**ABD FPL Worksheet**

**Adult with an Ineligible Spouse and/or Children**

The steps numbered below correspond to the steps listed on the blank worksheet. The Aged, Blind & Disabled Federal Poverty Level (ABD FPL) Medi-Cal program follows SSI income rules but follows Medi-Cal Medically Needy rules when determining eligibility. ¹

“Ineligible spouse” is a spouse that is not applying for Medi-Cal under the ABD FPL program.

TIP: If both spouses cannot qualify for Medi-Cal with no share of cost as couple, then one of the spouses could qualify as an individual. The spouse who has the highest medical needs, meaning the spouse that needs zero share of cost Medi-Cal the most, can elect to be the ABD FPL applicant while the other spouse is the “ineligible spouse.”

To be eligible for the ABD FPL program, you cannot exceed the allowable income and asset limits set by the state. There are income and asset exclusions and deductions. For instance, you can deduct any health plan monthly premiums, such as a dental, health or vision policy. However, unlike the Medi-Cal medically needy programs, you cannot “spend down” excess income on medical expenses to qualify for the ABD FPL program.

TIP: If there are children in the family, then screen the ineligible spouse and children for a different Medi-Cal no share of cost program, such as Pickle or the 250% Working Disabled Program. If they are not eligible for another Medi-Cal no share of cost program, then screen for Medi-Cal (MN) program.

**Step 1:**

Enter the combined total of both spouses’ unearned income before any deductions for health insurance premiums or tax withholding. Unearned income includes pensions, state disability insurance and unemployment benefits. You combine income even if the ineligible spouse has no income.

TIP: If you receive Social Security benefits from which Medicare premiums are deducted, then Medi-Cal will pay your Medicare premium directly that month when you meet any of the following:
- You are eligible for the ABD FPL program.
- You are eligible for any other Medi-Cal program without a share of cost.
- You are eligible for Medi-Cal with a share of cost but you meet your share of cost for that month.

**Step 2:**

Deduct the $20 unearned income deduction.

**Step 3:**

Enter the balance, if any. This balance is the total countable unearned income.

**Step 4:**

Enter the combined total of both spouses’ gross earned income before any deductions. Earned income includes any income on which Social Security taxes are paid or are payable, honoraria, and book royalties. Remember, if the ineligible spouse provides IHSS services to the applicant, then the IHSS provider income is not counted. Also, gross income *does not* include earned income put into a cafeteria plan for child care or medical expenses, because that income is not subject to Social Security taxes.\(^2\)

**TIP:** If you are self-employed, your gross earned income means your adjusted gross income – that is, your gross income receipts less IRS allowable deductions.\(^3\)

**Step 5:**

Deduct $20 now if you did not deduct it in Step 2. The $20 deduction can only be used once.

**Step 6:**

Deduct the $65 earned income work incentive deduction.

**Step 7:**

Deduct any Impairment Related Work Expenses or IRWEs from the applicant’s earnings. You are eligible to take this deduction if you are under age 65. If you are age 65 or older, you can take this deduction if you qualified for Medi-Cal or other benefits on the basis of disability before you were 65.

**TIP:** IRWEs are out-of-pocket expenses you have both because you work and you have a disability. Examples include attendant care for help before, after
and during work; transportation when you cannot use or reliably use public transportation because of your disability. IRWEs also include out-of-pocket medical expenses needed to work even if you would have the same expenses if you were not working.

**Step 8:**
Enter the subtotal after deducting the unused portion of the $20 any income deduction (Step 5), the $65 earned income deduction (Step 6), and any IRWE deductions from the gross earned income (Step 7).

**Step 9:**
Deduct 50% of the subtotal entered at Step 8. This is an additional work incentive deduction.

**Step 10:**
Enter the balance after deducting the amount in Step 9 from the amount in Step 8. This is your total countable earned income. The amounts in Steps 9 and 10 should be the same.

**TIP:** For example, if your family’s only income is you earning $500 from teaching and your spouse earning $500 from working at a store then your combined earned income is $1000 per month. If you have an IRWE that costs you $50 per month, then your math for Step 4 through Step 10 looks like this:

**Step 4:** $1000
**Step 5:** $1000 - $20 (any income deduction) = $980
**Step 6:** $980 - $65 (earned income deduction) = $915
**Step 7:** $915 - $50 (IRWE) = $865
**Step 8:** $865
**Step 9:** $865 / 2 = $432.50
**Step 10:** $432.50 (total countable income)

**Step 11:**
Add together your total countable unearned income (Step 3) and your total countable earned income (Step 10).

**Step 12:**
Deduct any monthly health insurance premium payments, such as Medi-Gap, dental or vision insurance. This includes Medicare Part B premiums. ⁴
Step 13:
If there are any other people in the Medi-Cal Family Budget Unit (MFBU) that are not applying or eligible for Medi-Cal, including children in the family, deduct a maintenance need allowance (MNL) using the figures in the Maintenance Need Allowance below. For the MNL deduction for one adult and one child, (Note: a person is a child if they are under 18, or, if 18, 19 or 20, if they are full-time students), deduct $750 which is listed below as 2*.

