effective on	(Designate effective date earlier that of State pursuant to Government Cod	
Request A	·	•
Effective on		RD days after filing with the Spectage of

- (1) Amend Section 50511 to read:
- 50511. Value of Income In Kind.
- (a) The value of the income in kind for the items specified in Section 50509(a), shall be the actual cost or not market value the item, or the following amounts; whichever is lesser of the following:
 - (1) Housing.
 - (A) One person MFBU \$111 per months
 - (b) Two person MFBU \$150 per month.
 - (6) Three person MFBU \$163 per month:
 - (D) Four person or larger MFBU \$173 per month:
 - (2) Utilities, including telephoner
 - (A) One person MFBU \$25 per month.
 - (B) Two person MFBH \$26 per months

- (C) Three person MFBU \$28 per month.
- (B) Four person or larger MFBH \$29 per month?
- (3) Foodr
- (A) One person MFBH \$62 per month.
- (B) Two person MFBU \$133 per month.
- (C) Three person MFBU \$169 per month.
- (B) Four person MFBU \$209 per month.
- (E) Five person MFBU \$252 per month.
- (F) Six person MFBU \$293 per month.
- (6) Seven person MFBU \$327 per months
- (H) Eight person MFBU \$358 per month.
- (I) Nine person MFBU \$391 per month.

- (J) Ten person or larger MFBU \$424 per month.
- (4) Glothing:
- (A) One person MFBH \$20 per months
- (B) Two person MFBU \$37 per months
- (6) Three person MFBU \$56 per months
- (B) Four person MFBU \$74 per month:
- (E) Five person MFBU \$92 per month.
- (F) Six person MFBU \$110 per month.
- (6) Seven person MFBH \$129 per months
- (H) Eight person MFBU \$144 per month:
- (I) Nine person MFBU \$165 per month.
- (J) Ten person or larger MFBU \$181 per month.

- (1) The actual cost or net market value of the item, or
- (2) The income in kind amounts effective July 1, 1981 for housing, utilities (including telephone), food and clothing specified in (d) as adjusted for any increases or decreases in the cost of living specified in (b).
- (b) Individual income in kind amounts shall be adjusted by the same percentage increase or decrease that is applied to the AFDC Maximum Aid Payment levels pursuant to Section 11453 Welfare and Institutions Codé. Such adjustments shall be effective at the same time as adjustments to the AFDC payment levels become effective as specified in section 11453, Welfare and Institutions Code.
- (b) (c) If one of the items listed in 50509(a) is shared with persons who are not included in the MFBU and who are not responsible for members of the MFBU, the income in kind value to the members of the MFBU shall be the lesser of:
 - (1) Their share of the net market value or actual cost of the item.
 - (2) The value listed in determined in accordance with (a) (2) .

- (e) Eligibility or share of cost determinations made on or after July 1, 1983 shall be based upon the provisions of this sections
 - (d) The income in kind amounts effective July 1, 1981 are as follows:
 - (1) Housing.
 - (A) One person MFBU \$111 per month.
 - (B) Two person MFBU \$150 per month.
 - (C) Three person MFBU \$163 per month.
 - (D) Four person or larger MFBU \$173 per month.
 - (2) Utilities, including telephone.
 - (A) One person MFBU \$25 per month.
 - (B) Two person MFBU \$26 per month.
 - (C) Three person MFBU \$28 per month.
 - (D) Four person or larger MFBU \$29 per month.

- (3) Food.
- (A) One person MFBU \$62 per month.
- (B) Two person MFBU \$133 per month.
- (C) Three person MFBU \$169 per month.
- (D) Four person MFBU \$209 per month.
- (E) Five person MFBU \$252 per month.
- (F) Six person MFBU \$293 per month.
- (G) Seven person MFBU \$327 per month.
- (H) Eight person MFBU \$358 per month.
- (I) Nine person MFBU \$391 per month.
- (J) Ten person or larger MFBU \$424 per month.
- (4) Clothing.

