



Understanding Medi-Cal's Asset Test for Seniors and People With Disabilities

California's Medicaid program, called Medi-Cal, provides health coverage to individuals with low incomes, including children, families, many low-wage workers, and seniors and persons with disabilities. In addition to income, one of the factors considered for determining eligibility for California's seniors and persons with disabilities is whether they have assets, such as savings, worth more than a specified amount. The purpose of this "asset test" is to limit access to Medicaid to only those who do not have access to sufficient resources to pay for their own medical care. The idea is that if people have substantial assets, they could use these to pay for the care they need.¹

However, the continued application of an asset test for seniors and persons with disabilities stands in stark contrast to the way eligibility is determined for many other populations who are eligible for Medi-Cal under the Patient Protection and Affordable Care Act (ACA), signed into law in 2010. This disparity in treatment has heightened concerns about the potential adverse impact of asset testing on seniors and persons with disabilities, many of whom have a fixed level of savings, are not employed, and are more likely than other populations to face steep

medical expenses. In addition, seniors and persons with disabilities who are eligible for Medi-Cal may be deterred from enrolling by the specter of an onerous asset test or the risk of losing their modest financial safety net.

This issue brief describes asset test rules California currently uses to determine Medi-Cal eligibility for seniors and persons with disabilities. It also describes the federal authorization that allows states to apply less restrictive resource limitations, and outlines how other states have used these authorities to adopt less restrictive asset limits. Lastly, the paper outlines questions California may choose to consider as it examines its current policy on asset tests for seniors and persons with disabilities applying for Medi-Cal.

Medicaid Eligibility and Asset Testing

Medi-Cal is a joint federal-state program that provides health insurance to low-income Californians, including seniors and persons with disabilities. Medicaid programs are funded by federal and state funds and are administered by individual states.

Federal law requires states using federal Medicaid funds to cover certain populations and benefits, but also gives states the flexibility to extend eligibility to other groups or offer additional benefits, as well as to make other program choices.

Historically, people have been required to meet specified income and asset standards to qualify under each Medicaid eligibility category. Effective January 1, 2014, the ACA eliminated asset testing for many categories of enrollees, including low-income adults and families.

However, key categories of seniors and persons with disabilities² continue to be subject to asset testing to qualify for Medi-Cal:

- ▶ **SSI recipients.** Those who receive Supplemental Security Income (SSI). SSI is for people with low incomes who are 65 or older, as well as blind or disabled people of any age. SSI eligibility is conditioned on a maximum asset limit.³
- ▶ **SSI eligible.** Those who would otherwise meet the income and resource requirements of SSI or other benefit programs but do not receive cash assistance.⁴
- ▶ **Below poverty.** Seniors and persons with disabilities with incomes less than 100% of the federal poverty limit (FPL).⁵
- ▶ **Medically needy.** Seniors and persons with disabilities who have high medical expenses and who meet all eligibility requirements for Medi-Cal except for income. These enrollees must pay a share of cost for their care.⁶

To be eligible for Medi-Cal under any of these categories, applicants must meet, among other requirements, specified resource limitations⁷ as described in the SSI rules. Seniors and persons with disabilities cannot have more than \$2,000 in assets (as defined by the state) for an individual or \$3,000 for a couple.⁸

Medi-Cal also pays Medicare cost sharing for certain Medicare enrollees with incomes below 135% FPL (\$16,862 annually for an individual) through the Medicare Savings Program (MSP). There are different eligibility pathways within this program (see the box to the right for more detail).

For each of the MSP eligibility categories, Californians qualifying for the Medicare Savings Program were subject to asset limits of \$7,560 for an individual and \$11,340 for a couple in 2018. These limits are based on federal limits for the Low-Income Subsidy program, which helps to pay for Medicare Part D prescription drug coverage.⁹

MSP Categories

Among the main MSP categories are:

- ▶ **Qualified Medicare Beneficiaries (QMBs).** People entitled to Medicare Part A whose income and resources meet specified guidelines.
- ▶ **Specified Low-Income Medicare Beneficiaries (SLMBs).** People who would be QMBs but for the fact that their income exceeds income levels established by the state but is less than 120% FPL.
- ▶ **Qualifying Individuals (QIs).** People otherwise eligible as QMBs except that their income exceeds the QMB income threshold but is between 120% and 135% FPL.
- ▶ **Qualified Disabled and Working Individuals (QDWIs).** Medicaid coverage of Medicare cost sharing for those entitled to Medicare Part A whose income does not exceed 200% FPL, who meet resource limitations, and who are not otherwise eligible for full-scope Medicaid.

