

Medi-Cal: Living Arrangements for the Elderly and Persons with Disabilities



Customers who are elderly or disabled sometimes have living arrangements that accommodate their specific needs; Medi-Cal rules treat certain situations differently. Terms that might generally be used interchangeably often have very specific meanings in the Medi-Cal program.

Rules and regulations regarding Medi-Cal for elderly customers and customers with disabilities are especially complicated; this sheet is intended as very general information. Customers and partners are not expected to know all the rules. The most important thing is that Social Services knows the actual living situation, so that any special rules, if applicable, can be applied.

Independent Living Communities

Senior independent living communities are for seniors who are mostly independent with few medical problems. Residents generally live in private apartments. Housekeeping, food service, or a dining room may be available, but there are no medical services.

Medi-Cal: There are no special Medi-Cal rules for customers living in these communities. Eligibility and share of cost would be determined under regular Medi-Cal rules.

Other terms used

Retirement communities
Congregate care

Retirement village
Senior apartments

Board and Care aka Assisted Living

Board and Care facilities are licensed in California as Residential Care Facilities for the Elderly (RCFE). This level of care and supervision is for people who are unable to live by themselves but who do not need 24 hour nursing care. In California, many facilities describing themselves as assisted living are licensed as RCFEs. A basic difference between facilities describing themselves as assisted living or board and care is size; assisted living communities are larger and board and care homes are smaller.

Medi-Cal: While Medi-Cal will not pay for the cost of Board and Care/ RCFE, there are some favorable budgeting rules if the customer is in a licensed facility. The expense of the board and care facility is taken under consideration, and can either reduce the share of cost or get the customer to no share of cost Medi-Cal.

Other terms used

Residential care home
Adult family home

Group home
Personal care home

Long Term Care (LTC)

Long term care is a general term that can encompass a range of services, from adult day health care to nursing homes. For the purposes of Medi-Cal eligibility, LTC Medi-Cal is used to refer to coverage for Skilled Nursing Facilities (SNFs) and some of the special rules that accompany LTC eligibility. A SNF provides 24 hour medical care and supports to those who need the highest level of care for daily living.

Medi-Cal is the primary payer for almost two thirds of California's nursing home residents. Regulations make it easier for married couples to get Medi-Cal for a spouse in a skilled nursing facility. The rules are very complex; the simplest version is the spouse who stays at home can retain significantly more income and assets than under regular Medi-Cal rules. Numerous resources are available from partners, online and Social Services (for example "Important Information for Medi-Cal Nursing Home Patients" form MCIn003, "Property Limits" form MCIn007).

Other terms used

Skilled Nursing Facility (SNF)
Nursing home

Convalescent care
Rehabilitation center

Program of All-Inclusive Care for the Elderly (PACE)

Redwood Coast PACE is a health plan for adults who have significant health needs; it is a program of the Humboldt Senior Resource Center. PACE provides medical, social, nutritional, rehabilitation, and support services for adults who: are age 55 and older, live in the program's service area, need a nursing home level of care, and who can live safely in their homes and community. The goal of PACE is to help participants remain in their home and community, and be as healthy and independent as possible. Redwood Coast PACE is licensed by both Medicare and Medi-Cal.

Eligibility for PACE is determined by the Redwood Coast PACE team; phone 707-443-9747.

Medi-Cal is affected in two ways. Favorable budgeting rules for married couples that apply to Long Term Care apply to PACE. Secondly, when a Medi-Cal recipient is enrolled in PACE, PACE becomes the Medi-Cal managed care organization, not Partnership HealthPlan of CA. A customer applying for Medi-Cal should let Social Services know about the PACE application so any favorable rules can be applied.

Independent Living at Home

The goal of the In-Home Support Services (IHSS) program is to allow customers to live safely in their own home and avoid the need for out of home care. Numerous other resources provide information about IHSS:

- www.cdss.ca.gov/agedblinddisabled
- www.humboldt.gov/502/In-Home-Supportive-Services
- Eureka Office: 707-476-2100, 808 E St., Eureka

Frequently Asked Questions

How do I know how the place is licensed?

The facility will have that information readily available; it's often on the website. The Community Care Licensing Division of the CA Department of Social Services has good information on its website; cald.ca.gov.

How is it possible to have such a high share of cost?

Eligibility workers place the customer in the most favorable Medi-Cal program; some customers may still have a high share of cost. The "maintenance need" (amount allowed for living expenses in the Medi-Cal budget) is low and does not take into account individual circumstances. The "maintenance need" is even lower for LTC residents, resulting in a higher share of cost. Ask the worker about any expenses that might be able to reduce the share of cost, such as other health care coverage or old medical bills.

Is the customer CalFresh eligible?

Customers in board and care facilities, RCFEs, or skilled nursing facilities are not eligible; the facility provides meals as part of its services. Customers in other living situations may be eligible. It never hurts to ask.

What if there are a lot of changes in a short time?

It's not uncommon for a customer to go from being an IHSS recipient to an acute care hospital to a skilled nursing facility and back home in a matter of months. The customer will have continuous Medi-Cal coverage. The key is to report the changes to Social Services.

How can a customer get help with the Medi-Cal process?

Social Services' goal is to enroll customers and keep customers on Medi-Cal. Call or come in person to get friendly helpful service. There is an Info Sheet on sharing information that spells out all the ways Social Services can speak to a family member, partner, provider, agency, etc.