- (A) One person MFBU \$20 per month.
- (B) Two person MFBU \$37 per month.
- (C) Three person MFBU \$56 per month.
- (D) Four person MFBU \$74 per month.
- (E) Five person MFBU \$92 per month.
- (F) Six person MFBU \$110 per month.
- (G) Seven person MFBU \$129 per month.
- (H) Eight person MFBU \$144 per month.
- (I) Nine person MFBU \$165 per month.
- (J) Ten person or larger MFBU \$181 per month.

NOTE: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 14005.4 and 14005.7, Welfare and Institutions Code.

MEDI-CAL ELIGIBILITY MANUAL

10F -- INCOME IN KIND VALUES

VALU	JE OF INCOME IN KIND EFFECTIVE	3/1/86
a.	Housing	
	1 person	\$128
	2 persons	174
	3 persons	190
	4 or more persons	201
ъ.	Utilities, including telephone	
	1 person	\$ 29
	2 persons	31
	3 persons	33
	4 or more persons	34
c.	Food	
	1 person	\$ 72
	2 persons	154
	3 persons	197
	4 persons	242
	5 persons	293
	6 persons	340
	7 persons	379
	8 persons	415
	9 persons	455
	10 or more persons	493
ď.	Clothing	
	1 person	\$ 23
	2 persons	42
	3 persons	64
	4 persons	86
	5 persons	107
	6 persons	127
	7 persons	150
	8 persons	167 192
	9 persons	210
	10 or more persons	210

MEDI-CAL ELIGIBILITY MANUAL

VALUE OF INCOME IN KIND EFFECTIVE	*7/1/81	1/1/81	7/1/80	7/1/79	7/1/77
a. Housing					
1 person	\$111 150 163 173	\$102 137 149 158	\$104 140 152 162	\$ 90 121 132 140	\$ 78 105 115 122
b. <u>Utilities</u> , <u>including</u> telephone					
<pre>1 person</pre>	\$ 25 26 28 29	\$ 23 24 26 27	\$ 23 24 27 28	\$ 20 21 23 24	\$ 17 18 20 21
c. Food					
<pre>1 person 2 persons 3 persons 4 persons 5 persons 6 persons 7 persons 8 persons 9 persons 10 or more persons</pre>	\$ 62 133 169 209 252 293 327 358 391 424	\$ 57 122 155 191 231 268 299 328 358 388	\$ 58 125 158 195 236 274 306 335 366 391	\$ 50 108 137 169 204 237 265 290 317 343	\$ 43 94 119 147 177 206 230 252 275 321
<pre>d. Clothing 1 person 2 persons 3 persons 4 persons 5 persons 6 persons 7 persons 8 persons 9 persons 10 or more persons</pre>	\$ 20 37 56 74 92 110 129 144 165	\$ 18 34 51 68 84 101 118 132 151 166	\$ 18 35 52 69 85 103 120 135 155	\$ 16 30 45 60 74 89 104 117 134	\$ 14 26 39 52 64 77 90 102 116 128

^{*} NOTE: From September 1, 1982 to January 31, 1983, the income in kind values for a non-ABD-MN recipient when all other family members are PA were as follows:

Housing -- \$75 Utilities -- \$13

Food -- \$67 Clothing -- \$19

MEDI-CAL ELIGIBILITY MANUAL

September 1,82 to genuary 31,83

The maintenance need chart for that period (see Procedure Section 11B) shows a maintenance need of \$204 for a non-ABD-MN beneficiary when all other family members are PA recipients. This figure was computed by dividing the maintenance need for two non-ABD-MN persons (\$408) in half.

However, under regulation CAC, Title 22, Section 50511, if all needs (housing, food, utilities, and clothing) were provided to a beneficiary, that beneficiary would have received \$218 of in-kind income. If this beneficiary was a non-ABD person and all other family members were PA recipients, he or she would have had a share of cost of \$14 even though he or she had no income other than income in kind.

Therefore, in All County Welfare Directors Letter No. 82-46, the Department asked the counties to use the above in-kind income amount for a non-ABD-MN beneficiary when all other family members are PA recipients.