Seniors and Persons with Disabilities in Medi-Cal

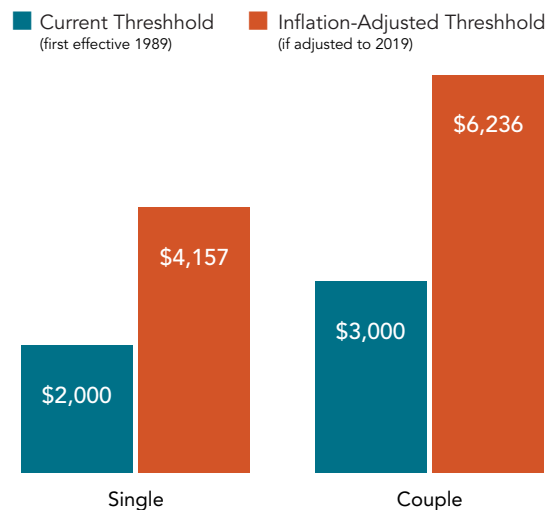
- ▶ Over one million Californians who are 65 and older rely on Medi-Cal to cover out-of-pocket health care costs or long-term care.
- ▶ Half of Californians with disabilities are covered by Medi-Cal. They include people with conditions like multiple sclerosis, epilepsy, and blindness; HIV/AIDS; spinal cord and traumatic brain injuries; and developmental disabilities like Down syndrome or autism.
- ▶ Seniors and persons with disabilities, along with those in long-term care, comprise roughly 16% of Medi-Cal enrollment.

Sources: "Medi-Cal Enrollment of Seniors and People with Disabilities, County by County," California Health Care Foundation, www.chcf.org and "2019 Edition — Medi-Cal Facts and Figures," California Health Care Foundation, www.chcf.org.

The SSI asset limits (\$2,000 for an individual and \$3,000 for a couple) have not changed since 1989 (see Figure 1).¹⁰ By comparison, in the intervening 30 years, the Consumer Price Index for All Urban Consumers has nearly doubled. This means that even as the cost of living has steadily increased, seniors and persons with disabilities who wish to stay enrolled in Medi-Cal are discouraged from increasing their savings and are left vulnerable to any personal financial emergency such as eviction or a major home or car repair.

In contrast to the SSI resource limitations, the Low-Income Subsidy resource limitation generally is adjusted annually for inflation based on the Consumer Price Index for All Urban Consumers.¹¹

Figure 1. SSI Asset Limit Has Not Been Updated for Inflation Since 1989



Source: US Bureau of Labor Statistics, CPI Inflation Calculator, data.bls.gov.

States Have Opted to Apply Less Restrictive Resource Limitations

The federal Medicaid Act allows states to use less restrictive methods than those outlined in federal law to determine income and resource eligibility for some eligibility categories, including: (1) below poverty: seniors and persons with disabilities with incomes less than 100% of the FPL; (2) medically needy: seniors and persons with disabilities with higher incomes and who are subject to a share of cost; and (3) MSP enrollees.¹²

An eligibility calculation methodology is considered less restrictive according to the federal Medicaid Act “if, by using the methodology, additional individuals may be eligible for Medicaid and no individuals who are otherwise eligible are by use of that methodology made ineligible for Medicaid.”¹³ Procedurally, a state would implement such a change by amending its state Medicaid plan. A federal waiver is not required.

