

ABD-Medically Needy Medi-Cal for Persons who are Aged, Blind, or have Disabilities

Non-Financial Eligibility Requirements

To qualify as **aged**, a person must be 65 years of age or older. To qualify as a person who is **blind** or with **disabilities**, the applicant must be an adult or child who:

- meets Supplemental Security Income (SSI) disability and resource requirements, but
- has income that is too high. Income can be attributed from a parent (but not a stepparent) the applicant lives with if under age 18 or from a spouse.

***Note:** Persons who are aged or blind or who have disabilities should not be terminated from Medi-Cal until the county checks to see if they can fit into another Medi-Cal category. Also, if a parent or child in the family qualified for Medi-Cal under the Aged & Disabled Federal Poverty Level Program (A&D-FPL), the rest of the family may qualify for Medi-Cal under this program where only 50% of the earned income counts. For determining the maintenance need level, the family member covered under the A&D FPL program would be included.

Beneficiary Costs and Income Limits

Medi-Cal with No Share of Cost. People qualify with no share of cost (SOC), free Medi-Cal if their countable family income (income minus allowable deductions) is at or below the Medical Need Levels (MNL) below.

Family Maintenance Need Level (MNL) since July 1, 1989			
<u>Family Size</u>	<u>MNL</u>	<u>Family Size</u>	<u>MNL</u>
1	\$600	6	\$1,417
2	\$750	7	\$1,550
2 Adults	\$934	8	\$1,692
3	\$934	9	\$1,825
4	\$1,100	10	\$1,959
5	\$1,259		

Share of Cost Medi-Cal:

If a person has countable income above these income limits, they will have a SOC. After they incur medical expenses that reduce monthly household income to the MNL, Medi-Cal covers health care costs for the remainder of the month.

Example: A family of four has countable income of \$1,300 and an MNL of \$1,100. Before Medi-Cal pays for the person with SOC ABD-Medi-Cal, the family must incur \$200 in medical expenses.

<p>What Income Counts?</p>	<p>In calculating the countable income, not all income counts. Certain income is exempt. Exempt income includes:</p> <ul style="list-style-type: none"> • Social services and public assistance • Foster care • Public housing assistance • Volunteer job training programs and assistance • Income that is used by another family member to qualify for public assistance programs • Public education loans • Work study and grants • Renters assistance • Property tax relief • Earned Income Tax Credit payment • 1/3 of child support received for a child with disabilities. <p>Certain income is also deducted. See income deductions below.</p> <p>Only count the income of the person applying, the spouse if in the same household, or a parent if in the same household (if the applicant is a child).</p> <p>Special income counting limits apply if: a) a child in the family has his/her own income; or b) more than one person in the family is disabled or aged (other than a spouse).</p>
<p>Monthly Income Deductions for Determining Monthly Income</p>	<p>The SSI income deduction rules apply. (Medi-Cal counts the applicant's income <i>before</i> any Medicare premium deductions are made). Monthly deductions include:</p> <ul style="list-style-type: none"> • \$20 will not count (no matter where the money came from – earned or unearned) • Earned Income Deductions: <ol style="list-style-type: none"> 1) \$65 2) 50% of the balance of your earned income after subtracting the \$65 and any unused portion of the any income \$20. • Health Benefit Plan Payment Premiums: Whether paid by the applicant or deducted from the applicants paycheck. • Family Monthly Maintenance Need Level (MNL): See Chart above. <p>If after all of these deductions, countable income is zero or less than zero, then there is NO share of cost. If the total is more than zero, than the amount is the monthly share of cost.</p> <p>For help determining income eligibility and/or monthly share of cost, see HCA's <i>ABD-MN Worksheet</i> at www.healthconsumer.org/cs054ABD-MNWorksheet.pdf.</p>

