



DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1797

May 20, 1980

To: All County Welfare Directors

Letter No. 80-19

SPECIAL DEDUCTION COMPUTATIONS AND TITLE II DISREGARD ELIGIBILITY EFFECTIVE
JULY 1, 1980

This is the second in the series of the Medi-Cal letters transmitting information pertinent to eligibility and share-of-cost determinations for July 1980 and continuing months of eligibility. The first letter was Letter No. 80-15.

Special Deduction Computations

The attached SSI/SSP payment levels are to be used to compute the amount of Special Deduction pursuant to CAC, Title 22, Section 50555.4, effective with July 1980 share-of-cost determinations. These levels must be used for the share-of-cost determinations for continuing eligibles as well as for new eligibles. A revision to Section 10A of the Medi-Cal Eligibility Procedures Manual to add the 1980-81 levels to that Section, will be issued shortly.

MC 177 Stuffers

Since these new SSI/SSP payment levels represent the 80/81 cost-of-living increase prescribed by existing statute, there should be no retroactive share-of-cost adjustments necessary for MFBU's which include an aged, blind and disabled medically needy person as a result of a retroactive implementation of a Medi-Cal maintenance need increase. Therefore, we are modifying the stuffer notice which was transmitted in Letter No. 80-15 to indicate that if a person on the share of cost form MC 177 is aged, blind or disabled there is no need to keep the form for possible retroactive adjustments. For those counties able to do so, the stuffer should be included only with those MC 177S forms for AFDC-MN and MI only MFBU's. (The new wording is attached).

It is anticipated that these stuffers will be available by June 15, 1980. A supply will automatically be mailed to each county.

Title II Disregard

Since the Social Security Administration will use the attached payment levels for determining SSI/SSP payment amounts effective July, 1980 there should be few, if any, persons discontinued from SSI/SSP due to Title II increases. This is because the combined SSI and SSP percentage increase is greater than

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the Title II percentage increase. Therefore any persons discontinued from SSI/SSP due to Title II increases will have to make a separate application for Medi-Cal. Update Title II Disregard procedures will be issued prior to July 1, 1980.

If you have any questions regarding this letter contact your Medi-Cal field representative.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Field Representatives

Expiration Date: November 30, 1980

- . If you meet only part of the share-of-cost amount shown on the enclosed Record of Health Care Costs form this month, be sure to keep the form with your providers' signatures on it anyway.

- . If you meet all of the sharecost amount shown on the enclosed Record of Health Care Costs form this month, be sure to tear off and keep your copy before sending the form to the county welfare department.

The reason for this advice is that if the Legislature decides to increase the amount of money you may keep under the Medi-Cal program, you may, in the future, be eligible to have your share of cost for this month reduced. If this happens, Medi-Cal could pay part of your medical bills that end up on your Record of Health Care Costs for this month; or your future share-of-cost amounts could be reduced instead. You will be notified by mail in three or four months if you may be eligible for this reductions. Until then, keep a copy of your form so you can then help the county determine if you are eligible for one of these bonuses.

- . If you are blind, disabled, or 65 years of age or over, THIS NOTICE DOES NOT APPLY TO YOU, AS THE AMOUNT OF MONEY YOU GET TO KEEP HAS ALREADY BEEN INCREASED THIS MONTH.

SSI/SSP Payment Levels

Effective July 1, 1980

| Category | Living Arrangements | | | | |
|------------------------------|--------------------------------|---|---|---------------------------|--|
| | Independent living arrangement | Residing in household of another and receiving room and board in kind | Independent living arrangement without cooking facilities | Nonmedical board and care | Disabled mtno residing in home of relative |
| Aged | \$420.00 | \$340.67 | \$464.00 | \$465 | \$ N/A |
| Disabled | 420.00 | 340.67 | 464.00 | 465 | 322.00 |
| Blind | 471.00 | 391.67 | N/A | 465 | N/A |
| Aged and Aged Spouse | 773.00 | 654.00 | 861.00 | 930 | N/A |
| Disabled and Disabled Spouse | 773.00 | 654.00 | 861.00 | 930 | N/A |
| Blind and Blind Spouse | 905.00 | 786.00 | N/A | 930 | N/A |
| Aged and Disabled Spouse | 773.00 | 654.00 | 861.00 | 930 | N/A |
| Aged and Blind Spouse | 854.00 | 735.00 | N/A | 930 | N/A |
| Blind and Disabled Spouse | 854.00 | 735.00 | N/A | 930 | N/A |