The Centers for Medicare & Medicaid Services (CMS) has also provided guidance on state enrollment flexibility that includes options for asset testing. For example, on January 23, 2015, the CMS indicated that:

States can simplify their administrative processes by using flexibility under Section 1902(r)(2) of the Social Security Act [42 U.S.C. section 1396a(r)(2)]. . . . [This] provision can also be used

to disregard specific amounts of income or categories of assets. In addition, states may use the flexibility authorized under Section 1902(r)(2) to set an overall asset limit at any level above the federal floor, or to disregard all assets. States have the option of using these flexibilities only for MSPs, or they may apply them to other categories of Medicaid as well. Some states have already taken these steps.¹⁴

CMS identifies advantages that states may receive from eliminating or making less restrictive asset tests for these populations. For example, CMS notes that states may achieve administrative savings by eliminating steps needed to verify assets. “Alabama, Mississippi, and New York have reported some administrative savings from eliminating asset tests.”¹⁵ CMS also notes that applying less restrictive asset limitations may reduce the administrative burden on beneficiaries.¹⁶

Numerous states have eliminated asset tests for specified populations under the authority provided under federal law¹⁷ for the populations described above. States have exercised this flexibility in different ways — some waiving asset tests altogether, and others setting higher asset limits.

Arizona and New York have taken different approaches, which are outlined in more depth below. Arizona eliminated the asset test altogether for certain populations; New York chose to raise income limits and disregard certain assets from the test.¹⁸

Arizona

Through its state plan, Arizona has chosen to exclude all resources from consideration for most categories of seniors and persons with disabilities currently eligible for Medicaid in the state, including¹⁹ seniors and persons with disabilities: (1) seeking to enroll in MSPs and (2) SSI eligible who are not SSI beneficiaries.²⁰

Arizona Medicaid policy personnel endorsed the elimination of the asset test after conducting a fiscal impact study.²¹ The study found that savings on administrative costs related to documenting assets roughly equaled the costs of benefits for additional people who would enroll in the programs.²² This finding is consistent with the 2015 CMS letter that suggests that states may achieve administrative savings from the elimination of asset tests.

New York

Like Arizona, in 2008, New York amended its state Medicaid plan to apply less restrictive resource limits for its seniors and persons with disabilities. For example, New York eliminated asset limits for a subset of its MSP populations, known as Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries.²³

Starting January 1, 2019, New York also raised resource eligibility limits for all of its medically needy enrollees (from \$15,150 to \$15,450 for individuals and from \$22,200 to \$22,800 for couples).²⁴ New York's resource limits for the medically needy pathway are the least restrictive of any state.²⁵

New York has also loosened its asset limits by excluding certain resources for specified populations. For

example, when assessing assets for medically needy individuals, New York disregards cars and the value of certain long-term care insurance benefits, among other assets.²⁶

Options for California

For seniors and persons with disabilities, Medi-Cal generally applies the strictest resource limits allowed by federal law when it comes to the monetary cash limits. California has, however, implemented some reforms to loosen these requirements, such as disregarding retirement accounts, a car, and long-term care insurance policies, as well as permitting eligibility to begin at the beginning of any month in which an applicant's resources fall below the specified limits,²⁷ much like New York. In addition, Medi-Cal disregards certain assets for specified eligibility groups when measuring resources, such as a principal residence, up to \$6,000 in other real property, specified burial-related funds, and life insurance policies.²⁸

Other states, such as Arizona and New York, have forged ahead of California on this issue by increasing or eliminating resource limits for seniors and persons with disabilities. (See Appendix A.) California may wish to consider the experiences of these and other states to determine whether the state should implement any of the following changes to the Medi-Cal asset test:

- ▶ Increase the resource limit for non-MSP populations and/or MSP populations.
- ▶ Protect additional assets from being considered when calculating available resources.

- ▶ Eliminate asset tests altogether for seniors and persons with disabilities.

To properly assess the options available to California, policymakers may wish to consider:

- ▶ The administrative costs of verifying resources for seniors and persons with disabilities
- ▶ The savings distribution among seniors and persons with disabilities
- ▶ The additional people who may become eligible for Medi-Cal if the resource limitations were increased or eliminated, and the cost of covering these additional people, as well as the potential benefits
- ▶ Whether the resource limitations set forth in federal law sufficiently permit seniors and persons with disabilities to have money set aside for emergencies, particularly in light of increases in inflation for non-MSP populations and for the cost of living in California for all potentially eligible populations
- ▶ Whether the process involved in verifying assets has a chilling effect on potentially eligible seniors and persons with disabilities applying for Medi-Cal

Analysis of the issues identified above can help California determine whether less restrictive asset tests could strengthen the safety net for seniors and persons with disabilities by further protecting their savings and increase access to Medi-Cal and medically necessary health services, while reducing or holding steady administrative costs for the state.

