



California's Protection & Advocacy System
Toll-Free (800) 776-5746

Worksheets for Determining Eligibility under the Aged & Disabled Federal Poverty Level (A&D FPL) Medi-Cal Program

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This publication and the accompanying worksheets are to be used to determine if an individual, couple or an individual in a family qualify for the A&D Medi-Cal program. This is a no-share-of-cost Medi-Cal Program. The worksheets are in the following order:

(A) [Individual](#), (B) [Couple](#), and (C) [Individual with spouse and/or children](#)

2016 Income [limits](#)¹ or ceilings for the A&D FPL program: Individual \$1220, Couple \$1645

Note: *Most people who qualify for the A&D FPL Medi-Cal will be eligible for some **food stamps**. If you are on food stamps – now called SNAP – you get a plastic card you use like an ATM or debit card at the grocery. Most of those who get Medi-Cal with a share of cost and who meet their share of cost every month (like IHSS recipients) will get food stamps close to the maximum of \$200 for individuals and \$367 for couples. There are special rules and extra deductions to help seniors (60 and older) and persons with*

¹ If the source of your income is Social Security, your eligibility next year will be based on this year's Social Security income until April 1st when the new federal poverty levels go into effect. At that time the A&D FPL ceilings will be increased and your then current income will be used to determine eligibility. [Return to Main Document](#)

disabilities get food stamps. Call your county welfare department or talk to your County Medi-Cal or IHSS eligibility worker.

If Your Countable Income is Too High to Qualify for No-Share-of-Cost Medi-Cal under the A&D FPL Program. . . .

Your Net Countable income is the income that is left after allowable deductions. Allowable deductions include the unearned & earned income deductions. See Steps 1 through 11 on the worksheets. For the A&D FPL program you also deduct out-of-pocket health insurance [costs](#).² If your net countable income is above the ceiling to qualify for the A&D FPL program, here are options:

(a) Qualify for the A&D FPL program by buying dental insurance, vision insurance, Medigap insurance and/or additional healthcare insurance. The amount you pay out of pocket each month is deducted from your income before seeing whether you're eligible for the A&D FPL program. Figure out how much insurance you need. For instance, if your countable income per month is \$1,248 before any Medicare premium deduction, you would qualify for the A&D FPL program in 2016 if your health benefit premium equaled \$28 or more per month. [$\$1,248$ (your income) – $\$28$ (your health insurance premium) = $\$1,220$ (2016 A&D FPL income cap)] Because your Social Security benefits usually go up more each year than does the A&D FPL ceiling, you may be better off paying a health benefit premium of more than \$28 per month. For help in finding insurance to help you qualify for the A&D FPL program, contact an insurance agent or your local "Health Insurance Counseling & Advocacy Programs (HICAP). You have to tell HICAP how much you need to spend on insurance each month to qualify for the A&D FPL program; HICAP will not figure that out for you.

Alice and Alberto are a married couple. Alice is covered by Medicare but Alberto is not yet covered. Their combined monthly Social Security income before any Medicare deductions is \$1,782 which after the \$20 any-income deduction means a combined net countable income of \$1,762. They are not eligible for the A&D FPL program because their net countable income is above the 2016 A&D

² Under the Aged-Blind-Disabled Medically Needy (ABD MN) program you deduct insurance payments plus what you pay or are obligated to pay for necessary medical expenses preferably starting with things not covered by Medi-Cal (incontinence supplies, therapy, dental vision). ["Return to Main Document"](#)

FPL couple ceiling of \$1,645. Their income is \$117 too high. However, if they paid \$117 a month or more for insurance – dental, vision, etc. – their countable income would be brought down to \$1,645 or below and they would qualify for Medi-Cal without a share of cost under the A&D FPL program. [$\$1,782$ (couple's total income) - $\$20$ (any income deduction) - $\$117$ (health insurance premium) = $\$1,645$ countable income]

(b) If you receive Social Security benefits and are covered by Medicare and if you cannot get your *countable* income down to \$1,220 but it is not more than \$1,324.90 [$\$1,220$ (A&D FPL income cap) + 104.90 (Medicare premium) = $\$1,324.90$ (total income)] before any Part B deductions, you may qualify for the A&D FPL program as an “AB 1183 wobbler” as long as you are paying your own Part B premium which is deducted as insurance to bring your countable income down [to \\$1,220](#).³ If you are an eligible couple and are both covered by Medicare and you cannot get your countable income down to \$1,645 but it is not more than \$1,854.80 [$\$1,645$ (couple income cap) + $\$209.80$ (Medicare premiums) = $\$1,854.80$] you also can qualify for the A&D FPL program as an AB 1183 [wobbler](#).⁴ Although paying your own Part B premium brings your countable income down to \$1,645 or below, once you qualify for the A&D FPL program Medi-Cal pays for the Part B premium. You are then over the A&D FPL income ceiling so Medi-Cal stops paying your Part B premium and transfers you to the Medically Needy share-of-cost program. Your Medi-Cal will continue for a month for the redetermination. Welf. & Inst. Code § 14005.37(d). You will be eligible for the A&D FPL program again once you start paying your Part B premium.

