

DEPARTMENT OF HEALTH SERVICES

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September 26, 1980

To: All County Welfare Directors

Letter No. 80-36

MEDI-CAL MAINTENANCE NEEDS EFFECTIVE JANUARY 1, 1981 AND MFBU REGULATION CHANGESMedi-Cal Maintenance Needs

Enclosed is an advance copy of the Medi-Cal maintenance needs, SSI/SSP payment levels for special deduction computations, income in kind tables, and long-term care deductions, all of which are effective January 1, 1981.

These changes are the result of AB 2982, Chapter 511, Statutes of 1980. Effective January 1, 1981 that act decreases the AFDC and SSP payment levels. We are currently in the process of filing nonemergency regulation revisions to reduce the Medi-Cal maintenance needs and other income protection amounts, as required by AB 2982. These revisions are scheduled for public hearing on November 18, 1980 and will be filed with the Secretary of State in sufficient time to be effective on January 1, 1981.

We are authorizing you via this letter to take the necessary steps to have these reduced levels in place in all Medi-Cal-only cases as of January 1, 1981. This means that Notices of Action must be mailed to all beneficiaries adversely affected no later than December 20, 1980.

Families discontinued from AFDC cash grant due to these decreases are not entitled to four month Continuing Eligibility. Persons discontinued from SSI/SSP will not be entitled to Medi-Cal as Title II Disregard persons.

MFBU Regulation Revisions

The MFBU regulation revisions, which were transmitted to you in draft via Medi-Cal Letter No. 80-16, have been assigned an approval schedule which will make them effective February 1, 1981. Certain of the changes in this package will require a one-time, "across the board" redetermination of eligibility of all affected continuing cases; other changes will be applied only to intake cases and redeterminations completed after February 1. In order to keep counties from having to do two complete reviews of the Medi-Cal cases in a period of three months, and in order to have all cases conform to the "across the board" regulations as of February 1, county staff must identify and flag those continuing cases which will be affected by the MFBU changes, at the time that the January 1981 share of cost computation is being completed for those cases. It is also recommended that cases approved on or after November 1, 1980 be flagged if they will be affected by the changes.

The following types of cases must be identified and flagged:

1. Stepparent cases (those cases in which the only persons in the MFBU are the separate children of one parent.)
2. Cases for 18-21 year old Medically Indigent children who are residing with their parents.
3. Cases with excluded persons (other than children with income and/or property) or with ineligible family members.
4. Cases with unmarried minor parents who are residing with their parent(s).

These are the only types of cases which will require "across the board" conversion when the regulations become effective. Once flagged, the cases can then be redetermined sometime before February 1, to be effective February 1.

We recognize that this two-step "flag for later determination" process differs from the MFBU package implementation approach that we had envisioned and that was suggested by most counties in response to our inquiry in Medi-Cal Letter No. 80-16. However the passage of AB 2982, which necessitates a full caseload review before January, has forced a "speeding up" of the MFBU regulations filing process and an altering of the planned method of implementation. Some counties may still want to make advance determinations based on the revised MFBU regulations or to send out requests to clients for the additional information needed to apply some the revised MFBU regulations, at the same time the January 1 redeterminations are made. This second approach would of course require more complete training of eligibility workers before the case review cycle begins in November/December.

We are planning to hold regional training sessions for county training staff as early in October as possible so that eligibility staff can in turn receive advance training on how to redetermine eligibility using the MFBU regulations. This training, however, is not necessary to simply identify the types of cases which will be affected. We will be contacting counties shortly to arrange for county training in October. In addition, we will provide revised forms and copies of regulations and procedures for the training sessions; and will provide supplies of the revised forms, procedures, and regulations in advance of a county's month of implementation.

If you have any questions contact your Medi-Cal Field Representative

Sincerely,

Original signed by

Barbara V. Carr, Acting Chief
Medi-Cal Eligibility Branch

Enclosures

cc: Medi-Cal Liaisons
Medi-Cal Field Representatives
Expiration Date: March 31, 1981

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 residing home of relative
Aged	\$402	\$322.67	\$445	\$454	N/A
Disabled	402	322.67	445	454	\$319
Blind	451	371.67	N/A	454	N/A
Aged and Aged Spouse	746	627.00	832	908	N/A
Disabled and Disabled Spouse	746	627.00	832	908	N/A
Blind and Blind Spouse	877	758.00	N/A	908	N/A
Aged and Disabled Spouse	746	627.00	832	908	N/A
Aged and Blind Spouse	828	709.00	N/A	908	N/A
Blind and Disabled Spouse	828	709.00	N/A	908	N/A

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 net market value of the item, or the following amounts, whichever is less.

(1) Housing.

- (A) One person MFBU - \$104 102 per month.
- (B) Two person MFBU - \$140 137 per month.
- (C) Three person MFBU - \$152 149 per month.
- (D) Four person or larger MFBU - \$162 153 per month.

(2) Utilities, including telephone.

