

**UNIFORM PATIENT FEE SCHEDULE  
COMMUNITY MENTAL HEALTH SERVICES**

Effective October 1, 1989

MONTHLY ADJUSTED GROSS INCOME*	PERSONS DEPENDENT ON INCOME ANNUAL DEDUCTIBLES				
	1	2	3	4	5 or more
	<b>MEDI-CAL ELIGIBLE AREA**</b>				
0- 569	37	33	30	27	24
570- 599	40	36	32	29	26
600- 649	45	40	36	32	29
650- 699	50	45	41	37	33
700- 749	56	50	45	41	37
750- 799	63	57	51	46	41
800- 849	71	64	58	52	47
850- 899	79	71	64	58	52
900- 949	89	80	72	65	59
950- 999	99	90	80	72	65
1000-1049	111	100	90	81	73
1050-1099	125	112	101	91	82
1100-1149	140	126	113	102	92
1150-1199	156	140	126	113	102
1200-1249	177	159	143	129	116
1250-1299	200	180	162	146	131
1300-1349	226	203	183	165	149
1350-1399	255	230	207	186	167
1400-1449	288	259	233	210	189
1450-1499	326	293	264	238	214
1500-1549	368	331	298	268	241
1550-1599	416	374	337	303	273
1600-1649	470	423	381	343	309
1650-1699	531	478	430	387	348
1700-1749	600	540	486	437	393
1750-1799	678	610	549	494	445
1800-1849	752	677	609	548	493
1850-1899	835	752	677	609	548
1900-1949	927	834	751	676	608

MONTHLY ADJUSTED GROSS INCOME*	PERSONS DEPENDENT ON INCOME ANNUAL DEDUCTIBLES				
	1	2	3	4	5 or more
1950-1999	1029	926	833	750	675
2000-2049	1142	1028	925	833	750
2050-2099	1268	1141	1027	924	832
2100-2149	1407	1266	1139	1025	923
2150-2199	1562	1406	1265	1139	1025
2200-2249	1734	1561	1405	1265	1139
2250-2299	1925	1733	1560	1404	1264
2300-2349	2136	1922	1730	1557	1401
2350-2399	2371	2134	1921	1729	1556
2400-2449	2632	2369	2132	1919	1727
2450-2499	2922	2630	2367	2130	1917
2500-2599	3275	2948	2653	2388	2149
2600-2699	3482	3134	2821	2359	2285
2700-2799	3695	3326	2993	2694	2425
2800-2899	3915	3524	3172	2855	2570
2900-2999	4139	3725	3353	3018	2716
3000-3099	4370	3933	3540	3186	2867
3100-3199	4607	4146	3731	3358	3022
3200-3299	4850	4365	3929	3536	3182
3300-3399	5099	4589	4130	3717	3345
3400-3499	5458	4912	4421	3979	3581
3500-3599	5830	5247	4722	4250	3825
3600-3699	6214	5593	5036	4532	4079
3700-3799	6610	5949	5354	4819	4337
3800-3899	7018	6316	5684	5116	4604
3900-3999	7438	6694	6025	5423	4881
4000-4099	7870	7083	6375	5738	5164
4100-4199	8314	7483	6735	6062	5456

Above \$4200 Add \$400 for each \$100 additional income.

\*Monthly Gross Income after adjustment for allowable expenses and asset determination from computation made on the financial intake form.

\*\*Medi-Cal eligible. The shaded Medi-Cal eligible area identifies income levels presumed eligible if client meets Medi-Cal eligibility requirements. (See back page).

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## QUICK REFERENCE

### MEDI-CAL ELIGIBILITY

All clients with monthly income at or below the Medi-Cal Family Budget Unit (MFBU) and have assets at or below the asset allowance area are presumed eligible if they meet aid eligibility requirements.

Maintenance need levels by Medi-Cal Family Budget Unit (MFBU) are:

MFBU				
	1 - \$602	3 - \$934	6 - \$1,417	9 - \$1,825
	2 - \$750	4 - \$1,100	7 - \$1,550	10 - \$1,959
	2 - \$934 (Adults)	5 - \$1,259	8 - \$1,692	

Asset allowances for 1989 are:

Persons			
	1 - 2000	4 - 3300	7 - 3750
	2 - 3000	5 - 3450	8 - 3900
	3 - 3150	6 - 3600	9 - 4050

Aid categories commonly found in community mental health are:

REFUGEE - First 18 months in the U.S.	DISABLED - Meeting federal definition of disability.
AGED - 65 years of age and over.	AFDC - Aid to Family with Dependent Children.

### MEDI-CAL SHARE-OF-COST

Persons with an extended treatment prognosis who are within a few hundred dollars of asset allowance and maintenance need levels may be eligible for Medi-Cal with a share-of-cost and/or real or personal property spend down.

For Example: A single 70-year old man would be eligible for Medi-Cal except that his income is too high. He has a \$1,000 medical bill. He meets the low asset levels, but his income from retirement is \$1,000 per month. His income is \$1,000 minus the standard \$20 disregard and the \$24.90 payment for the Medicare Part B, leaving a "net" of \$955.10. His "share-of-cost" for Medi-Cal is \$955.10 minus \$602 ("need level") or \$353.10. Medi-Cal will pay the remainder of the \$1,000 medical bill for that month and other months when he obligates the share of cost. He has to submit a Medi-Cal form MC-177 each month he obligates a share of cost above \$353.10. His eligibility will be redetermined by Social Services each year.

All persons with property and income within a few hundred dollars of the Medi-Cal limits and are expected to have substantial treatment cost must be referred to Social Services for eligibility determination. Persons on Medi-Cal, SSI or have incomes in the shaded area do not have an annual deductible.