<p>Property Limits</p>	<p>In order to qualify for the program, the applicant’s property must be below certain property limits. Exempt Property: includes a home, one car, clothing, a second car if used while at work, equipment and property necessary for self-support in applicant’s own business or used at work. The retirement accounts (IRA’s, programs through work) of parents who are ineligible family members (i.e., not eligible for or not electing Medi-Cal) are also exempt.</p> <p>Non-Exempt Property: The maximum value, based on family size is:</p> <table border="1" data-bbox="740 537 1252 852"> <thead> <tr> <th>Family Size</th> <th>Property Limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$2,000</td> </tr> <tr> <td>2</td> <td>\$3,000</td> </tr> <tr> <td>3</td> <td>\$3,150</td> </tr> <tr> <td>4</td> <td>\$3,300</td> </tr> <tr> <td>Per Add’l Person</td> <td>Add \$150</td> </tr> </tbody> </table> <p>If the applicant is over the property limit when he or she submits an application, they have until the end of the month to reduce their property to the property limits. If they do and are otherwise eligible, they will get Medi-Cal for the whole month.</p>	Family Size	Property Limit	1	\$2,000	2	\$3,000	3	\$3,150	4	\$3,300	Per Add’l Person	Add \$150
Family Size	Property Limit												
1	\$2,000												
2	\$3,000												
3	\$3,150												
4	\$3,300												
Per Add’l Person	Add \$150												
<p>Meeting Your SOC</p>	<p>To meet share of cost obligations, individuals can use:</p> <ul style="list-style-type: none"> • Bills paid during the month. If applying for retroactive coverage for any of the three months prior to the month of application, the applicant can use bills paid during those months. • Unpaid Bills – including bills for family members not eligible for or not seeking Medi-Cal – no matter how old, so long as they are current legal obligations. They may be used during one month or spread out over several months. • Health Insurance Premiums or Cost Sharing Amounts. • Any incurred health care cost recognized under state law, even if Medi-Cal would never cover services of that type. <p>See the brochure <i>Meeting Your Share of Cost</i> at www.healthconsumer.org/brochures.html#share.</p>												
<p>Children and Families</p>	<p>Children and families have other options that may qualify them for free, no share-of-cost Medi-Cal. Check to see if family members (including family members with disabilities) are eligible for Medi-Cal under 1931(b). Children also can be eligible for free Medi-Cal under one of the Federal Poverty level programs. The Healthy Families program is also a possible option for children in families with higher income. Note: Children who enroll in Healthy Families, but who need services covered only by Medi-Cal should be able to also get Medi-Cal under ABD-Medically Needy or AFDC-Medically Needy.</p>												

ABD-MN and the A&D-FPL	<p>The Aged & Disabled Federal Poverty Level Program is a no share-of-cost program for persons who have disabilities, including children, and for persons 65 and older. Applicants can have higher income than for the ABD-MN program and qualify for free Medi-Cal. See the <i>Medi-Cal Program for Aged and Disabled Persons</i> Issue Brief at www.healthconsumer.org/cs029AgedDisabled.pdf. People either qualify for the program or they do not. Applicants cannot spend down (meet a share of cost) to become eligible. If they do not qualify, the application will be considered under the regular ABD-MN program.</p>			
ABD-MN and 250% for Working Disabled	<p>There is also a program for persons with disabilities who are working (have monthly income from work). Family countable income can be as high as 250% of the federal poverty level. All eligible persons must pay a monthly premium ranging from \$20 to \$250, depending on countable monthly income. Persons who do not qualify for the A&D-FPL program or who have a SOC under the ABD-MN program, might pay less under the 250% Working Disabled program. See the <i>250% Working Disabled Medi-Cal Program</i> Issue Brief at www.healthconsumer.org/cs032WorkingDisabled.pdf.</p>			
ABD-MN & Medicare + Choice Managed Care	<p>As of January 1, 2006 Medi-Cal will no longer pay for the premiums for Medicare + Choice managed care.</p>			
Aid Codes		Aged Persons	Blind Persons	Persons with Disabilities
	With No Share of Cost	14	24	64
	With Share of Cost	17	27	67
Authority	<p>42 U.S.C. § 1396a(a)(10)(C); 42 C.F.R. §§ 435.300 <i>et seq.</i>, 435.800 <i>et seq.</i>; 436.80 <i>et seq.</i>; Welf. & Inst. Code §§ 14005.7(c), 14005.9, 14005.12; 22 CCR §§ 50251(a)(1), 50401 <i>et seq.</i>, 50501 <i>et seq.</i>, 50521 <i>et seq.</i>, 50549 <i>et seq.</i>, 50555.1, 50603. All County Welfare Directors Letters 93-50, 96-31, 97-41, 05-36, 06-41, 07-04, and 07-06. See also MCEPM, Art. 5A and 10R.</p>			