- (A) One person MFBU - \$ 23 per month.
- (B) Two person MFBU - \$ 24 per month.
- (C) Three person MFBU - \$27 26 per month.
- (D) Four person or larger MFBU - \$28 27 per month.

(3) Food.

- (A) One person MFBU - \$58 57 per month.
- (B) Two person MFBU - \$125 122 per month.
- (C) Three person MFBU - \$158 155 per month.
- (D) Four person MFBU - \$ 195 191 per month.
- (E) Five person MFBU - \$236 231 per month.
- (F) Six person MFBU - \$274 268 per month.
- (G) Seven person MFBU - \$306 299 per month.
- (H) Eight person MFBU - \$335 328 per month.

- (I) Nine person MFBU - \$366 353 per month.
(J) Ten person or larger MFBU - \$391 388 per month.

(4) Clothing.

- (A) One person MFBU - \$ 18 per month.
(B) Two person MFBU - \$35 34 per month.
(C) Three person MFBU - \$52 51 per month.
(D) Four person MFBU - \$69 68 per month.
(E) Five person MFBU - \$85 84 per month.
(F) Six person MFBU - \$103 101 per month.
(G) Seven person MFBU - \$120 118 per month.
(H) Eight person MFBU - \$135 132 per month.
(I) Nine person MFBU - \$155 151 per month.
(J) Ten person or larger MFBU - \$170 166 per month.

(b) 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 (a).

(c) Eligibility or share of cost determinations made on or after ~~July 1, 1980~~ through December 31, 1980 January 1, 1981 shall be based upon the provisions of this section.

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

50603. Maintenance Needs-- persons Living in the Home. (a) The main-

tenance need for the members of the MFBU living in the home shall be the following:

1 person, when all other family members are PA or Other PA recipients	\$259.00	<u>250.00</u>
1 person in all other situations	\$336.00	<u>328.00</u>
2 persons	\$517.00	<u>500.00</u>
3 persons	\$633.00	<u>625.00</u>
4 persons	\$758.00-	<u>733.00</u>
5 persons	\$858.00	<u>842.00</u>
6 persons	\$967.00	<u>942.00</u>
7 persons	\$1,058.00	<u>1,033.00</u>
8 persons	\$1,150.00	<u>1,133.00</u>
9 persons	\$1,250.00	<u>1,217.00</u>
10 persons	\$1,342.00	<u>1,308.00</u>
Each additional person	\$10.00	<u>9.00</u>

(b) Eligibility or share of cost determinations made on or after July 1, 1980 through December 31, 1980 January 1, 1981 shall be based upon the provisions of this section.

Note: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code.
Reference: Section 14005.12, Welfare and Institutions Code.

50605. Maintenance Need -- Persons in Long-Term Care. (a) The maintenance need for a member of the MFBU in long-term care shall be either of the following:

(1) Twenty-five dollars for personal and incidental needs, when the beneficiary will remain in long-term care for the entire calendar month.

(2) The appropriate maintenance need determined in accordance with Section 50603, if the person will be in long-term care for only a portion of the month.

(b) An LTC patient shall retain an amount of income for upkeep of a home in addition to the amount specified for personal and incidental needs in (a) (1) if all of the following conditions are met:

(1) The spouse or family of the LTC patient is not living in the home.

(2) The home, whether rented or owned by the LTC patient, is actually being maintained for the return of the LTC patient.

(3) There is a verified medical determination that the LTC patient will return home within six months of the date LTC patient status was established.

(c) The amount allowed for upkeep of the home, if the conditions specified in (b) are met, shall be:

(1) One hundred thirty-~~one~~six dollars per month, if the applicant or beneficiary has been living alone in the home.

(2) Ninety-~~three~~one dollars per month, if the home is shared with persons for whom the applicant or beneficiary has no legal responsibility for support.

(3) Ninety-~~three~~one dollars per month for each spouse, if the beneficiary and spouse have been living together and both have become LTC patients and will return home within six months.

(d) The LTC patient shall also retain an amount of income to pay for the support of a disabled relative if all the following conditions are met:

(1) The disabled relative is not the LTC patient's:

(A) Spouse.

(B) Child, as defined in Section 50030.

(2) The LTC patient has contributed and will continue to contribute to the support of the disabled relative on a regular basis.

(e) The amount allowed for the support of a disabled relative, if the conditions specified in (d) are met, shall be the lesser of the actual amount contributed or:

(1) Three hundred ~~thirty-six~~ twenty-eight dollars for the disabled relative who is living alone or with persons who have no legal responsibility for the support of the disabled relative, minus the disabled relative's net income.

(2) Two hundred fifty-nine dollars for the disabled relative living with persons who have legal responsibility for the support of the disabled relative, minus the disabled relative's net income.

(f) Eligibility or share of cost determinations made on or after July 1, 1980 through December 31, 1980 January 1, 1981 shall be based upon the provisions of this section.

Note: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code.
Reference: Section 14005.12,