

Medi-Cal

Medi-Cal is California's Medicaid program. It is a program that provides health insurance to certain low-income persons who qualify. This flyer provides information on Medi-Cal eligibility and benefits for adults age 21 and older.

What Does Medi-Cal Cover?

Medi-Cal benefits include:

- Hospital services
- Doctor visits
- Medical equipment
- Prescription drugs
(not covered by Medicare
Part D coverage)
- Nursing home care
- Emergency dental care
- Ambulance services
- Adult day health care
- Hearing aids

Medi-Cal requires prior approval for some services. To get services approved, your health care provider must submit a Treatment Authorization Request (TAR) to Medi-Cal. Medi-Cal will approve or deny the TAR. If the TAR is denied, you have the right to file an appeal. No prior authorization is needed for emergency services.

**For more information,
call the Center for Health Care Rights at (800) 824-0780.**



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Who is Eligible for Medi-Cal?

▪ SSI and Medi-Cal

Persons age 65 years or older and younger persons with disabilities who receive Supplemental Security Income (SSI) benefits get Medi-Cal automatically. To qualify for SSI, you must meet the following income and resource guidelines:

July 2011 SSI Income Limits

- \$830 per month (single person, aged or disabled)
- \$1,407 per month (married couple, aged or disabled)

2011 SSI Resource Limits

- \$2,000 (single person)
- \$3,000 (married couple)

The following resources are not counted to determine eligibility for SSI:

- Your home;
- One car used for transportation;
- Household and personal belongings;
- Burial plots; and
- Life insurance policy with a maximum face value of \$1,500 per person.

The following resources are counted to determine eligibility for SSI:

- Money in the bank;
- A second home; and

- Other property.

Who is Eligible for Medi-Cal?

▪ 2011 Medi-Cal Aged and Disabled Federal Poverty Level Program

Persons who are not eligible for SSI may be eligible for the Medi-Cal Aged and Disabled Federal Poverty Level (A&D FPL) Program. This program provides Medi-Cal coverage for elderly and disabled persons whose monthly incomes are:

- \$1,138 or less (single person)
- \$1,536 or less (married couple)

To qualify for Medi-Cal under this program, persons must meet the SSI resource limits:

- \$2,000 (single person)
- \$3,000 (married couple)

Medi-Cal with a Share of Cost (SOC)

Low-income elderly and disabled persons who meet the SSI resource limits, but have incomes too high to qualify for the A&D FPL Program may qualify for Medi-Cal with a “share of cost.”

The Medi-Cal “share of cost” works like a medical deductible. You must meet your share of cost each month before Medi-Cal will pay the balance of your medical expenses.

The share of cost is based on the difference between a person’s income and the California **Maintenance Need Level** (MNL).

The California MNL is:

- \$600 per month (single person)
- \$934 per month (married couple)

How to Determine Your Monthly Share of Cost	
Monthly countable income for a single person	\$1,200
Subtract the monthly MNL for a single person	-\$600
Standard Deduction	-\$20
Monthly Share of Cost	\$580

To apply for Medi-Cal call:
(877) 597-4777
or visit your local DPSS office.

How Medicare and Medi-Cal Work Together

- When you have Medicare and Medi-Cal, Medicare is your primary insurance and Medi-Cal pays as your second insurance.
- Your medical bills are sent to Medicare first, and then to Medi-Cal.
- Medi-Cal pays the Medicare Part B premium (\$115.40 in 2011) if you have full Medi-Cal or Medi-Cal with a Share of Cost of less than \$500.
- Persons with Medicare and full Medi-Cal benefits do not have to pay Medicare co-payments and deductibles.
- Make sure that your health care provider takes Medi-Cal and Medicare before you receive services.

How the Medicare Drug Benefit Works with Medi-Cal

- If you have Medicare and Medi-Cal, you must enroll into a Medicare Part D drug plan. If you do not select a plan, Medicare will select one for you.
- Your Medicare drug plan must be used to cover most of your drugs.
- Part D drug plans will charge you \$1.10 to \$3.30 co-payments for covered drugs.
- You can change plans monthly if your drug plan does not cover your drugs.
- Medi-Cal should be billed if you need:
 - Anti-anxiety medication (benzodiazepines);
 - Sedatives (barbiturates); and
 - Over-the-counter drugs and vitamins covered by Medi-Cal.

Contact us at (800) 824-0780, if you have problems with your Part D plan.

Medi-Cal Long-Term Care

- Medi-Cal long-term care pays for custodial care in a nursing home. To qualify for Medi-Cal nursing home coverage, a single person is permitted to keep \$35 of his/her monthly income and a maximum of \$2,000 in countable resources.
- Medi-Cal long-term care for married couples provides important protections when one spouse goes into a nursing home and the other spouse remains at home.
 - In 2011, Medi-Cal permits the at-home spouse to keep up to \$2,739 per month of the couple's income and \$109,560 of the couple's combined resources.

- Exempt resources such as a couple's home, household goods, etc. do not count towards the \$109,560 resource limits for the at-home spouse.
- The spouse in the nursing home who is Medi-Cal eligible is entitled to a \$35 personal needs allowance and up to an additional \$2,000 in resources.

To apply for Medi-Cal Long-Term Care in Los Angeles County, call (626) 854-4987.

Medi-Cal Long-Term Care Rules Regarding Transfer of Assets

- A nursing home resident who gives away property or sells it for less than its value to become Medi-Cal eligible may be penalized. The penalty period is the amount of time the resources could have paid for the nursing home care.
- The Medi-Cal program looks back at any transfer of assets that occurs within 30 months of the Medi-Cal long-term care application.
- **Before you transfer any property, get legal advice from an attorney with experience in Medi-Cal long-term care.**

Medi-Cal Estate Claims

- The Medi-Cal program has the right to place a claim against the estate of a Medi-Cal beneficiary who has died. The claim is for Medi-Cal benefits that were paid out.
- A claim can be filed for an individual who was:
 - 55 years old or older and used any Medi-Cal benefits; or
 - Under the age of 55 and received Medi-Cal nursing home benefits.