Appendix A. State Resource Limits for Seniors and Persons with Disabilities Compared to California, by Eligibility Category, as of 2018

Table A1. Aged, Blind, and Disabled Below Poverty

STATE	RESOURCE/ASSET LIMIT (INDIVIDUAL/COUPLE)
Arizona	No limit
Arkansas	\$7,560/\$11,340
South Carolina	\$7,560/\$11,340
Florida	\$5,000/\$6,000
DC	\$4,000/\$6,000
Nebraska	\$4,000/\$6,000
New Jersey	\$4,000/\$6,000
Rhode Island	\$4,000/\$6,000
Minnesota	\$3,000/\$6,000
North Dakota	\$3,000/\$6,000
California	\$2,000/\$3,000

Sources: AZ State Plan, Suppl. 8b to Attachment 2.6-A, 1, Arizona Health Care Cost Containment System, www.azahcccs.gov (PDF). Quick Reference: Medicaid Eligibility: Aged, Blind and Disabled Categories (AABD), AR Dept. of Human Services, April 2018, humanservices.arkansas.gov (PDF). "Am I Eligible?," South Carolina Healthy Connections Medicaid, www.scdhhs.gov. SSI-Related Programs — Financial Eligibility Standards: October 2018, FL Dept. of Children and Families. DC State Plan, Suppl. 8b to Attachment 2.6-A, 1, dhcf.dc.gov (PDF). 477 NE Admin. Code § 23-001.10 (rev. March 13, 2018), www.sos.ne.gov (PDF). Income Eligibility Standards Effective January 1, 2018 (Medicaid Communication No. 18-01), NJ Dept. of Human Services, February 1, 2018, www.state.nj.us (PDF). 40 RI Gen. Laws Ann. § 40-8.5-1. MN Statutes, section 256B.056, subd. 3. ND Admin. Code § 75-02-02.1-26(1). CA Dept. of Health Care Services, Letter No. 17-39: January 2018 Social Security Title II and Title XVI Cost of Living Adjustments and Related Issues, December 29, 2017, www.dhcs.ca.gov (PDF).

*QMB is Qualified Medicare Beneficiary, SLMB is Specified Low-Income Medicare Beneficiary, QI is Qualifying Individual.

Table A2. Medically Needy

STATE	RESOURCE/ASSET LIMIT (INDIVIDUAL/COUPLE)
Arizona	No limit
New York	\$15,150/\$22,000
Iowa	\$10,000/\$10,000
Florida	\$5,000/\$6,000
DC	\$4,000/\$6,000
Nebraska	\$4,000/\$6,000
New Jersey	\$4,000/\$6,000
Rhode Island	\$4,000/\$6,000
Minnesota	\$3,000/\$6,000
North Dakota	\$3,000/\$6,000
New Hampshire	\$2,500/\$4,000
Pennsylvania	\$2,400/\$3,200
California	\$2,000/\$3,000

Sources: AZ State Plan, Suppl. 8b to Attachment 2.6-A, 1, Arizona Health Care Cost Containment System, www.azahcccs.gov (PDF). New York State Income and Resource Standards for Non-MAGI Population Effective January 1, 2018, NY State Dept. of Health, November 1, 2017, www.health.ny.gov (PDF). Medically Needy Medical Assistance, IA Dept. of Human Services, January 2012, dhs.iowa.gov (PDF); and Iowa Medicaid State Plan, Suppl. 8b to Attachment 2.6-A, December 9, 2010, 4. SSI-Related Programs, FL Dept. of Children and Families. What You Need to Know: D.C. Medicaid and Alliance, DC Dept. of Health Care Finance, April 2012, dhcf.dc.gov (PDF). 477 NE Admin. Code § 23-001.10 (rev. March 13, 2018). Income Eligibility Standards, NJ Dept. of Human Services. 210-40-00-3 RI Code R. § 3.1.7. Insurance Affordability Programs (IAPs): Income and Asset Guidelines, MN Dept. of Human Services, July 2018, edocs.dhs.state.mn.us (PDF). "Who Is Eligible?: Asset Limits," ND Dept. of Human Services, April 1, 2018, www.nd.gov. New Hampshire Bureau of Family Assistance (BFA) Program Fact Sheet, NH Dept. of Health and Human Services, October 2018, www.dhhs.nh.gov (PDF). PA Dept. of Human Services, "Medical Assistance General Eligibility Requirements," www.dhs.pa.gov. CA Dept. of Health Care Services, Letter No. 17-39: January 2018 Social Security Title II and Title XVI Cost of Living Adjustments and Related Issues, December 29, 2017, www.dhcs.ca.gov (PDF).

