

# GGHI- 50 Shades of Medi-Cal Workshop Handouts

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*The following Handouts are not for  
consumer use and are for  
informational purposes for the 2014  
Stronger Bridges to Health Forum.*

*July, 2014*

# Non-MAGI Medi-Cal Coverage Groups

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Non-MAGI Eligibility rules are applied to the categories of individuals below

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**ABD-MN** - Medically needy Individuals “linked” to SSI due to being Aged (65+), Blind or Disabled.

**AFDC-MN** - Medically needy families

**Medicare Eligible “Adults”** - Individuals entitled to or enrolled in Medicare Parts A or B

**Long Term Care “Adults”** - Adults 19-64 who need Long Term Care coverage

**Individuals eligible for the Home and Community Based Services (HCBS) under the “Waiver”**

*Note: Individuals receiving SSI, CalWORKS, Foster Care and Adoption Assistance automatically qualify for Non-MAGI based Medi-Cal*



## MEDI-CAL GENERAL PROPERTY LIMITATIONS

FOR INDIVIDUALS WHO ARE NOT ELIGIBLE USING THEIR MODIFIED ADJUSTED GROSS INCOME.

Note: Medi-Cal disregards property for individuals whose eligibility is determined utilizing your Modified Adjusted Gross Income (MAGI). If you do not know if you are eligible using MAGI rules, you may ask your eligibility worker. If you have not yet applied, you may do so through your county department of health and human services or you may apply on-line at [www.CoveredCA.com](http://www.CoveredCA.com) or by phone at 1-800-300-1506.

This information notice provides a general overview of Medi-Cal property requirements for all Medi-Cal applicants and beneficiaries who are not eligible using their Modified Adjusted Gross Income. Property is defined as “real property” and “personal property.” “Real property” is land, buildings, mobile homes which are taxed as real property, life estates in real property, mortgages, promissory notes, and deeds of trust. “Personal property” is any kind of liquid or non-liquid asset, i.e., cars, jewelry, stocks, bonds, financial institution accounts, boats, trucks, trailers, etc. Property that is not counted in determining your eligibility is called “exempt” or “unavailable” property. Countable property (property which is not exempt or unavailable) is included in the “property reserve.” Your countable property must not exceed the property reserve limit. Any amount over the property reserve limit will make you and/or your family ineligible for Medi-Cal. To be eligible for Medi-Cal, you may reduce your property to the property reserve limit before the end of the month in which you are requesting Medi-Cal. If you are unable to reduce your property to the property limit for a month beginning with the month of application, see the “Exception: Principe v. Belshé” section on page 3. To be eligible for Medi-Cal, your countable property may not exceed the following property reserve limits:

Number of Persons Whose Property is Considered	Property Limit
1	\$ 2,000
2	3,000
3	3,150
4	3,300
5	3,450
6	3,600
7	3,750
8	3,900
9	4,050
10 or more	4,200

**NOTE: When there is an institutionalized spouse with a community spouse, an additional amount of countable property is allowed and jewelry is exempt regardless of its value. See page 2 for additional information.**

