

ASSEMBLY BILL

No. 2025

Introduced by Assembly Member Dickinson

February 20, 2014

An act to amend Section 14005.40 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 2025, as introduced, Dickinson. Medi-Cal: program for aged and disabled persons.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law requires the department to exercise its option under federal law to implement a program for aged and disabled person, as described. Existing law provides that an individual under these provisions shall satisfy certain financial eligibility requirements, including, among other things, that his or her countable income does not exceed an income standard equal to 100% of the applicable federal poverty level, plus \$230 for an individual, or \$310 in the case of a couple, as prescribed.

This bill would instead provide that the individual's countable income shall not exceed an income standard equal to 138% of the applicable federal poverty level.

Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 14005.40 of the Welfare and Institutions
2 Code is amended to read:

3 14005.40. (a) To the extent federal financial participation is
4 available, the department shall exercise its option under Section
5 1902(a)(10)(A)(ii)(X) of the federal Social Security Act (42 U.S.C.
6 Sec. 1396a(a)(10)(A)(ii)(X)), to implement a program for aged
7 and disabled persons as described in Section 1902(m) of the federal
8 Social Security Act (42 U.S.C. Sec. 1396a(m)(1)).

9 (b) To the extent federal financial participation is available, the
10 blind shall be included within the definition of disabled for the
11 purposes of the program established in this section.

12 (c) An individual shall satisfy the financial eligibility
13 requirement of this program if all of the following conditions are
14 met:

15 (1) Countable income, as determined in accordance with Section
16 1902(m) of the federal Social Security Act (42 U.S.C. Sec.
17 1396a(m)), does not exceed an income standard equal to ~~100~~ 138
18 percent of the applicable federal poverty level, ~~plus two hundred~~
19 ~~thirty dollars (\$230) for an individual or, in the case of a couple,~~
20 ~~three hundred ten dollars (\$310), provided except~~ that the income
21 standard so determined shall not be less than the SSI/SSP payment
22 level for a disabled individual or, in the case of a couple, the
23 SSI/SSP payment level for a disabled couple.

24 (2) (A) For the purposes of calculating countable income under
25 this section, an income exemption shall be applied as necessary
26 to adjust the SSI/SSP payment level as used in this section so that
27 it is the same as the SSI/SSP payment level that was in place on
28 May 1, 2009.

1 (B) This additional income exemption shall cease to be
2 implemented when the SSI/SSP payment levels increase beyond
3 those in effect on May 1, 2009.

4 (C) Notwithstanding Chapter 3.5 (commencing with Section
5 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
6 the department shall implement this paragraph by means of an
7 all-county letter or similar instruction without taking regulatory
8 action.

9 (3) Countable resources, as determined in accordance with
10 Section 1902(m) of the federal Social Security Act (42 U.S.C. Sec.
11 1396a(m)), do not exceed the maximum levels established in that
12 section.

13 (d) The financial eligibility requirements provided in subdivision
14 (c) may be adjusted upwards to reflect the cost of living in
15 California, contingent upon appropriation in the annual Budget
16 Act.

17 (e) Notwithstanding Chapter 3.5 (commencing with Section
18 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
19 the department shall implement this section by means of all-county
20 letters or similar instructions, and without taking regulatory action.
21 Thereafter, the department shall adopt regulations in accordance
22 with the requirements of Chapter 3.5 (commencing with Section
23 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

24 (f) For purposes of calculating income under this section during
25 any calendar year, increases in social security benefit payments
26 under Title II of the federal Social Security Act (42 U.S.C. Sec.
27 401 et seq.) arising from cost-of-living adjustments shall be
28 disregarded commencing in the month that these social security
29 benefit payments are increased by the cost-of-living adjustment
30 through the month before the month in which a change in the
31 federal poverty level requires the department to modify the income
32 standard described in subdivision (c).

33 (g) (1) For purposes of this section the following definitions
34 apply:

35 (A) "SSI" means the federal Supplemental Security Income
36 program established under Title XVI of the federal Social Security
37 Act.

38 (B) "Income standard" means the applicable income standard
39 ~~including the augmentations specified in paragraph (1) of~~ *specified*
40 *in* subdivision (c).

1 (C) The board and care “personal care services” or “PCS”
2 deduction refers to an income disregard that is applied to a resident
3 in a licensed community care facility in lieu of the board and care
4 deduction (equal to the amount by which the basic board and care
5 rate exceeds the income standard in subparagraph (B), of paragraph
6 (1) of subdivision (g)) when the PCS deduction is greater than the
7 board and care deduction.

8 (2) (A) For purposes of this section, the SSI recipient retention
9 amount is the amount by which the SSI maximum payment amount
10 to an individual residing in a licensed community care facility
11 exceeds the maximum amount that the state allows community
12 care facilities to charge a resident who is an SSI recipient.

13 (B) For the purposes of this section, the personal and incidental
14 needs deduction for an individual residing in a licensed community
15 care facility is either of the following:

16 (i) If the board and care deduction is applicable to the individual,
17 the amount, not to exceed the amount by which the SSI recipient
18 retention amount exceeds twenty dollars (\$20), nor to be less than
19 zero, by which the sum of the amount which the individual pays
20 to his or her licensed community care facility and the SSI recipient
21 retention amount exceed the sum of the individual’s income
22 standard, the individual’s board and care deduction, and twenty
23 dollars (\$20).

24 (ii) If the PCS deduction specified in paragraph (1) of
25 subdivision (g) is applicable to the individual, an amount, not to
26 exceed the amount by which the SSI recipient retention amount
27 exceeds twenty dollars (\$20), nor to be less than zero, by which
28 the sum of the amount which the individual pays to his or her
29 community care facility and the SSI recipient retention amount
30 exceed the sum of the individual’s income standard, the
31 individual’s PCS deduction and twenty dollars (\$20).

32 (3) In determining the countable income under this section of
33 an individual residing in a licensed community care facility, the
34 individual shall have deducted from his or her income the amount
35 specified in subparagraph (B) of paragraph (2).

36 (h) No later than one month after the effective date of
37 subdivision (g), the department shall submit to the federal medicaid
38 administrator a state plan amendment seeking approval of the
39 income deduction specified in paragraph (3) of subdivision (g),

1 and of federal financial participation for the costs resulting from
2 that income deduction.

3 (i) The deduction prescribed by paragraph (3) of subdivision
4 (g) shall be applied no later than the first day of the fourth month
5 after the month in which the department receives approval for the
6 federal financial participation specified in subdivision (h). Until
7 approval for federal financial participation is received, there shall
8 be no deduction under paragraph (3) of subdivision (g).

9 SEC. 2. If the Commission on State Mandates determines that
10 this act contains costs mandated by the state, reimbursement to
11 local agencies and school districts for those costs shall be made
12 pursuant to Part 7 (commencing with Section 17500) of Division
13 4 of Title 2 of the Government Code.