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

Medi-Cal Requirements[1]

When to Apply for Medi-Cal

Medi-Cal eligibility is not automatic. You must apply for Medi-Cal to become eligible for public assistance. To become eligible for Medi-Cal, you must:

- Be aged, blind, or disabled;
- Be a citizen or have satisfactory immigration status; and
- Meet the Medi-Cal property and asset requirements.

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 has no limits on the number of days covered, if they are medically necessary. **However, Medi-Cal will not pay for your stay in a Residential Care Facility.** Medi-Cal will pay for some nursing services in the home, including services in a Residential Care Facility, if that is where you live, and if you are temporarily or permanently unable to leave your home. For example, if you are recently discharged from a hospital, Medi-Cal will pay for follow-up care which can be provided in your home.

Medi-Cal Property and Asset Limitations

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

The county looks at how much you and your family have each month. If your property/assets are below the limit at any time during that month, you will get Medi-Cal, if otherwise eligible. If you have more than the limit for a whole month, you will be discontinued until you are once again below the limits.

The home you live in, furnishings, personal items, and one motor vehicle are not counted.

A single person is allowed to keep $2,000 in property/assets, the limit is higher if you are married or have a family.

For more information, please ask your county welfare office (usually the Department of Social Services) for a form called “Medi-Cal General Property Limitations for all Medi-Cal Applicants” (MC Information Notice 007).

Medi-Cal Property and Asset Limitations for Married Couples When One Spouse is in a Nursing Home

If one spouse (husband or wife) goes into a nursing home, and the other spouse is still at home, the spouse at home may keep up to $115,920 while the institutionalized spouse may keep $2,000 (this is the amount allowed in 2013; the amount is adjusted by the annual increase of the Consumer Price Index).

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

In 2013, the spouse at home may keep all of the couple's income he/she receives in his/her own name. If this amount is under $2,898 per month, a monthly allocation may be made from the institutionalized spouse to the at-home spouse to bring the at-home spouse's income up to at least $2,898 per month. This is referred to as the at-home spouse's "monthly maintenance needs allowance." (This amount is also adjusted annually by the cost of living increase.)

The at-home spouse may retain additional income or assets through a "fair hearing," or by court order. The spouse in the nursing home is permitted to keep $35 a month for personal needs.

Medi-Cal Share of Cost

If you are on Medi-Cal, you may need to use some portion of 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 2013, you may keep the following "Maintenance of Need" amount:

- If you are living in the community, an individual may keep $600*, a married couple $934*; or
- If you are in a nursing home, an individual may keep $35 for personal needs. If he or she has a spouse at home, the at-home spouse may keep all of the couple's income he/she receives in his/her name. If this amount is under $2,898 per month, a monthly allocation may be made from the institutionalized spouse to the at-home spouse to bring the at-home spouse's income up to at least $2,898 per month.

In determining your share of cost, Medi-Cal will calculate the applicant's/institutionalized spouse's total monthly income. This figure is your net income. The county will subtract the allocation to the at-home spouse, if applicable. Then the "Maintenance of Need" amount is subtracted from your net income. The remaining amount is your monthly share of cost – 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 share-of-cost is calculated, contact your county Department of Social or Human Services (also known as the county welfare office).

*There may be other adjustments allowed based on individual circumstances.