Table A3. Medicare Savings Program (QMB, SLMB, QI)*

STATE	RESOURCE/ASSET LIMIT (INDIVIDUAL/COUPLE)
Alabama	No limit
Arizona	No limit
Connecticut	No limit
Delaware	No limit
DC	No limit
Mississippi	No limit
New York	No limit
Vermont	No limit
Maine	\$58,000/\$87,000
Minnesota	\$10,000/\$18,000
Colorado	\$9,060/\$14,340
New Mexico	\$9,060/\$14,340
California	\$7,560/\$11,340

Sources: AL State Plan, Suppl. 8b to Attachment 2.6-A, 1, www.medicaid.alabama.gov (PDF). AZ State Plan, Suppl. 8b to Attachment 2.6-A, 1, Arizona Health Care Cost Containment System, www.azahcccs.gov (PDF). CT Dept. of Social Services, Frequently Asked Questions about Medicare Savings Programs (MSP), 5, portal.ct.gov. DE State Plan, Suppl. 8b to Attachment 2.6-A, 1, dhss.delaware.gov (PDF). DC State Plan, Suppl. 8b to Attachment 2.6-A, 5, dhcf.dc.gov (PDF). MS State Plan, Suppl. 8b to Attachment 2.6-A, 5, medicaid.ms.gov (PDF). NY Medicaid State Plan, Ch. 2, Suppl. 8b to Attachment 2.6-A, 5, dvh.vermont.gov (PDF). Medicare Savings Programs, Maine Consumers for Affordable Healthcare, January 2018, mainecahc.org (PDF). According to the Kaiser Family Foundation, "Maine's Medicare Savings Program income thresholds are at the federal limits, but the state's disregards are updated annually to effectively increase the income limit to 140% FPL for QMBs." Insurance Affordability Programs, MN Dept. of Human Services. "Medicare Savings Program - Qualified Medicare Beneficiary (QMB) Program" (2018), CO Dept. of Health Care Policy and Financing, www.colorado.gov. Aged, Blind, and Disabled Medicaid Programs, NM Human Services Dept., April 1, 2018, www.hsd.state.nm.us (PDF). CMS, Medicare Plan Payment Group: 2018 Resource and Cost-Sharing Limits for Low-Income Subsidy (LIS), November 16, 2017, www.medicaid.gov (PDF).

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About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

