



CDSS

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**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

November 4, 2014

ALL-COUNTY LETTER (ACL) NO.: 14-67

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MANAGERS

SUBJECT: IHSS ELIGIBILITY FOR MEDI-CAL MODIFIED ADJUSTED GROSS  
INCOME (MAGI)-ELIGIBLE INDIVIDUALS

REFERENCES: Affordable Care Act (ACA), Welfare and Institutions Code §  
14050.1, Manual of Policy and Procedures (MPP) § 30-780.2(b)

This ACL provides counties with information regarding IHSS eligibility for individuals whose Medi-Cal eligibility is based on the MAGI category under the ACA.

**Background**

Effective January 1, 2014, individuals 19 through 64 years of age no longer need to be disabled or blind in order to receive Medi-Cal. Eligibility for full or restricted-scope Medi-Cal can be established based on the MAGI category under the ACA. Many individuals in full-scope MAGI aid codes are eligible for full-scope Medi-Cal with Federal Financial Participation (FFP).

**MAGI Aid Codes**

There are a number of MAGI aid codes, and the Department of Health Care Services is responsible for the Medi-Cal [Aid Codes Master chart](#). This link goes directly to a document that includes all Medi-Cal Aid Codes. Many MAGI-eligible individuals are considered categorically needy, and those eligible for full-scope Medi-Cal with FFP will be evaluated for IHSS under MPP § 30-780.2(b), as stated below.

**County Responsibilities for Determining IHSS Eligibility for MAGI Individuals**

For individuals with full-scope Medi-Cal with FFP, a disability determination by the Social Security Administration or by the California Department of Social Services is not required for the receipt of IHSS based on one of the three Medi-Cal programs (Personal Care Services Program, IHSS Plus Option, and Community First Choice Option programs); however, counties must determine disability for Medi-Cal IHSS, for

Reason For This Transmittal

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by one or More Counties
- Initiated by CDSS

categorically-needy Medi-Cal recipients (full- scope FFP Medi-Cal recipients), pursuant to MPP § 30-780.2(b):

Personal care services may be provided only to a categorically needy beneficiary as defined in Welfare and Institutions Code § 14050.1, who has a chronic, disabling condition that causes functional impairment that is expected to last at least 12 consecutive months or that is expected to result in death within 12 months and who is unable to remain safely at home without the services.

### Eligibility Process

The eligibility process for all Medi-Cal IHSS programs consists of three parts:

1. Does the individual have full-scope Medi-Cal with FFP?
  - Many individuals who meet Medi-Cal through MAGI have full-scope Medi-Cal with FFP.
  - Full-scope Medi-Cal with FFP can be verified for individuals on the CMIPS II Medi-Cal Eligibility screen.
2. Is the individual aged, blind, or disabled?
  - For those individuals with a MAGI aid code (which indicate they have not been determined aged, blind, or disabled based on Medi-Cal definitions), the individual must meet the disability criteria found in MPP §30-780.2(b).
3. Does the individual have an assessed IHSS need?
  - MAGI individuals must go through the assessment process in the same manner as all IHSS applicants.

MAGI Medi-Cal has no impact on the IHSS-Residual program, and therefore, anyone who does not have full-scope Medi-Cal with FFP can be evaluated for the IHSS-R program, if appropriate.

If you have MAGI-eligibility questions, please contact your county Medi-Cal eligibility worker. If you have IHSS questions, please call the Policy and Operations Bureau at (916) 651-5350 or email to [APDpolicy@dss.ca.gov](mailto:APDpolicy@dss.ca.gov).

Sincerely,

### ***Original Document Signed By:***

HAFIDA HABEK, Chief  
Adult Programs Policy and Quality Assurance Branch  
Adult Programs Division