

California Department of Insurance Eight-Hour Mandatory Long-Term Care Course Attachment I

Medi-Cal Requirements¹

When to Apply for Medi-Cal

Medi-Cal eligibility is not automatic. You must apply for Medi-Cal. To become eligible, you must meet the Medi-Cal property and asset requirements.

Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed health care services and long-term care services for low-income individuals, including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS. Medi-Cal is financed equally by the state and federal government.

Once your eligibility has been determined, you may be required to pay, from your income, a monthly "share of cost" for your care.

Once accepted by Medi-Cal, you are eligible for all services that Medi-Cal covers. Medi-Cal services may be different than those you received under your private long-term care insurance. For example, Medi-Cal may have different limits on the number of days covered, as long as they are medically necessary. However, Medi-Cal will not pay for your stay in a residential care facility. Medi-Cal will pay for care in nursing home and some nursing services in the home, including services in a residential care facility if that is where you live.

Medi-Cal Property and Asset Limitations

Medi-Cal Resource Limits for Calendar Year 2022

The California Department of Health Care Services' Medi-Cal Eligibility Division has issued the year 2022 community spouse resource allowance (CSRA) and the minimum monthly maintenance needs allowance (MMMNA).

The year 2022 CSRA is \$137,400 and the 2022 MMMNA is \$3,435 in monthly income.

The resource limits and income provisions work in the following way for a married couple when one spouse is in a nursing home and the other spouse is still living at home:

The spouse at home may keep up to \$137,400 in resources (property and other assets) while the institutionalized spouse may retain \$130,000 in addition to any other exempt assets.

The spouse at home may keep all of the income received in their name, regardless of the amount. If the amount is below \$3,435 per month, the institutionalized spouse may

¹ Data reproduced from the 2013 Before You Buy guide, with the approval of the California Partnership for Long-Term Care.

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allocate income to bring the at-home spouse's income up to the \$3,435 per month. The spouse in the nursing home is permitted to keep \$35 in monthly income for personal needs.

The resource limits and income provisions work in the following way for single individuals:

Single individuals are permitted to retain \$130,000 in addition to any other exempt assets.

Medi-Cal Share of Cost (Note: figures throughout this section may be updated in the future due to new legislation)

If you are on Medi-Cal, you must use your monthly income from Social Security, a pension, etc. to pay for your health and long-term care expenses. Your income will probably not be enough to pay the entire bill, so Medi-Cal will pay the rest of your nursing home bill or any other medical expenses you may have.

You will be allowed to keep a certain amount of your income each month. In 2022, the following is the minimum monthly maintenance needs level:

If you are living in the community, an individual may keep \$600, a married couple \$934;

or

If you are in a nursing home, you may keep \$35 in monthly income for personal needs; if you are a spouse at home, the at-home spouse may keep all of the income received in their name, regardless of the amount. If the amount is below \$3,435 per month, the institutionalized spouse may allocate income to bring the at-home spouse's income up to the \$3,435 per month.

In determining your share of cost (SOC), Medi-Cal will calculate your total income. This figure is your net income. Then the monthly maintenance need amount is subtracted from your net income. The remaining amount is your monthly SOC, which is the amount you would have to spend on medical or long-term care before Medi-Cal begins payment.

For more detailed information on how the Medi-Cal SOC is calculated, contact your local Department of Health and Human Services.

Source: CMS Bulletin 11/23/2021, 2022 SSI and Spousal Impoverishment Standards

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There are property/asset limits for the Medi-Cal program. If your property/assets are over the Medi-Cal property limit, you will not receive Medi-Cal unless you lower them according to the program rules.