



**CALIFORNIA COLLABORATIVE FOR LONG-TERM
SERVICES & SUPPORTS (CCLTSS)**

March 21, 2019

Honorable Jim Wood
Chair, Health Committee
California State Assembly
Capitol Building, Room 6005
Sacramento, CA 95814

Re: Support for AB 715

Dear Assemblymember Wood:

The California Collaborative for Long Term Services and Supports is comprised of 39 statewide aging and disability organizations that promote dignity and independence in long-term living. Our members include advocates, providers, labor and health insurers and collectively we represent millions of California seniors and people with disabilities, their caregivers and those who provide health, human services and housing.

The California Collaborative for Long Term Services and Supports strongly supports AB 715, which would raise the income level of the Aged and Disabled Medi-Cal program (A&D program) to 138% FPL, creating a “bright line” of income eligibility.

The A&D program is a critical part of the Medi-Cal program that provides free, comprehensive coverage to persons over the age of 65 and those with disabilities while simultaneously allowing them to have a monthly income. The A&D program was enacted in 2000, with an income eligibility standard of 100% FPL plus income disregards of \$230 and \$310 for individuals and couples, respectively. When the program was established, the income level was equivalent to 133% FPL, the same level as most other adults in Medi-Cal. However, the disregards lose real value every year, with the resulting income standard today at 123% FPL. When a senior has even a small increase in their income that puts them over 123% FPL, they are forced into the Medi-Cal Medically Needy program with a high share of cost.

A share of cost is the difference between a beneficiary's countable income and the Maintenance Need Income Level (MNIL). The MNIL is a fixed monthly amount that is supposed to be sufficient to cover basic living expenses, such as rent, food, and utilities. The MNIL in California is \$600 for an individual and has not changed since it was established in 1989. Anything an individual earns over \$600 in a month becomes that individual's share of cost. So, for example, a 67-year-old beneficiary with a monthly income of \$1,300 would have to pay \$700 for his or her health care before Medi-Cal begins paying for services. There are no exceptions for preventive care or any other types of services as in other types of health coverage.

As part of the Affordable Care Act, California expanded and streamlined eligibility screenings for most Medi-Cal beneficiaries, generally raising the income threshold to 138% FPL. But due to federal requirements, if the state does not increase the income disregard amounts of the A&D program, those elderly Medi-Cal enrollees will continue to be held to the 123% income threshold. So for individuals who would have, but for their age, qualified for Medi-Cal under the new income methodology, this is an unfair gap into which they fall.

Advocates from around the state have for years attempted to help beneficiaries with high shares of cost. Many A&D Program enrollees suffer from conditions that they cannot afford to treat due to their share of cost. Forced between paying for rent and food or their Medi-Cal share of cost, many seniors forgo needed medical services, which can prompt them to move into skilled nursing facilities at a high cost to the state and an even higher personal cost to their own independence and well-being. While millions of Californians are now able to qualify for free services because the income threshold was raised, it is inequitable to require a person to pay hundreds of dollars monthly simply due to their age.

For these reasons, The California Collaborative for Long Term Services and Supports respectfully requests your 'aye' vote on AB 715.

Sincerely,



Amber Christ
Vice Chair for Policy
California Collaborative for Long Term Services and Supports