

DEPARTMENT OF HEALTH SERVICES

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June 9, 1981

All County Welfare Directors

Letter No. 81-25

1981/82 MEDI-CAL COST OF LIVING INCREASES

This is the third in a series of letters transmitting information and instructions regarding the 1981/82 Medi-Cal cost-of-living increases. The two previous letters are Letter No. 81-22 and Letter No. 81-23. This letter transmits the remaining set of income figures needed for Medi-Cal budget computation purposes for Fiscal Year 1981/82.

Title II Disregard Eligibility

Attached is an advance copy of the updated Title II Disregard procedures for use effective July, 1981 month of eligibility. Persons terminated from SSI/SSP at the end of June will probably be making application for Medi-Cal-Only eligibility during the months of July, August and September.

Income in Kind Amounts and LTC Deductions

Also attached are the income in kind levels and home upkeep and support of disabled relative deductions for persons in LTC. These new figures should be applied by intake staff effective July, 1981 month of eligibility. Affected continuing cases should reflect these amounts in share-of-cost determinations as soon as possible, but no later than September, 1981 month of eligibility.

If you have any questions contact your Medi-Cal Program Consultant.

Sincerely,

Original signed by

Madalyn M. Martinez, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

MEDI-CAL ELIGIBILITY MANUAL

101 - TITLE II DISREGARD
ELIGIBILITY DETERMINATIONS

1. Background

Public Law (PL) 94-566, passed by Congress in 1976, requires states to provide medical assistance at no cost to certain former Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients without regard to the Social Security, Title II, cost of living increases which they have received. Such persons are called "Title II Disregard" persons in the Medi-Cal program.

2. Eligibility Determination

The Title II Disregard eligibility determination consists of two parts. The first part is a screening process to identify those aged, blind, or disabled (ABD) persons who have potential eligibility for no cost Medi-Cal coverage as Title II Disregard persons. The second part is a financial eligibility computation which determines actual Title II Disregard eligibility.

Part I: Title II Disregard Screening Process

If the answer to any one of the following questions is "no", the ABD person in the Medi-Cal Family Budget Unit (MFBU) does not have potential eligibility as a Title II Disregard person. Part II does not have to be completed.

If the answer to all of the following questions is "yes", the ABD person in the MFBU does have potential eligibility as a Title II Disregard person. Complete Part II in that case.

Part I Questions:

- a. Was the ABD person discontinued from SSI/SSP before July of any year from 1977 to present, i.e., was the last SSI/SSP payment received in, or before, June of any year from 1977 to present?
- b. Does the MFBU have a share of cost? (Forms MC 176-M and 176-W must be completed using current Medi-Cal regulations.)
- c. Does the ABD person receive Social Security (Title II benefits)?
- d. Has the ABD person received an SSI/SSP payment since April 1977?

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Part II: Title II Disregard Financial Eligibility Computation

If the answer to all of the questions in Part I is "yes", this part must be completed to establish Title II Disregard eligibility.

- a. Find the appropriate block for the case, within the MFBU composition chart in this section.
- b. If the chart shows that, based upon the MFBU composition, a computation must be completed, determine the last month in which an SSI/SSP payment was received.
- c. Find the current Title II benefit amount on the Title II Benefit Table in this section.
- d. From the table, find the Title II amount received at the time the last SSI/SSP check was received.
- e. Subtract d. from c. The result is the amount of Title II increase which should be used in the completion of the appropriate Title II Disregard eligibility computation.

Example: Ms. ABD received her last SSI/SSP check on June 1, 1981. Her current Title II benefit is \$460.40. The amount to be used in the Title II Disregard eligibility computation is \$46.40 (\$460.40-\$414.00).

Note: The MC 176-M line items which appear on the MFBU composition chart refer to the MC 176-M revision dated April 1978.

3. Aid Codes

Medi-Cal cards issued to Title II Disregard persons shall be issued using the "Twenty Percent Social Security Increase" aid codes (16, 26, 66).

