

# Medi-Cal Program Guide Letter #759

August 8, 2012

---

**Subject**            **2012/2013 FAMILY MEMBER MAXIMUM BASE ALLOCATION AMOUNT**

---

**Effective Date**   July 1, 2012

---

**Reference**         Draft ACWDL 2200

---

**Purpose**            The purpose of this letter is to inform staff of the change to the family member maximum base allocation amount.

---

**Background**      The family member maximum base allocation amount is the amount that a Long Term Care (LTC) beneficiary may allocate to family members.

---

**Changes**         Effective July 1, 2012 through June 30, 2013, the family member maximum base allocation amount is \$1,891.

---

**Automation Impact**    The CalWIN reference table will be updated with the new allocation amount on 8/11/2012.

---

**Required Action**      The CalWIN project will generate a list of cases affected by this change. This list will be made available on the Sharepoint website [here](#). Medi-Cal Program will alert staff via email when the lists are ready. When the list is available, workers must:

<b>Step</b>	<b>Action</b>
1	Run EDBC on the affected cases, evaluating for the month of July and ongoing.
2	Review budget information and ensure that the correct family member base allocation is used for July 2012 and ongoing.

---

*Continued on next page*

## Medi-Cal Program Guide Letter #759, Continued

---

**Forms Impact** None.

---

**Imaging Impact** None.

---

**ACCESS Impact** None.

---

**Quality Assurance Impact** Effective with the September 2012 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

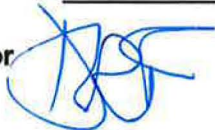
---

**Summary of Changes** of The table below shows the changes made to the program guide:

Article	Description of Change
Article 11, Appendix A	Changed the Family Member Maximum Allocation amount from \$1839 to \$1891

---

**Approval for Release**



# Appendix A Maintenance Needs Assistance Standards

MN & FPL CHART – EFF 4/01/12					MN INCOME IN-KIND VALUES – EFF 7/1/89					1931 (B) INCOME IN-KIND VALUES – EFF 6/1/99				
HH Size	MMNL	100%	133%	200%	HH SIZE	HOUSING	UTILITIES	FOOD	CLOTHING	HH SIZE	HOUSING	UTILITIES	FOOD	CLOTHING
1	600	931	1239	1862	1	153	33	86	27	1	161	34	90	27
2	750	1261	1677	2522	2	206	38	182	49	2	217	39	191	52
2 Adults	934	1261	1677	2522	3	225	40	232	75	3	237	42	244	79
3	934	1591	2116	3182	4	236	41	286	100	4	248	44	301	105
4	1100	1921	2555	3842	5	236	41	346	126	5	248	44	363	133
5	1259	2251	2994	4502	6	236	41	401	149	6	248	44	422	157
6	1417	2581	3433	5162	7	236	41	447	178	7	248	44	470	187
7	1550	2911	3872	5822	8	236	42	490	199	8	248	44	515	209
8	1692	3241	4311	6482	9	236	41	537	227	9	248	44	565	239
9	1825	3571	4750	7142	10	236	41	582	249	10	248	44	612	261
10	1959	3901	5189	7802										
Add for Addit'l Members	14	330	439	660	* Effective 3/9/2005 In-Kind amounts for clothing only apply to 1931(b).									

1931 (b) INCOME STANDARDS				1931 (b) SNEEDE V. KIZER INCOME/PROPERTY PRORATIONS								PROPERTY LIMITS	
HH SIZE	1931 (B) LIMIT	OR	100%	No. of Kids in MBU	EFF 12/1/04		EFF 4/01/12		PROPERTY		MFBU	LIMIT	
					1 Parent	2 Parent	1 Parent	2 Parent	1 Parent	2 Parent			
1	398		931	1	327	270	631	531	1500	1050	1 (MN)	\$2,000	
2	653		1261	2	539	481	1061	961	2100	1650	1	\$3,000	
3	808		1591	3	721	657	1441	1351	2475	2070	1931(b)		
4	961		1921	4	876	820	1801	1721	2760	2400	2 (Both)	\$3,000	
5	1094		2251	5	1025	965	2151	2080	3000	2679	3	\$3,150	
6	1229		2581	6	1158	1105	2496	2431	3215	2925	4	\$3,300	
7	1350		2911	7	1289	1238	2836	2778	3413	3150	5	\$3,450	
8	1473		3241	8	1415	1368	3175	3121	3600	3360	6	\$3,600	
9	1591		3571	9	1539	1399	3511	3462	3780	3437	7	\$3,750	
10	1709		3901	10	1554	1425	3847	3801	3819	3500	8	\$3,900	
Effective	12/1/04		4/1/12								9	\$4,050	
More than 10	1709		Add for Additional Members 330	Add for Additional Members		Contact Medi-Cal Program for amount		319			10	\$4,200	
											QMB 1 = \$6,940 QMB 2 = \$10,410		

