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DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

DATE: October 31, 2022

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 22 - 25  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: ELIMINATION OF ASSET LIMITS FOR NON-MODIFIED ADJUSTED  
GROSS INCOME MEDI-CAL PROGRAMS

**Purpose:**

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide counties and the Statewide Automated Welfare System (SAWS) with guidance regarding the elimination of the asset limits for all Non-MAGI programs, including Medicare Savings Programs (MSP) and Long-Term Care (LTC) programs. This change, effective January 1, 2024, enacted by Assembly Bill (AB) 133, (Chapter 143, Statutes of 2021), eliminates the asset limits for all Non-MAGI programs. Effective January 1, 2024, this guidance will supersede any previous guidance regarding asset limits for Non-MAGI Medi-Cal programs.

**Background:**

In 2021, several health measures were consolidated in AB 133 as part of the Health Omnibus Bill of 2021-2022. This ACWDL addresses the provisions of AB 133 that added section 14005.62 to the Welfare and Institutions Code (WIC). WIC § 14005.62 established a two-phased approach to eliminating the asset limits for Non-MAGI Medi-Cal programs. The first phase, which became effective July 1, 2022, increased the asset limits to \$130,000 per person and \$65,000 for each additional household member (up to a maximum of 10 people). The second phase, effective January 1, 2024, will eliminate the asset limits for all Non-MAGI programs.

## **Policy**

Effective January 1, 2024, the asset limits for all Non-MAGI programs will be eliminated. Please see the chart on pages 5 and 6 for all affected programs. The elimination of asset limits applies to all Non-MAGI programs, including LTC and the MSPs. Individuals who apply for benefits in the month of December 2023 and are over the asset limit at that time shall be evaluated for eligibility for the month of January 2024 and ongoing.

## **System Programming**

SAWS shall make programming changes to eliminate the asset limits as outlined in this ACWDL by January 1, 2024. DHCS will work with SAWS to facilitate programming of these changes.

## **Notices & Forms**

DHCS has identified a list of forms and notices that will require updating to reflect the elimination of the asset limits. DHCS will update these forms and deliver them to SAWS in the following priority order:

1. The following forms will be rendered obsolete as of January 1, 2024
  - Medi-Cal General Property Limitations (MC 007)
  - Sneeve v. Kizer Property Worksheet (MC 175-3 P)
  - Medi-Cal Property Assessment Application (MC 176 PA-A)
  - QMB/SLMB/QI Property Worksheet, Adult (MC 176 P-A QMB/SLMB/QI)
  - QMB/SLMB/QI Property Worksheet, Child (MC 176 P-C QMB/SLMB/QI)
  - Period of Ineligibility for Nursing Facility Level of Care Worksheet (MC 176 P-I)
  - QDWI Property Worksheet (MC 176 QDWI-2)
  - Supplement to Statement of Facts—Pickle Eligibility Determination (MC 210 B)
  - Property Assessment Statement of Facts (MC 210 PA)
  - Medi-Cal Potential Overpayment Reporting Worksheet—Property Total Ineligibility or Ineligibility for a Specific Level of Services (MC 224 B)
  - Tuberculosis Program Property Worksheet-Adult (MC 278 TB)
  - Pickle Resource Worksheet (DHCS 7037)

The SAWS shall retain the above forms in a repository, for use in retroactive Medi-Cal determinations. DHCS will provide guidance regarding how these forms will be phased-out at a later date.