### PROPERTY EXEMPTIONS

Real Property	Personal Property
<ul style="list-style-type: none"> <li>• <b>Principal residence.</b> Property used as a home is exempt (not counted in determining eligibility for Medi-Cal). When an applicant or beneficiary is absent from the home for any reason, including institutionalization, the home will remain exempt if the applicant or beneficiary intends to return home someday. The home also continues to be exempt if the applicant’s or beneficiary’s spouse or dependent relative continues to live in it. Money received from the sale of a home can be exempt for six months if the money is going to be used for the purchase of another home.</li> <li>• <b>Other real property.</b> Up to \$6,000 of the equity value in nonbusiness real estate (excluding the home), mortgages, deeds of trust, or other promissory notes may be exempt. In order to receive this exemption, the property must produce an annual income of 6 percent of the net market value or current face value.</li> <li>• <b>Real property used in a business or trade.</b> Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>One motor vehicle.</b></li> <li>• <b>Personal property used in a trade or business.</b></li> <li>• <b>Personal effects.</b> This includes clothing, heirlooms, wedding and engagement rings, and other jewelry with a net value of under \$100.</li> <li>• <b>Household items.</b></li> <li>• <b>IRAs, KEOGHs, and other work-related pension plans.</b> These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal and payments of principal and interest are being received, the balance is considered unavailable and is not counted.</li> <li>• <b>Irrevocable burial trusts or irrevocable prepaid burial contracts.</b></li> <li>• <b>One revocable burial fund or revocable prepaid burial contract</b> with a value of up to \$1,500 plus accrued interest per person.</li> <li>• <b>Burial space items.</b></li> <li>• <b>Musical instruments.</b></li> <li>• <b>Recreation items</b> including TVs, VCRs, computers, guns, collections, etc.</li> <li>• <b>Livestock, poultry, or crops.</b></li> <li>• <b>Countable property equal to the amount of benefits paid under a state-certified, long-term care insurance policy.</b></li> <li>• <b>Life insurance policies.</b> Each person may have life insurance policies with a combined face value of \$1,500 or less plus accrued interest and dividends.</li> </ul>

**PROPERTY LIMITS FOR INDIVIDUALS ENTERING OR RESIDING IN LONG-TERM CARE  
WHO ARE NOT ELIGIBLE USING THEIR MODIFIED ADJUSTED GROSS INCOMES**

*If you are SINGLE* and residing in a long-term care facility, you must have \$2,000 or less in your property reserve.

*If you are MARRIED and BOTH of you live in a long-term care facility or residential care and neither of you has previously applied for Medi-Cal*, your separate property plus one-half of the community property must be valued at \$2,000 or less. Your spouse not applying for Medi-Cal may keep all of his/her separate property plus one-half of the community property. In this situation, the spouses may be able to hasten Medi-Cal eligibility by entering into an agreement that divides their community property. The advice of a knowledgeable attorney should be obtained prior to the signing of this type of agreement.

*If you are MARRIED and are admitted to a long-term care* and you are expected to remain for at least 30 consecutive days, and you have a spouse who is living in the community, then your community spouse may keep a certain amount of the combined community and separate property. This amount is called the Community Spouse Resource Allowance (CSRA) and is calculated based on the day you apply for Medi-Cal. Increases are effective on January 1 of each year. The CSRA for the year 2014 is \$117,240. The institutionalized spouse (spouse in the long-term care facility) may keep up to an additional \$2,000 of countable property.

The CSRA limit may be increased if:

- The community spouse obtains a court order for his/her support, or
- It is determined through a fair hearing that both of the following conditions exist:
  - a. A greater amount of property is necessary to generate income sufficient to raise the community spouse's income to the minimum monthly maintenance needs allowance (MMMNA). The MMMNA for the year 2014 is \$2,931 per month.
  - b. Additional income is necessary due to exceptional circumstances resulting in financial duress.

**NOTE: Because these rules affect how much money a community spouse may retain for purposes of the institutionalized spouse's Medi-Cal eligibility, you may want to consult a legal services program for seniors in your area or a private attorney familiar with the Medi-Cal program for more information on how the law affects you.**

**ASSESSMENT**

An institutionalized individual or his/her spouse may request an assessment of their property even if the institutionalized individual is not applying for Medi-Cal. If you would like to have an assessment completed, you must make an appointment at a county welfare department of health and humans services. In order to complete the assessment, you will need to bring verification of the values of all your real and personal property. This verification may include such things as county tax assessments, checking account statements, savings account passbooks, court orders, brokerage account statements, life insurance policies, annuity policies, trust account documents, contracts, lease agreements, life estate documents, and/or documents from qualified persons of financial institutions about the values of any real or personal property belonging to you and your spouse.

**REDUCTION OF PROPERTY TO WITHIN PROPERTY LIMITS**

THE PROPERTY RESERVE MUST BE REDUCED TO AN AMOUNT AT OR BELOW THE PROPERTY LIMIT BY THE END OF THE MONTH BEFORE MEDI-CAL MAY BE APPROVED FOR THAT MONTH.

Medi-Cal eligibility cannot be approved for a month unless countable property is below the property limit at some time during that calendar month. If you are unable to reduce your property to the property limit for a month, beginning with the month of application, see the "Exception: Principe v. Belshé" section on page 3.

