



Aged & Disabled Medi-Cal

Who is eligible?

This program provides Medi-Cal with no share of cost to individuals who are over age 65 OR individuals who qualify as disabled (have a disability determination either from the Social Security Administration or the State of California).

What is the income limit?

- The income limit is 138% of the Federal Poverty Level. Currently, for one person applying the income limit is \$1564. For a married couple applying together the income limit is \$2106.

Income Guidelines Valid Until April 1, 2023

How do I calculate the income?

First, find out if it's *earned* or *unearned*.

- Earned (usually from a job). Subtract \$65.00 then divide the answer by 2.
- Unearned (usually from Social Security). Subtract \$20.00. If there is no unearned income then subtract the \$20 from any earned income as well.
- If they pay a health insurance premium deduct that too. If they have Medicare, the cost of the Medicare Part B premium payment may also be deducted, even if currently paid by Medi-Cal.
- Compare the remaining countable income to the above limits. Are they just a little bit over? Maybe buying a cheap health insurance policy (usually dental or vision) would help!

What if you have a married couple and only one is applying for the Aged & Disabled program? How does that work?

- Use the same income calculating rules as above. THEN subtract the Maintenance Need Level for the family member who is not applying.
- Compare to the Income Limit for a single person (\$1,564)

Maintenance Need Levels

Family Size	Amount
1	\$600
2 (both adults)	\$934
2 (adult and child)	\$750
3	\$934
4	\$1100
5	\$1259
6	\$1417

Examples:

Homer and Marge

Homer and Marge are both 68 and retired.

They get \$2200 from Social Security.

It's *unearned* so subtract \$20.00. ($\$2200 - \$20 = \2180)

They pay \$170.10 each for their Medicare Part B premium. Subtract that. ($\$2180 - \$340.20 = \$1839.80$)

Compare to income limit of \$2106. It's less! They get free Medi-Cal!

Dagwood and Blondie

Dagwood is 42 and disabled. Blondie is 40. Only Dagwood is eligible for Aged & Disabled Medi-Cal.

Dagwood gets \$1150 a month from Social Security and Blondie gets \$1303 a month from her job.

Their combined gross income is \$2453.

Dagwood's Income:

It's *unearned* so deduct \$20.00 ($\$1200 - \$20 = \1180)

Blondie's Income:

It's *earned* so deduct \$65.00 then divide by 2. ($\$1303 - \$65 = \$1238/2 = \619)

Add the countable incomes together ($\$1180 + \$619 = \$1799$)

NOW subtract the Maintenance Need Level for Blondie. ($\$1799 - \$600 = \$1199$)

Total countable income is: \$1199

Compare to the income limit for one person: \$1564. It's less! Dagwood gets free Medi-Cal!

What is the resource limit?

- Resources are the things that the family owns, like cars, houses, and real estate. Bank accounts also count as "resources". One car and the home the applicant lives in are exempt. To be eligible the family's countable property may not exceed the property reserve limits below.

FAMILY SIZE	PROPERTY	FAMILY SIZE	PROPERTY
1	\$2000.00	2	\$3,000.00

NOTE: Resource limits will increase to \$130,000 for an individual and \$65,000 more per additional family member beginning July, 2022.

Does immigration status matter?

- Those with satisfactory immigration status, or under age 26 and over age 50 regardless of immigration status, can get full scope Medi-Cal. Those who are not can get pregnancy-related services and emergency services.

How do people get services?

- Office visits, hospitalization, medicines, vision care, mental health, and substance abuse services will most likely be provided through a health plan or "managed care". Beneficiaries go to the

doctor, clinic, hospital and pharmacies that are part of their health plan. Beneficiaries may join different plans.

Where can people apply for Medi-Cal?

- You can apply in the following ways:
 - Online through your County Social Services office’s on-line website such as Your Benefits Now! (YBN), or BenefitsCal.com . To find your local county office website, visit: <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>
 - By mail
 - In person at a County Social Services office, and, in some counties, at community clinics, county clinics and hospitals.

How long does it take to get approved?

- It can take up to 45 days if the applicant already has a disability determination. If the client does not have a disability determination and has not applied for Social Security based on disability it can take 90 days or more for the state to make a disability determination. If the applicant has already applied for Social Security based on disability the state will wait for Social Security to make its decision first. Some applicants may be eligible for immediate Medi-Cal coverage under Presumptive Disability if they have a qualifying condition.

What documents are required?

- Proof of income, identification, and California residency.
- Proof of immigration status and Social Security Number (SSN) or proof of application, if applying for full scope Medi-Cal. Aged & Disabled can be either “full scope” or “restricted.”
- No Social Security Number proof is needed if applying for “restricted” Medi-Cal.
Checking and savings account (financial institution accounts) statements.
Car registration.
Other resource information.

What can someone do if they have a problem with their Medi-Cal?

- All Medi-Cal beneficiaries have a right to a fair hearing if their Medi-Cal benefits are denied, or they are given a share of cost. They have a right to continue receiving services while waiting for a hearing but they must file for a hearing before the change in benefits is scheduled to occur. Beneficiaries may file for a hearing by calling the state at 1-800-952-8349 (toll free). Beneficiaries may also call the Health Consumer Center of Los Angeles at **1-800-896-3202**.
- Clients who have problems accessing services through a managed care health plan should first contact their managed care health plan’s member services number. If they are still not able to resolve the problem call the Medi-Cal Managed Care Ombudsman Help Line at 1-888-466-2219. Beneficiaries may also call the Health Consumer Center of Los Angeles at **1-800-896-3202**.