(c) Do you (or your eligible spouse) have any earned income? If so, you (or your eligible spouse) may be eligible for Medi-Cal under the 250% Working Disabled Program. SSDI, private disability pensions, etc., are not

³ Before, Medi-Cal paid the Part B premiums of all Medi-Cal recipients including those with a share of cost under the ABD MN program. That changed in 2008 by amendments to Welf. & Inst. Code 14005.11(f). Now, Medi-Cal pays the Part B premium of those who qualify for Medi-Cal under a program with no share of cost and also pays the Part B premium of those with a Medi-Cal share of cost of \$500 or less. For share-of-cost people, Medi-Cal pays the Part B premium for months the share of cost is met but in the following month. [“Return to Main Document”](#)

⁴ Welf. & Inst. Code § 14005.11(f) references “a” Medi-Cal beneficiary but Medi-Cal treats couples as a single individual. [“Return to Main Document”](#)

counted, are exempt. You have to show you would be eligible for SSI not counting exempt disability income or earnings. If you are receiving retirement including early retirement earnings above the SSI/SSP grant level, you do not qualify. For more information

<http://healthconsumer.org/cs032WorkingDisabled.pdf>

(d) If there is earned income, see if the employer has a cafeteria plan to pay for unreimbursed medical expenses. Money put in a cafeteria plan does not count as income under Social Security and Medi-Cal rules because those funds are exempt from Social Security (FICA) withholding taxes.

(e) Did you (or your eligible spouse) ever qualify for SSI and Social Security at the same [time?](#)⁵ Social Security benefits include dependent benefits received by children. If so, you (and/or your eligible spouse) may be eligible for Medi-Cal with no share of cost under the Pickle Program.

(f) You (and other members of your family otherwise eligible for Medi-Cal even if not disabled) would be eligible for Medi-Cal under the Aged-Blind-Disabled (ABD) Medically Needy (MN) program. There would be a share of cost equal to the countable income over the applicable maintenance need income level (MNIL) based on family size – i.e., \$600 for one person, \$750 for an adult and child, \$934 for a couple or three-person family, etc. See example below:

Alice and Alberto are a married couple. Their combined monthly Social Security income before Alice's Medicare deduction is \$1,700 which after the \$20 any-income deduction means a combined net countable income of \$1,680. They are not eligible for the A&D FPL program because their net countable income is above the 2016 A&D FPL couple ceiling of \$1,645. However, under the ABD MN program they qualify for Medi-Cal with a \$708 share of cost [$\$1,700$ (total income) - \$20

⁵ That includes SSI received for the 5th month of the waiting period before SSDI benefits start or the month before you first qualified for Disabled Adult Child benefits or when you first qualified for Social Security retirement benefits. This is because you receive Social Security Title II benefits for one month in the following month. Thus if you received SSI benefits in March and were also eligible for Title II benefits in March which you would not receive until April, you were eligible for and received both SSI and Social Security Title II benefits for the same month. ["Return to Main Document"](#)

(any income deduction) - \$934 (MNIL for couple) = \$746
(couples Medi-Cal share of cost).

(g) If a couple is found eligible for the A&D FPL program they will both receive Medi-Cal under the A&D FPL program. But if they cannot qualify as a couple, they can apply for the A&D FPL program separately or one individual can apply for the A&D FPL program and the other individual may apply for the ABD MN program or another Medi-Cal program. See DHS ACWDL No. 02-38, Question 7. See example below and worksheet number 3:

Alice and Alberto are a married couple with a combined net countable income of \$1,700. Under the ABD MN program their share of cost would be \$746 [$\$1,700$ (total income) - \$20 (any income deduction) - \$934 (MNL for couple) = \$746 (couples Medi-Cal share of cost)]. But if Alberto, who has more Medi-Cal health care needs than Alice, applies for the A&D FPL program as an individual, he would be eligible without a share of cost: $\$1,700 - \$20 - \$600$ (MNIL allocation for Alice) = \$1,080 which is below the A&D FPL ceiling for an individual (\$1,220); Alice's ABD MN share of cost would be \$746 [calculation above].

(h) If you are ineligible because your couple income and/or resources are too high or because you are a child and the parental income and/or resources are too high and you are someone whose disability is severe enough to qualify for Medi-Cal funded long-term care, you may be able to qualify for Medi-Cal through one of the Home and Community Based Services waivers:

If you are a client of a regional center serving persons with developmental disabilities and could qualify for services through an intermediate care facility for persons with developmental disabilities (ICF/DD), talk to your service coordinator about qualifying for Medi-Cal through the waiver for persons with developmental disabilities.

If you are a senior or person with a disability who could qualify for care in a nursing facility, subacute nursing facility or a hospital, call Medi-Cal In-Home Operations in Sacramento at (916) 552-9105 or in Los Angeles at (213) 897-6774 to get on the waiver waiting list for nursing facility slots. **There is no waiting list for people who need the waiver to get out of a nursing facility.**

If you are a senior (65 and older) who would qualify for care in a nursing facility, call 1-800-510-2020 for information about applying for the MSSP waiver if available where you live and about where and how to apply.

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For legal assistance call 800-776-5746 or complete a [request for assistance form](#). For all other purposes call 916-504-5800 (Northern CA); 213-213-8000 (Southern CA).

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