**For example:** A Medi-Cal applicant whose total nonexempt property consists of a savings account with a balance of \$3,300 in a month must reduce the savings account down to \$2,000 in that month. In this same situation, where there is a couple, the savings account must be reduced to \$3,000. If an institutionalized spouse and a community spouse have combined property totaling more than the CSRA plus \$2,000 in a month, the couple will need to reduce the total nonexempt property to at or below the CSRA plus \$2,000 to meet the property requirements. The institutionalized spouse will then have at least 90 days (longer if a court order is necessary) to complete transfer(s) of the property contained in the CSRA

to the community spouse, bringing the institutionalized spouse to within \$2,000, the property limit for one. The current CSRA for the year 2014 is \$117,240.

A Medi-Cal applicant may reduce his or her nonexempt property to within the specified limits in any way he or she chooses within the calendar month for which Medi-Cal is being requested. An applicant who is not institutionalized will not be ineligible due to a transfer of nonexempt property for less than fair market value unless the individual is institutionalized within 30 months of the date of the transfer. A transfer of nonexempt property for less than fair market value is a change in the ownership of the property by giving away, selling, or otherwise exchanging it for less than the property is worth.

**IMPORTANT NOTE: If you are applying as an institutionalized individual or if you may be institutionalized within 30 months of the date of a transfer, nonexempt property transferred for less than fair market value may result in a period of ineligibility for nursing facility level of care under Medi-Cal.**

The following are ways to reduce nonexempt property without incurring a period of ineligibility for nursing facility level of care:

<ul style="list-style-type: none"><li>• Pay medical bills</li><li>• Buy furnishings for the home</li><li>• Pay on the home mortgage</li><li>• Buy clothes</li><li>• Make repairs to the home</li><li>• Pay off your auto loan</li><li>• Pay off other debts</li></ul>	<ul style="list-style-type: none"><li>• Begin process to liquidate non-liquid assets such as obtaining the cash surrender value on nonexempt life insurance policies, list property for sale with a qualified broker, etc.</li><li>• Borrow against excess property to cover the cost of medical care or request the medical provider to place a lien against the property to cover the cost of the care.</li></ul>
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**Exception: *Principe v. Belshé*** provides that individuals who were unable to reduce their excess property during the month of application or some later month during the application process may spend down their property retroactively on qualified medical expenses. Qualified medical expenses are medical expenses that were incurred in any month and that were unpaid in the same month where there was excess property for the entire month. Eligibility will be granted, as otherwise eligible, after payment of those qualified medical expenses, with the excess property, occurs and verification of the payment is provided to the county.

#### TRANSFERS OF EXEMPT PROPERTY

The transfer of exempt property at any time (property which is not counted) will not result in a period of ineligibility as long as the property would have been considered exempt at the time of the transfer. This includes a transfer of property used as a home or former home. However, the money received from the sale of a home will be counted as property unless the money is to be used for the purchase of another home within six months. In addition, any money received from the sale of other exempt assets will be counted as property.

#### TRANSFERS OF NONEXEMPT PROPERTY

An institutionalized applicant or someone who is already receiving Medi-Cal who is institutionalized within 30 months of the date of the transfer may be ineligible due to a transfer of nonexempt property for less than fair market value. Nonexempt property may be transferred without incurring a period of ineligibility if the property is transferred to:

- The spouse (or to another for the sole benefit of the spouse) or to
- A child of the institutionalized individual who is blind or permanently and totally disabled.

*Or, if*

- The property was intended to be transferred at fair market value for something of equal value, or
- The property was not transferred to establish Medi-Cal eligibility, or
- A period of ineligibility for nursing facility level of care would work an undue hardship.

A transfer of the nonexempt former home to someone listed below or the transfer of exempt property to anyone will not result in a period of ineligibility for nursing facility level of care if the property was given away, sold, or otherwise exchanged at less than fair market value. If the nonexempt former home is transferred for less than fair market value to other individuals or other nonexempt property is transferred for less than fair market value, then the transfer may result in a period of ineligibility for nursing facility level of care. The period of ineligibility could last from 1 to 30 months. This period of ineligibility is based on the uncompensated value of the property (dollar amount of compensation not received) divided by the statewide average rate for privately paid nursing facility care. The statewide average private pay rate for the year 2013 is \$7,549 per month.