QMB/SLMB/QI-1 LEVELS – EFF 04/01/2012						
Family Size	QMB 100%	SLMB 120%	QI-1 135%	TMC 185%	QWDI 200%	WD 250%
1	931	1117	1257	1723	1862	2328
2	1261	1513	1703	2333	2522	3153
3	1591	1909	2148	2944	3182	3978
4	1921	2305	2594	3554	3842	4803
5	2251	2701	3039	4165	4502	5628
6	2581	3097	3485	4775	5162	6453
7	2911	3493	3930	5386	5822	7278
8	3241	3889	4376	5996	6482	8103
9	3571	4285	4821	6607	7142	8928
10	3901	4681	5267	7217	7802	9753
Add for Addit'l Members	330	396	446	611	660	825

**COMPLETE SSI PAYMENT STANDARDS CAN BE FOUND IN MPG ([ARTICLE 5, SECTION 10 Appendix L](#))**

LTC MAINTENANCE NEEDS- EFF 7/89	
MNM Individual	35
SSI Eligible LTC	40
Home Upkeep	
Living Alone	209
Shared	138
Both Spouses LTC	176

A&D FPL DISREGARDS		
EFF DATE	INDIVIDUAL	COUPLE
4/1/09 – 12/31/12	\$230	\$310
1/1/09 – 3/31/09	\$230	\$412
6/1/08 – 12/31/08	\$230	\$391
4/1/08 – 5/31/08	\$230	\$357

COMM SPOUSE INCOME ALLOCATION EFF 1/1/08	
\$2,841	
ACWDL 12-05	
FAMILY MEMBER MAX ALLOCATION EFF 7/1/12	
\$1891	
DRAFT ACWDL 2200	
250% WD SSI STANDARD ALLOCATION AND WMB STANDARD 1/01/12	
\$350	
ACWDL 12-01	
SGA SUBSTANTIAL GAINFUL ACTIVITY EFF 1/1/12	SGA FOR A BLIND PERSON EFF 1/1/12
\$1,010	\$1,690
ACWDL 11-43	

CSRA EFF 1/1/12	
YEAR	RATE
2012	113,640
09-11	109,580
2008	104,400
2007	101,640
2006	99,540
2005	92,760
2004	90,660
2003	89,280
2001	87,000
ACWDL 12-05	
APPR EFF 1/1/12	
YEAR	RATE
2012	7092
2011	6840
2010	6311
2009	5698
2008	5496
2007	5101
2006	5031
ACWDL 12-14	

FEDERAL BENEFIT RATE (FBR) – EFF 1/01/11		
Use to Determine Parental Deduction Use for 250% WD		
YEAR	INDIVIDUAL	COUPLE
2012	698	1048
2010/2011	674	1,011
2009	674	1,011
2008	637	956
2007	623	934
2006	603	904
2005	579	869
2004	564	846
2003	552	829
ACWDL 12-01		
MEDICARE PREMIUMS – EFF 1/01/12		
PART A		
\$451	For persons who don't receive no-cost	
\$248	For at least 30 quarters of coverage	
PART B		
\$99.90		
If income is above \$85,000 for one-person or \$170,000 for a couple, the Part B premium may be higher than \$99.90 per month.		

ISM – EFFECTIVE 1/01/09		
IN-KIND SUPPORT AND MAINTENANCE		
	INDIVIDUAL	COUPLE
VTR	232.66	349.33
PMV	252.66	369.33
For scenarios, please see <a href="#">(Article 5, Section 10 Appendix K)</a>		
ACWDL 11-44		

MEDICARE DEDUCTIBLES – EFF 1/01/12	
PART A – INPATIENT CARE	
\$1156	for 0-60 days
\$289	per day for 61-90 days
\$578	Per day for 91-150 days
PART A- SKILLED NURSING FACILITY CARE	
\$144.50	Per day for 21-100 days
There is no deductible for days 1-20	
PART B – ANNUAL DEDUCTIBLE	
\$140	

FPLB INCOME LIMITS – EFF 4/1/12	
Individual	\$1161
Couple w/one blind person	\$1666
Couple w/two blind people	\$1751
ACWDL 12-11	

TB STANDARDS – EFF 1/01/12	
TB Resource \$ Limit = \$2,000 (Exception to \$2,000 limit is when determining a child's eligibility and there are two parents present. Allow the parents a property limit of \$3,000)	
INCOME	
YEAR	INDIVIDUAL
2012	1,481
2011	1,433
2010	1,433
2009	1,433
2008	1,359
2007	1,331
2006	1,291
2005	1,243
2004	1,213
2003	1,189

PICKLE DISREGARD	
Last SSI/SSP Check Received Between	Effective 1/1/09
1/11 - 12/11	.0347
1/10 - 12/10	.0347
1/09 - 12/09	.0347
1/08 - 12/08	.0877
1/07 - 12/07	.1082
1/06 - 12/06	.1367
1/05 - 12/05	.1707
1/04 - 12/04	.1925
1/03 - 12/03	.2091
1/02 - 12/02	.2200
For Complete Chart see <a href="#">(Article 5, Section 10 Appendix E)</a>	
ACWDL 11-44	