

ASSEMBLY BILL

No. 1319

Introduced by Assembly Member Dababneh

February 27, 2015

An act to amend Section 14005.7 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1319, as introduced, Dababneh. Medi-Cal benefits: share of cost requirements.

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. Under existing law, certain aged, blind, and disabled Medi-Cal recipients are required to pay a share of cost as a condition of eligibility, with the share of cost determined in accordance with specified requirements. For purposes of determining the share of cost, existing law establishes a formula to calculate the personal and incidental needs deduction for an individual residing in a licensed community care facility. Existing law prohibits that deduction from exceeding the amount by which the Supplemental Security Income recipient retention amount, as defined, exceeds \$20.

This bill would revise the formula to determine the personal and incidental needs deduction. By increasing the responsibility of the counties in determining Medi-Cal eligibility, this bill would impose a state-mandated local program. The bill would also require that its provisions be implemented only to the extent that federal financial

participation is available and that the department receives any necessary federal approvals.

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 14005.7 of the Welfare and Institutions
2 Code is amended to read:

3 14005.7. (a) Medically needy persons and medically needy
4 family persons are entitled to health care services under Section
5 14005 providing all eligibility criteria established pursuant to this
6 chapter are met.

7 (b) Except as otherwise provided in this chapter or in Title XIX
8 of the federal Social Security Act, no medically needy family
9 person, medically needy person or state-only Medi-Cal persons
10 shall be entitled to receive health care services pursuant to Section
11 14005 during any month in which his or her share of cost has not
12 been met.

13 (c) In the case of a medically needy person, monthly income,
14 as determined, defined, counted, and valued, in accordance with
15 Title XIX of the federal Social Security Act, in excess of the
16 amount required for maintenance established pursuant to Section
17 14005.12, exclusive of any amounts considered exempt as income
18 under Chapter 3 (commencing with Section 12000), less amounts
19 paid for Medicare and other health insurance premiums shall be
20 the share of cost to be met under Section 14005.9.

21 (d) In the case of a medically needy family person or state-only
22 Medi-Cal person, monthly income, as determined, defined, counted,
23 and valued, in accordance with Title XIX of the federal Social
24 Security Act, in excess of the amount required for maintenance
25 established pursuant to Section 14005.12, exclusive of any amounts
26 considered exempt as income under Chapter 2 (commencing with

1 Section 11200), less amounts paid for Medicare and other health
2 insurance premiums shall be the share of cost to be met under
3 Section 14005.9.

4 (e) In determining the income of a medically needy person
5 residing in a licensed community care facility, income shall be
6 determined, defined, counted, and valued, in accordance with Title
7 XIX of the federal Social Security Act, any amount paid to the
8 facility for residential care and support that exceeds the amount
9 needed for maintenance shall be deemed unavailable for the
10 purposes of this chapter.

11 (f) (1) For purposes of this section the following definitions
12 apply:

13 (A) “SSI” means the federal Supplemental Security Income
14 program established under Title XVI of the federal Social Security
15 Act.

16 (B) “MNL” means the income standard of the Medi-Cal
17 medically needy program defined in Section 14005.12.

18 (C) Board and care “personal care services” or “PCS” deduction
19 means the income disregard that is applied to a resident in a
20 licensed community care facility, in lieu of the board and care
21 deduction specified in subdivision ~~(e)~~ of Section 14005.7, *(e)*,
22 when the PCS deduction is greater than the board and care
23 deduction.

24 (2) (A) For purposes of this section, the SSI recipient retention
25 amount is the amount by which the SSI maximum payment amount
26 to an individual residing in a licensed community care facility
27 exceeds the maximum amount that the state allows community
28 care facilities to charge a resident who is an SSI recipient.

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

32 (i) If the deduction specified in subdivision (e) is applicable to
33 the individual, the amount, not to exceed the amount by which the
34 SSI recipient retention amount exceeds ~~twenty dollars (\$20)~~, *fifty*
35 *dollars (\$50)*, nor to be less than zero, by which the sum of the
36 amount that the individual pays to his or her licensed community
37 care facility and the SSI recipient retention amount exceed the sum
38 of the individual’s MNL, the individual’s board and care deduction,
39 and ~~twenty dollars (\$20)~~. *fifty dollars (\$50)*.

1 (ii) If the deduction specified in paragraph (1) is applicable to
 2 the individual, ~~an~~ *the* amount, not to exceed the amount by which
 3 the SSI recipient retention amount exceeds ~~twenty dollars (\$20);~~
 4 *fifty dollars (\$50)*, nor to be less than zero, by which the sum of
 5 the amount which the individual pays to his or her *licensed*
 6 community care facility and the SSI recipient retention amount
 7 exceed the sum of the individual’s MNL, the individual’s PCS
 8 deduction and ~~twenty dollars (\$20);~~ *fifty dollars (\$50)*.

9 (3) In determining the countable income of a medically needy
 10 individual residing in a licensed community care facility, the
 11 individual shall have deducted from his or her income the amount
 12 specified in subparagraph (B) of paragraph (2).

13 (g) No later than one month after the effective date of
 14 subparagraph (B) of paragraph (2) of subdivision (f), the
 15 department shall submit to the federal medicaid administrator a
 16 state plan amendment seeking approval of the income deduction
 17 specified in subdivision (f), and of federal financial participation
 18 for the costs resulting from that income deduction.

19 (h) The deduction prescribed by paragraph (3) of subdivision
 20 (f) shall be applied no later than the first day of the fourth month
 21 after the month in which the department receives approval for the
 22 federal financial participation specified in subdivision (g). Until
 23 approval for federal financial participation is received by the
 24 department, there shall be no deduction under paragraph (3) of
 25 subdivision (f).

26 (i) *The amendments to clauses (i) and (ii) of subparagraph (B)*
 27 *of paragraph (2) of subdivision (f) made by the act that added this*
 28 *subdivision during the 2015–16 Regular Session of the Legislature*
 29 *shall be implemented only to the extent that federal financial*
 30 *participation is available and that the department receives any*
 31 *necessary federal approvals.*

32 SEC. 2. If the Commission on State Mandates determines that
 33 this act contains costs mandated by the state, reimbursement to
 34 local agencies and school districts for those costs shall be made
 35 pursuant to Part 7 (commencing with Section 17500) of Division
 36 4 of Title 2 of the Government Code.