**For example:** Assume an institutionalized individual reduces property by transferring \$24,000 in excess property to a son or daughter as a gift. He/she would be ineligible for nursing facility level of care because the individual received nothing in fair market value in return for the gift. Suppose that the statewide average rate for privately paid nursing care is \$3,000. This institutionalized individual would be ineligible for nursing facility level of care for eight months starting with the month of the transfer (\$24,000 divided by \$3,000 average private pay rate). The institutionalized individual will still be eligible for all other Medi-Cal services.

**TRANSFER OF THE NONEXEMPT FORMER HOME BY AN INSTITUTIONALIZED INDIVIDUAL  
WHICH DOES NOT RESULT IN A PERIOD OF INELIGIBILITY**

The transfer of the exempt home shall not result in a period of ineligibility. A transfer of the nonexempt former home also shall not result in a period of ineligibility if title of the home is transferred to:

- The spouse, or
- A child under 21, or
- A child, regardless of age, who is blind or totally and permanently disabled, or
- A son or daughter not listed above, who resided in the home for two years immediately preceding the institutionalized individual's date of admission and who provided care which allowed that individual to reside at home rather than in the institution or facility, or
- A sibling who has equity interest in the home and who resided in the home for one year immediately preceding the date the institutionalized individual was admitted to the facility or institution.

Prior to applying a period of ineligibility for nursing facility level of care, the county must determine if undue hardship exists. Anytime a transfer results in a period of ineligibility, the ineligible individual has the right to request an appeal through a fair hearing. The form for filing a request is on the reverse side of the Notice of Action form discontinuing, denying, or restricting Medi-Cal eligibility.

## Countable income for tax purposes will be used to determine eligibility for MAGI Medi-Cal

### ➤ **Countable Earned Income:**

- Wages and salaries
- Tips
- Commissions
- Bonuses and awards
- Profits from Self-Employment

### ➤ **Countable Unearned Income:**

- Unemployment
- SSA (Disability, Survivors, Retirement)
- Retirement and Annuities (IRA's, Pension, 401(k), Military, Railroad)
- Rental Income
- Alimony received
- Dividends and taxable interest
- Per Capita Tribal Gaming Distributions

### ➤ **Excluded income for MAGI**

- Child Support payments received
- Veteran's Benefits (disability & Pensions)
- Qualified Scholarships ( for tuition only)
- Employment and Training Programs
- Federal Tax Refunds and Earned Income Tax Credit (EITC)
- Bona Fide Loans
- Sponsor Income
- Foster Care Payments
- Needs based Assistance from other Agencies
- Public Assistance such as: SSI/SSP, TANF (CalWORKs), CalFresh, CAAP (general assistance)

**Many of the same expense deductions allowed on an income tax return are also allowed for MAGI MC; these include:**

- Educator Expenses
- Health Savings Account Contributions
- Job-related moving expenses
- Alimony Paid
- Student Loan Interest
- IRA contributions
- School Tuition and Fees

# MAGI Medi-Cal

“**Modified Adjusted Gross Income**” or **MAGI** is a tax-based definition of income used by the IRS.

- MAGI-Medi-Cal uses the MAGI income methodology & tax household computations for determining eligibility
- Property and resources are exempt for MAGI Medi-Cal.