4. Share of Cost Procedures for MFBUs which Include a Title II Disregard Person

- a. Form MC 177-S shall not be required for an ABD person who meets the conditions specified in these procedures. Each Title II Disregard person shall be issued a Medi-Cal card with no share of cost.
- b. The remaining MFBU members with a share of cost shall have their case processed in accordance with Medi-Cal regulations. Those services received by the ABD Title II Disregard person shall not be used to meet the remaining MFBU members' share of cost.
- c. A person meeting the conditions specified in these procedures shall be identified in the case file by the notation "Title II Disregard Person" beside the person's name on the applicable MC 176 and by the aid codes designated above.

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MFBU COMPOSITION CHART FOR TITLE II DISREGARD*

<p>A. MFBU -- ABD Individual or ABD Couple.</p> <ol style="list-style-type: none"> 1. Enter amount from MC 176-M, column III, line 17 _____ 2. Enter amount of Title II increase of individual/couple _____ 3. Subtract line 2 from line 1; if less than zero, enter zero _____ <p>If line 3 is zero, the individual/couple has Title II Disregard eligibility and receives no cost Medi-Cal.</p> <p>If line 3 is greater than zero, the individual/couple does not have Title II Disregard eligibility and must meet the share of cost on MC 176-M, column III, line 17 or 19.</p>	<p>D. MFBU -- ABD Individual with MI/AFDC-MN Spouse and MI/AFDC-MN Child(ren). Child(ren) Has Income.</p> <ol style="list-style-type: none"> 1. Enter amount from MC 176-M, column I, line 18 _____ 2. Enter amount of Title II increase for the ABD individual _____ 3. Subtract line 2 from line 1 _____ 4. If the ABD person is aged or disabled, enter \$637.50; if the person is blind, enter \$690.50 _____ 5. Subtract line 4 from line 3; if less than zero, enter zero _____ <p>If line 5 is zero, the ABD individual has Title II Disregard eligibility and receives no cost Medi-Cal. The spouse and child(ren) must meet the share of cost on MC 176-M, column III, line 17 or 19.</p>
<p>B. MFBU -- ABD Individual with MI Spouse.</p> <p>No computation necessary. If the MFBU has a share of cost, the income is too high for Title II Disregard eligibility.</p>	<p>E. MFBU -- ABD Couple with MI/AFDC-MN Child(ren). Child(ren) Has No Income.</p> <p>No computation necessary. If the MFBU has a share of cost, the income is too high for Title II Disregard eligibility.</p>
<p>C. MFBU -- ABD Individual with MI/AFDC-MN Spouse and MI/AFDC-MN Child(ren). Child(ren) Has No Income.</p> <p>No computation necessary. If the MFBU has a share of cost, the income is too high for Title II Disregard eligibility.</p>	

* This chart will not be issued as a Medi-Cal form. If a Title II Disregard computation is necessary, use the blank space provided on the MC 176-W.

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F. MFBU -- ABD Couple with MI/AFDC-MN Child(ren). Child(ren) Has Income.

1. Enter amount from MC 176-M, column I, line 18 _____
2. Enter amount of Title II increase of couple _____
3. Subtract line 2 from line 1 _____
4. Enter the appropriate SSI/SSP payment level for the couple (use levels based on independent living arrangements) _____
5. Subtract line 4 from line 3; if less than zero, enter zero _____

If line 5 is zero, the ABD couple has Title II Disregard eligibility and receives no cost Medi-Cal. The child(ren) must meet the share of cost on MC 176-M, column III, line 17 or 19.

If line 5 is greater than zero, the ABD couple does not have Title II Disregard eligibility. The entire MFBU must meet the share of cost on MC 176-M, column III, line 17 or 19.