2. DHCS shall deliver the full updated versions of the renewal forms along with a bulleted list of the information that was updated on each form by November 1, 2022. DHCS shall also deliver the forms in English and in all threshold languages.
  - Medi-Cal Renewal Form (MC 210 RV)
  - Pre-Populated Renewal Form (MC 217)
  - Additional Income and Property Information Needed for Medi-Cal (MC 604 IPS)
  - Non-MAGI Informing Letter (ED\_0004037\_ENG1\_0514)
  - Non-MAGI Medi-Cal Information Sheet (Pub 10)
  - Redetermination for Medi-Cal Beneficiaries—Long-Term Care in Own MFBU (MC 262)
  
3. DHCS shall update the forms listed below on a flow basis and deliver the full updated version along with a bulleted list of the information that was updated on each form. DHCS shall deliver the forms in English and in all threshold languages.
  - Qualified Medicare Beneficiary Program Information Notice (MC 008)
  - Qualified Disabled Working Individual Information Notice (MC 010)
  - QMB, SLMB, QI Application (MC 14 A)
  - Property Worksheet/Assessment for Institutionalized Spouses (MC 176 PA-1)
  - Stepparent Computation When Only the Separate Children of One Spouse Want Medi-Cal (MC 176 W-1)
  - MC 210 A (Supplement to Statement of Facts for Retroactive Coverage/Restoration (MC 210 A)
  - What You Need to Know When You Apply for an Enroll in Medi-Cal (MC 219)
  - Medi-Cal Request for Information (MC 355)
  - Notification of Medi-Cal Intercounty Transfer (MC 360)
  - Request for Limited Services (MC 4026)

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- Notice Regarding Standards for Medi-Cal Eligibility (MC 7077)

DHCS will not be creating new NOAs. The SAWS shall update existing NOA snippets to remove any references to denying/discontinuing a Non-MAGI individual due to exceeding the property (asset) limit, or denying/discontinuing a Non-MAGI individual for failure to provide property (asset) information.

If you have questions or if we can provide further information, please contact Sara McDonald at (916) 345-8061 or by email at [Sara.McDonald@dhcs.ca.gov](mailto:Sara.McDonald@dhcs.ca.gov).

**Original Signed By**

Sandra Williams  
Chief, Medi-Cal Eligibility Division

<b>Non-MAGI Programs Affected by Asset Elimination</b>	
<b>Program name</b>	<b>Aid code</b>
Aged, Blind, Disabled (ABD) Long-Term Care (LTC) Medically Needy (MN)	13, 23, 63, D2, D3, D4, D5, D6, D7
Aged, Blind, Disabled Medically Needy (ABD MN)	14, 24, 64, C1, C2, C3, C4, C7, C8
Aged, Blind, Disabled Medically Needy Share of Cost (ABD MN SOC)	17, 27, 67
Aged, Blind, Disabled (ABD) Federal Poverty Level (FPL)	1H, 2H, 6H, 1U, 6U
250% Working Disabled Program	6G
Severely Impaired Working Individual (SIWI)	8G
Multipurpose Senior Services Program (MSSP)	1X, 1Y
DDS Waiver	6V, 6W
Home- and Community-Based Alternative (formerly In-Home Operations (IHO)) Waiver	6X, 6Y
Aid to Families with Dependent Children (AFDC) Medically Needy	34, 37, C5, C6
Medically Indigent LTC (state only)	53
Dialysis Special Treatment Program (state only)	71
Total Parenteral Nutrition (hyperalimentation) Special Treatment Program(state only)	73
Tuberculosis	7H
Medically Indigent (MI) Adults (state only)	81
Medically Indigent (MI) Children	82, 83
Medically Indigent (MI) Pregnant Women	86, 87
Inmates – All Programs	F1, F2, F3, F4, G0, G1, G2, G3, G4, G5, G6, G7, G8, G9
Refugee Medical Assistance (RMA)	02
Trafficking and Crime Victims Assistance Program (TCVAP)	2V, 4V, 5V, 7V
Qualified Medicare Beneficiary (QMB)	80

<b>Non-MAGI Programs Affected by Asset Elimination</b>	
<b>Program name</b>	<b>Aid code</b>
Qualified Disabled Working Individual (QWDI)	8A
Specified Low-Income Medicare Beneficiary (SLMB)	8C
Qualifying Individual (QI)	8D
Deactivated – Medically Needy Long-Term Care Restricted	55, 58, 5F
Pickle	16, 26, 66
Disabled Adult Child (DAC)	6A, 6C
Aid to Disabled Widow(er)s	36