## **MAGI-Medi-Cal Groups & Hierarchy**

### Infants & Children

- HH Income at or below 266% FPL

### Parents/Caretaker Relatives

- HH Income at or below 109% FPL

### Pregnant Women

- HH Income at or below 213% FPL

### Former Foster Care (up to age 26)

- No Income Test

### Adults<sup>1</sup> (ages 19-64)

- HH Income at or below 138% of the FPL

### Individuals Ineligible under MAGI

- **Adults** entitled to or enrolled in Medicare under Part A or B (This is true only for the new Adult Group).
- Those eligible for **HCBS Waiver**





## 2014 Federal Poverty level (FPL)

		MAGI Medi-Cal FPL's					Covered CA FPL's	
HH Size	FPL%	100%	109% Parent & caretaker	138% Adult	213% Pregnant	266% Infant & Children	250% APTC & CSR 139%-250%	400% APTC only 251%-400%
1	Monthly	\$972	\$1,060	\$1,342	\$2,071	\$2,586	\$2,431	\$3,890
	Annually	\$11,670	\$12,720	\$16,104	\$24,857	\$31,042	\$29,175	\$46,680
2	Monthly	\$1,310	\$1,428	\$1,808	\$2,792	\$3,486	\$3,277	\$5,243
	Annually	\$15,730	\$17,145	\$21,707	\$33,504	\$41,841	\$39,325	\$62,920
3	Monthly	\$1,649	\$1,797	\$2,275	\$3,512	\$4,386	\$4,122	\$6,596
	Annually	\$19,790	\$21,571	\$27,310	\$42,152	\$52,641	\$49,475	\$79,160
4	Monthly	\$1,987	\$2,166	\$2,742	\$4,233	\$5,286	\$4,968	\$7,950
	Annually	\$23,850	\$25,996	\$32,913	\$50,800	\$63,441	\$59,625	\$95,400
5	Monthly	\$2,325	\$2,535	\$3,209	\$4,954	\$6,186	\$5,930	\$9,303
	Annually	\$27,910	\$30,421	\$38,515	\$59,448	\$74,240	\$71,170	\$111,640
6	Monthly	\$2,664	\$2,903	\$3,676	\$5,674	\$7,086	\$6,793	\$10,656
	Annually	\$31,970	\$34,847	\$44,118	\$68,096	\$85,040	\$81,523	\$127,880
7	Monthly	\$3,002	\$3,272	\$4,143	\$6,395	\$7,986	\$7,506	\$12,010
	Annually	\$36,030	\$39,272	\$49,721	\$76,743	\$95,839	\$90,075	\$144,120
8	Monthly	\$3,340	\$3,641	\$4,610	\$7,115	\$8,886	\$8,352	\$13,363
	Annually	\$40,090	\$43,698	\$55,324	\$85,391	\$106,639	\$100,225	\$160,360

## 2013 federal Poverty Levels (FPL's)

HH Size	FPL%	60%	100%	109% Parent & caretaker	138% Adult	213% Pregnant	250%	266% Infant & Children	400%
1	Monthly	\$575	\$958	\$1,044	\$1,322	\$2,040	\$2,394	\$2,547	\$3,830
	Annually	\$6,894	\$11,490	\$12,524	\$15,856	\$24,474	\$28,725	\$30,563	\$45,960
2	Monthly	\$776	\$1,293	\$1,409	\$1,784	\$2,753	\$3,232	\$3,438	\$5,170
	Annually	\$9,306	\$15,510	\$16,906	\$21,404	\$33,036	\$38,775	\$41,257	\$62,040
3	Monthly	\$977	\$1,628	\$1,774	\$2,246	\$3,467	\$4,069	\$4,329	\$6,510
	Annually	\$11,718	\$19,530	\$21,288	\$26,951	\$41,599	\$48,825	\$51,950	\$78,120
4	Monthly	\$1,178	\$1,963	\$2,139	\$2,709	\$4,180	\$4,907	\$5,220	\$7,850
	Annually	\$14,130	\$23,550	\$25,670	\$32,499	\$50,162	\$58,875	\$62,643	\$94,200
5	Monthly	\$1,379	\$2,298	\$2,504	\$3,171	\$4,894	\$5,744	\$6,111	\$9,190
	Annually	\$16,542	\$27,570	\$30,051	\$38,047	\$58,724	\$68,925	\$73,336	\$110,280
6	Monthly	\$1,580	\$2,633	\$2,869	\$3,633	\$5,607	\$6,582	\$7,002	\$10,530
	Annually	\$18,954	\$31,590	\$34,433	\$43,596	\$67,287	\$78,975	\$84,029	\$126,360
7	Monthly	\$1,781	\$2,968	\$3,235	\$4,096	\$6,321	\$7,419	\$7,895	\$11,872
	Annually	\$21,370	\$35,616	\$38,821	\$49,152	\$75,849	\$89,025	\$94,739	\$142,464

**Covered CA recipients: between 139% - 250% FPL may qualify for APTC/CSR; between 251% - 400%FPL may qualify for APTC only;  
Over 400% FPL qualify for unsubsidized coverage**

# INCOME for NON-MAGI MEDI-CAL

Determine the **GROSS** monthly income of all members in the MFBU (including ineligible members).