G. MFBU -- Blind or Disabled Child and Parent(s).

1. Enter amount from MC 176-M, column I, line 18 _____
2. Enter amount of Title II increase for child _____
3. Subtract line 2 from line 1 _____
4. If only one parent in MFBU, enter \$632.70; if both parents in MFBU, enter \$765.00 _____
5. Subtract line 4 from line 3; if less than zero, enter zero _____

If line 5 is zero, the child has Title II Disregard eligibility and receives no cost Medi-Cal. The parent(s) must meet the share of cost on MC 176-M, column III, line 17 or 19.

If line 5 is greater than zero, the child does not have Title II Disregard eligibility and the entire MFBU must meet the share of cost on MC 176-M, column III, line 17 or 19.

H. MFBU -- Blind or Disabled Child, Parent(s), and Sibling(s). Sibling(s) Has No Income.

No computation necessary. If the MFBU has a share of cost, the income is too high for Title II Disregard eligibility.

MEDI-CAL ELIGIBILITY MANUAL

I. MFBU -- Blind or Disabled Child,
Parent(s), and Sibling(s).
Sibling(s) Has Income.

1. Enter amount from MC 176-M,
column I, line 18 _____
2. Enter amount of Title II
increase for the child _____
3. Subtract line 2 from
line 1 _____
4. If only one parent in
MFBU, enter \$632.70; if
both parents in MFBU,
enter \$765.00 _____
5. Subtract line 4 from
line 3; if less than
zero, enter zero _____

If line 5 is zero, the child has
Title II Disregard eligibility and
receives no cost Medi-Cal. The
remaining MFBU members must meet
the share of cost on MC 176-M,
column III, line 17 or 19.

If line 5 is greater than zero,
the child does not have Title II
Disregard eligibility. The entire
MFBU must meet the share of cost
on MC 176-M, Column III, line 17
or 19.

MEDI-CAL ELIGIBILITY MANUAL

TITLE II BENEFIT TABLE FOR TITLE II DISREGARD
 ELIGIBILITY DETERMINATIONS*

Last SSI/SSP Check Received Between ...	7/80 and <u>6/81</u>	7/79 and <u>6/80</u>	7/78 and <u>6/79</u>	7/77 and <u>6/78</u>	4/77 and <u>6/77</u>
<u>Current Benefit Amount</u>					
20-24.90	18	16	15	14	13
25-29.90	22	19	17	16	15
30-34.90	27	24	22	21	20
35-39.90	31	27	25	23	22
40-44.90	36	31	28	26	24
45-49.90	40	35	32	30	28
50-54.90	45	39	35	33	31
55-59.90	49	43	39	36	34
60-64.90	54	47	43	40	37
65-69.90	58	51	46	43	40
70-74.90	63	55	50	47	44
75-79.90	67	59	54	50	47
80-84.90	72	63	57	53	50
85-89.90	76	66	60	56	52
90-94.90	81	71	65	61	57
95-99.90	85	74	67	62	58
100-104.90	90	79	72	67	63
105-109.90	94	82	75	70	65
110-114.90	99	87	79	74	69
115-119.90	103	90	82	76	71
120-124.90	108	94	86	80	75
125-129.90	112	98	89	83	78
130-134.90	117	102	93	87	81
135-139.90	121	106	96	90	84
140-144.90	126	110	100	93	87
145-149.90	130	114	104	97	91
150-154.90	135	118	107	100	94
155-159.90	139	122	111	104	97
160-164.90	144	126	115	107	100
165-169.90	148	129	117	109	102

*Note: This table should be used for Title II Disregard eligibility determinations only.

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Last SSI/SSP
 Check Received
 Between ...