**Maintenance Need Allowances – Maintenance Need Level (MNL) (unchanged since July 1, 1989):**

1 - $600, 2* - $750, 2 adults - $934, 3 - $934, 4 - $1100, 5 - $1259, 6 - $1,417, 7 - $1,550, 8 - $1,692

TIP: A family of two parents and three children would be a family of five. Exclude the spouse seeking ABD FPL benefits and you have an MNL deduction for the other four in the family. So, you would deduct $1100.

Step 14:
The remainder, after deducting the MNL for any adults or children in the MFBU that are not applying for or eligible for Medi-Cal, is the couple’s countable income for purposes of determining eligibility under the ABD FPL program.

TIP: Step 13 and 14 are shown below using the example from Step 10 – your family’s only income is you earning $500 from teaching and your spouse earning $500 from working at a store to make your combined earned income $1000 per month. If you have an IRWE that costs you $50 per month, then your math for Step 4 through Step 14 looks like this:

Step 4: $1000
Step 5: $1000 - $20 (any income deduction) = $980
Step 6: $980 - $65 (earned income deduction) = $915
Step 7: $915 - $50 (IRWE) = $865
Step 8: $865
Step 9: $865 / 2 = $432.50
Step 10: $432.50 (total countable income)
Step 11: $0 (unearned income) + $432.50 (total countable income)
Step 12: $0 (no monthly healthcare premiums)
Step 13: $432.50 - $600 (MNL for non-applicant spouse) = - $167.50
Step 14: - $167.50 is less than $0 so your income is $0
If the couple’s countable income is too high to qualify for the ABD FPL program as a couple, then they can apply for the ABD FPL program separately or one individual can apply for the ABD FPL program and the other individual may apply for the ABD MN program or another Medi-Cal program. For more information on this, please review the main publication for this worksheet entitled “Determining Eligibility under the Aged, Blind, & Disabled Federal Poverty (ABD FPL) Medi-Cal Program,” specifically review section C with the heading: Couples applying for two different Medi-Cal programs: one spouse applying for the ABD FPL program & the other spouse applying for another Medi-Cal program.
Blank ABD FPL Worksheet for an Adult with an Ineligible Spouse

<table>
<thead>
<tr>
<th>Step 1.</th>
<th>Total unearned income from both spouses before any Medicare or other deductions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 2.</td>
<td>Less $20 any income deduction.</td>
</tr>
<tr>
<td>Step 3.</td>
<td>Total countable unearned income for couple.</td>
</tr>
<tr>
<td>Step 4.</td>
<td>Gross earned income from both spouses before any deductions.</td>
</tr>
<tr>
<td>Step 5.</td>
<td>Less balance of the $20 any income deduction from step (2) above, if any.</td>
</tr>
<tr>
<td>Step 6.</td>
<td>Less $65 earned income deduction.</td>
</tr>
<tr>
<td>Step 8.</td>
<td>Subtotal.</td>
</tr>
<tr>
<td>Step 9.</td>
<td>Less 50% of the subtotal in step (5) as an additional work incentive deduction.</td>
</tr>
<tr>
<td>Step 10.</td>
<td>Total Countable Earned Income for couple.</td>
</tr>
<tr>
<td>Step 11.</td>
<td>Add together the total countable unearned income (step 3) and total countable earned income (step 10) for total countable income.</td>
</tr>
<tr>
<td>Step 12.</td>
<td>Deduct any health insurance premium payments including Medicare premiums⁵.</td>
</tr>
<tr>
<td>Step 13.</td>
<td>Deduct the applicable MNL based on family size minus the spouse seeking A&amp;D FPL.</td>
</tr>
</tbody>
</table>

Is the amount in Step 14 equal to or less than $1,482 for 2021? That amount is 138% of the FPL. If yes, then you qualify for Medi-Cal with no share of cost.

*Maintenance Need Allowances*: 1 - $600, 2 - $750, 2 adults - $934, 3 - $934, 4 - $1100, 5 - $1259, 6 - $1,417, 7 - $1,550, 8 - $1,692

¹Cal.Welf. & Inst.Code § 14005.40. All County Wide Directors Letter (ACWDL) 00-57, 00-68, 01-18, 02-38, 21-06. - (Return to Main Document)
²20 CFR § 416.1110(a); Social Security Program Operations Manual System (POMS) SI 00820.100-C.1.- (Return to Main Document)
3 You estimate what your current monthly income is based on last year’s income tax return and the comparison between last year’s adjusted gross income and last year’s gross receipts. If last year your adjusted gross income was 50% of your gross receipts (i.e., $20,000 based on receipts of $40,000), Social Security in determining your income this year will presume that this year your monthly adjusted gross income would be 50% of your total receipts. - (Return to Main Document)

4 Additional information may be found on the California Department of Health Care Services (DHCS) All-County Welfare Director Letter (ACWDL) 01-18; MC 176 AD Aged / Disabled FPL group spreadsheet (Revised 10/2020). - (Return to Main Document)

5 The Medi-Cal program will pay for your Medicare Part B premium directly if you qualify. You will then get your full Social Security check without any deduction for Medicare. - (Return to Main Document)