*EXCEPTION: Self Employment Income & Rental Income: use NET (after expenses)*

In most cases, income is used to determine whether or not there is a Share of Cost for the MFBU. **It is not used as an eligibility factor.**

*EXCEPTION: Some programs use income to determine eligibility and must be below the particular FPL Limit.*

There are three types of income:

1. **Earned**
2. **Unearned**
3. **Income In-Kind** (Housing, Utilities, Food)
  - Use the maintenance need chart to determine the In-Kind dollar amount (also compare with the amount automatically assigned by CALWIN)
  - Does not need to be verified unless it is earned

**Income must be verified** via wage stubs, a signed statement from the employer, SSA Award Letter, Tax Return, etc.

**NOTE:** Income is counted in the month it is received.

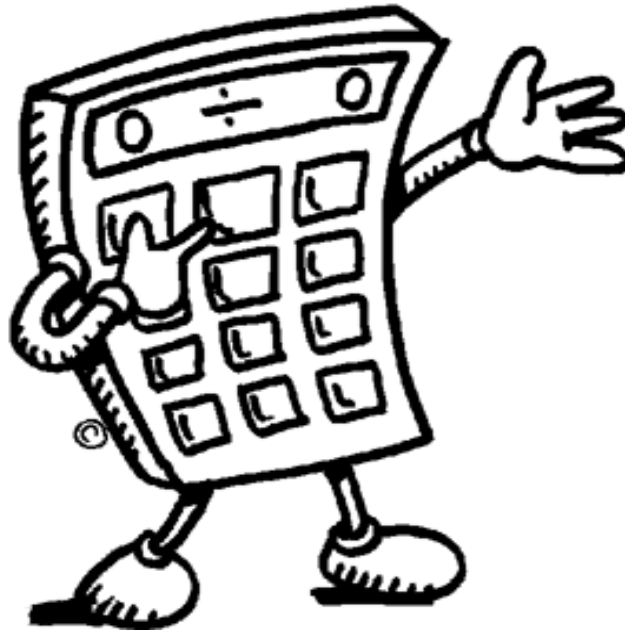


**Converting income to monthly:**

- a) Income received semi-monthly (or twice a month), multiply by 2
- b) Income received bi-weekly (or every two weeks), multiply by 2.167
- c) Income received every week, multiply by 4.33

## INCOME DEDUCTIONS for NON-MAGI MEDI-CAL

1. **Work Expense** - Deduct **\$90** from the gross earned income of each working person for all non-ABD cases.
2. **Sixty-Five plus One-Half** ( $65 + \frac{1}{2}$ ) -The first **\$65 plus**  $\frac{1}{2}$  of the remainder is to be deducted from the combined non-exempt earned income for all ABD cases.
3. **Unearned Income Deduction** - Deduct **\$20** from the combined non-exempt unearned income for all ABD cases.
4. **Child/Spousal Support Received** - Deduct **\$50** from the total amount received
5. **Court Ordered Alimony or Child Support Paid** - Full amount deducted **ONLY** when actually paid by client. (MN-AFDC)
6. **Dependent Care (Child/Day Care)** - Deduct the actual amount paid by client but limited to the following: (MN-AFDC)
  - a. \$200 Maximum per Child - Child under 2
  - b. \$175 Maximum per Child - 2 years or older
7. **Health Insurance Premiums** - Deduct the full premium paid for other health coverage
8. **Medicare Part B Premium** - Deduct the Medicare Part B premium deducted from RSDI (or directly paid to SSA)



**NOTE:** Income of Excluded Persons from the MFBU is not considered in determining the Share of Cost (Use Form MC 176M)