<u>Current Benefit Amount</u>	<u>7/80 and 6/81</u>	<u>7/79 and 6/80</u>	<u>7/78 and 6/79</u>	<u>7/77 and 6/78</u>	<u>4/77 and 6/77</u>
170-174.90	153	134	122	114	107
175-179.90	157	137	125	117	109
180-184.90	162	142	129	120	112
185-189.90	166	145	132	123	115
190-194.90	171	150	136	127	119
195-199.90	175	153	139	130	122
200-204.90	180	157	143	133	124
205-209.90	184	161	146	136	127
210-214.90	189	165	150	140	131
215-219.90	193	169	154	144	135
220-224.90	198	173	157	146	137
225-229.90	202	177	161	150	140
230-234.90	207	181	165	154	144
235-239.90	211	185	168	157	147
240-244.90	216	189	172	160	150
245-249.90	220	192	175	163	152
250-254.90	225	197	179	167	156
255-259.90	229	200	182	170	159
260-264.90	234	205	187	174	163
265-269.90	238	208	189	176	165
270-274.90	243	213	194	181	169
275-279.90	247	216	197	184	172
280-284.90	252	220	200	187	175
285-289.90	256	224	204	190	178
290-294.90	261	228	207	193	181
295-299.90	265	232	211	197	184
300-304.90	270	236	215	201	188
305-309.90	274	240	218	203	190
310-314.90	279	244	222	207	194
315-319.90	283	248	226	211	197
320-324.90	288	252	229	214	200
325-329.90	292	255	232	216	202
330-334.90	297	260	237	221	207
335-339.90	301	263	239	223	209
340-344.90	306	268	244	228	213

 MEDI-CAL ELIGIBILITY MANUAL

Last SSI/SSP Check Received Between ...	7/80 and 6/81	7/79 and 6/80	7/78 and 6/79	7/77 and 6/78	4/77 and 6/77
<u>Current Benefit Amount</u>					
345-349.90	310	271	247	230	215
350-354.90	315	276	251	234	219
355-359.90	319	279	254	237	222
360-364.90	324	283	258	241	225
365-369.90	328	287	261	243	227
370-374.90	333	291	265	247	231
375-379.90	337	295	268	250	234
380-384.90	342	299	272	254	238
385-389.90	346	303	276	257	240
390-394.90	351	307	279	260	243
395-399.90	355	311	283	264	247
400-404.90	360	315	287	268	251
405-409.90	364	318	289	270	253
410-414.90	369	323	294	274	256
415-419.90	373	326	297	277	259
420-424.90	378	331	301	281	263
425-429.90	382	334	304	284	266
430-434.90	387	339	308	287	268
435-439.90	391	342	311	290	271
440-444.90	396	346	315	294	275
445-449.90	400	350	318	297	278
450-454.90	405	354	322	300	281
455-459.90	409	358	326	304	284
460-464.90	414	362	329	307	287
465-469.90	418	366	333	311	291
470-474.90	423	370	337	314	294
475-479.90	427	374	340	317	297
480-484.90	432	378	344	321	300
485-489.90	436	381	347	324	303
490-494.90	441	386	351	327	306
495-499.90	445	389	354	330	309

Value of Income In Kind Effective July 1 1981

a. Housing

1 person	\$ 111
2 persons.	150
3 persons.	163
4 or more persons.	173

b. Utilities, including telephone

1 person	\$ 25
2 persons.	26
3 persons.	28
4 or more persons.	29

c. Food

1 person	\$ 62
2 persons.	133
3 persons.	169
4 persons.	209
5 persons.	252
6 persons.	293
7 persons.	327
8 persons.	358
9 persons.	391
10 or more persons.	424

d. Clothing

1 person	\$ 20
2 persons.	37
3 persons.	56
4 persons.	74
5 persons.	92
6 persons.	110
7 persons.	129
8 persons.	144
9 persons.	165
10 or more persons.	181

LTC PATIENT SPECIAL ALLOWANCES
EFFECTIVE JULY 1, 1981

Upkeep of home allowance for certain LTC eligibles -- 50605 (b)	
1 person who had been living alone	\$ 148
1 person who shared housing with persons for whom there was no legal responsibility to support	100
Each spouse, when both are LTC and both will return home within six months	100
Allowance for support of disabled relative of LTC eligible -- 50605 (d)	
Disabled relative living alone or with persons not legally responsible for his support.	\$ 359
Disabled relative living with persons legally responsible for his support.	275