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Endnotes

1. Throughout this paper, the authors have used the terms “asset” and “resource” interchangeably.
2. This paper highlights the primary pathways by which seniors and people with disabilities access the Medi-Cal program.
3. 42 U.S.C. § 1396a(a)(10)(A)(i)(II)(aa), 42 C.F.R. § 435.120.
4. 42 U.S.C. §§ 1396a(a)(10)(A)(ii)(I), 1396d(a); 42 C.F.R. § 435.210.
5. 42 U.S.C. §§ 1396a(a)(10)(A)(ii)(X), 1396a(m)(1), (3).
6. 42 U.S.C. § 1396a(a)(10)(C); 42 C.F.R. §§ 435.320, 435.322, 435.324. These individuals are subject to share-of-cost requirements.
7. Subject to certain exclusions, such as a home. See, e.g., 20 C.F.R. § 416.1210; 42 U.S.C. § 1382b.
8. 20 C.F.R. § 416.1205(c); 42 U.S.C. § 1382(a)(3).
9. Prior to 2008, MSP enrollees had been subject to the same asset limits as the other eligibility groups described above. However, in 2008, Congress enacted the Medicare Improvements for Patients and Providers Act, which increased the MSP asset limit to match that of the Low-Income Subsidy program, which helps to pay for Medicare Part D prescription drug coverage. As a result, the resource limit for the California MSP program is now \$7,280 for an individual and \$10,930 for a couple.
10. 20 C.F.R. § 416.1205(c).
11. 42 U.S.C. § 1395w-114(a)(3).
12. 42 U.S.C. § 1396a(r)(2); 42 C.F.R. § 435.601(d)(1).
13. 42 C.F.R. § 435.601(d)(3); see also 42 U.S.C. § 1396a(r)(2)(B).
14. *Enrollment and Retention Flexibilities to Better Serve Medicare-Eligible Medicaid Enrollees* (CMCS Information Bulletin), Centers for Medicare & Medicaid Services (CMS), January 23, 2015, 2, www.medicaid.gov (PDF).
15. *Enrollment and Retention*, CMS.
16. *Enrollment and Retention*, CMS.
17. 42 U.S.C. § 1396a(r)(2).
18. “State Health Facts: Total Medicaid Spending” (FY 2017), Henry J. Kaiser Family Foundation, accessed December 17, 2018, www.kff.org.
19. Arizona State Plan, Suppl. 8b to Attachment 2.6-A, 1, Arizona Health Care Cost Containment System, accessed December 3, 2018, www.azahcccs.gov (PDF). Those automatically qualifying for Medicaid based on receipt of SSI by default are subject to an asset test.
20. The resource test exception for non-SSI aged, blind, and disabled individuals does not apply to individuals applying for Arizona Long Term Care Services, nor for aged, blind, and disabled individuals who are eligible but not enrolled in SSI and who may be seeking eligibility for medical assistance only. Arizona does not have the medically needy eligibility category nor a category analogous to the category for seniors and persons with disabilities with incomes less than 100% of FPL described above.
21. Kim Glaun, *Medicaid Programs to Assist Low-Income Medicare Beneficiaries: Medicare Savings Programs Case Study Findings*, Kaiser Family Foundation, December 2002, 15, kaiserfamilyfoundation.files.wordpress.com (PDF).
22. Laura Summer and Lee Thompson, *How Asset Tests Block Low-Income Medicare Beneficiaries from Needed Benefits*, The Commonwealth Fund, May 2004, 7, www.commonwealthfund.org (PDF). Unfortunately, the authors were unable to find primary documentation associated with Arizona’s fiscal impact study.
23. New York Medicaid State Plan, Suppl. 8b to Attachment 2.6-A, 5.
24. New York State, “GIS 17 MA/020 - 2018 Medicaid Levels and Other Updates,” accessed March 19, 2019, www.health.ny.gov; New York State, GIS 18 MA/15 - “2019 Medicaid Levels and Other Updates,” accessed March 19, 2019, www.health.ny.gov (PDF).
25. “State Health Facts: Medicaid Eligibility Through the Medically Needy Pathway,” Kaiser Family Foundation, accessed December 5, 2018, www.kff.org.
26. Full list of disregards includes a car; all resources, for a person who exhausts the minimum required benefits under a “total asset protection” long-term care insurance policy approved under the New York State Partnership for Long Term Care; and an amount of resources equivalent to the value of benefits received under a “dollar for dollar” long-term care insurance policy approved under the partnership, or under a partnership policy approved by another state participating with New York in reciprocity, for a person who exhausts the minimum required benefits under such a policy; savings of infants under age 21 of less than \$500; trust funds of an infant under age 21 of less than \$1,000.
27. *Medi-Cal General Property Limitations: For Individuals Who Are Not Eligible Using Their Modified Adjusted Gross Income*, Dept. of Health Care Services, April 2014, www.dhcs.ca.gov (PDF); see also California Medicaid State Plan, Suppl. 8b to Attachment 2.6-A, accessed December 17, 2018, www.dhcs.ca.gov (PDF).
28. *Medi-Cal General Property Limitations*, DHCS. California Medicaid State Plan.