

Medi-Cal

Medi-Cal is a program that pays for medically necessary medical, dental, vision and mental health services for many low-income people. Under Medi-Cal, many children access healthcare services through the Percentage Program.

Percentage Program

Who is eligible?

- Children from birth up to their 19th birthday.
- Children whose families qualify for food stamps or the free and reduced School Lunch Program may be eligible.

How does immigration status affect eligibility?

- Citizenship or satisfactory immigration status is NOT a requirement for Medi-Cal services.
- Legal Permanent Residents and other immigrants who fall under PRUCOL (Permanently Residing in the United States Under the Color of Law) status may qualify for full-scope (comprehensive) services.
 - PRUCOL includes individuals with extended voluntary departure, continuous residence since 01/01/1972, refugees, asylees, certain abused spouses and children, and others known to the United States Citizenship and Immigration Services (USCIS) whom they do not intend to deport (see Chapter 10).
- Undocumented individuals may qualify for Restricted (Emergency) Medi-Cal, which covers emergency and pregnancy-related services only. The law currently protects individuals' rights to seek healthcare and not be reported to the USCIS.

What are the income limits?

- Medi-Cal uses the "Federal Income Guidelines" (FIG) to determine eligibility for the Percentage Programs.
- If the net monthly income is higher than the levels on the chart below, applicants may be eligible for Medi-Cal with a "Share of Cost" meaning they will have to pay for part of their services (see below).
- Medi-Cal uses the Maintenance Need Level to determine the family Share of Cost (see chart below).

Share of Cost = Countable Monthly Income – Maintenance Need Level

- If the family's net income is above the levels for no-cost Medi-Cal, children may be eligible for the Healthy Families Program, another low-cost program.
- Income is counted differently in the Medi-Cal 1931(b) Program. See "1931(b) Medi-Cal Program," for more information (page 3-10).

The chart below lists the Medi-Cal income limits based upon children's ages and family size. Income above these levels indicates a Share-of-Cost.

(Use until March 31, 2010)

Number of People in Family	Children Birth to Age 1 and Pregnant Women Countable Monthly Income Not over (200% FIG)	Children Age 1 through Age 5 Countable Monthly Income Not over (133% FIG)	Children Age 6 through Age 18 Countable Monthly Income Not over (100% FIG)	Medi-Cal Maintenance Need Level used to determine Share of Cost
1	\$ 1,805	\$ 1,201	\$ 903	\$ 600
2	\$ 2,429	\$ 1,615	\$ 1,215	\$ 750
3	\$ 3,052	\$ 2,030	\$ 1,526	\$ 934
4	\$ 3,675	\$ 2,444	\$ 1,838	\$ 1,100
5	\$ 4,299	\$ 2,859	\$ 2,150	\$ 1,259
6	\$ 4,922	\$ 3,273	\$ 2,461	\$ 1,417

NOTE: Different income guidelines for Medi-Cal 1931(b) Program (see yellow handout)

For example, a family of 3 with a 10 year-old child could make up to \$1,526 monthly in order for the child to be eligible for no-cost Medi-Cal.

Are there resource limits?

- YES, a household's resources are compared to the Medi-Cal resource limit chart (see below).
- Resources are items a family may own, such as cars, houses, and jewelry, savings and checking accounts.
- Children who are eligible to receive no-cost Medi-Cal under the Percentage Program do not have their resources counted. Anything they or their parents own is not counted.
- Pregnant women who receive no-cost Medi-Cal pregnancy benefits only do not have resource limits. Pregnant women who are eligible under the 200% Asset Waiver Program do not have their resources, or their husbands' resources, counted.
- These rules are different for the Medi-Cal 1931(b) Program. See "1931(b) Medi-Cal Program," page 3-10 for more information.

Number of people in the Family	Resource Limit (value of things owned)	Number in Family	Resource Limit (value of things owned)
1	\$2,000	6	\$3,600
2	\$3,000	7	\$3,750
3	\$3,150	8	\$3,900
4	\$3,300	9	\$4,050
5	\$3,450	10 or more	\$4,200

What is the cost?

- If a child or pregnant woman is eligible for Medi-Cal, and their family income fits within the Medi-cal income limits for their family size guidelines, then there is no cost for this program.

- If a child or pregnant woman is eligible for Medi-Cal, but their family’s income is above the income limits, they can access services under Medi-Cal, but they will have to pay a portion of their bill, referred to as Share of Cost Medi-Cal.
 - Share of Cost starts over each month. However, families only have to pay in those months when services are accessed. Nothing is paid in months when Medi-Cal services are not used.
 - The payment made by a person with Share of Cost Medi-Cal at the doctor's office or clinic is entered into the computer. When the Share of Cost amount is reached, Medi-Cal pays the rest of the bills for that month.
 - The medical expenses of all family members, whether receiving Medi-Cal or not, can help pay for the monthly Share of Cost. Families should keep their receipts in order to count all their medical expenses towards the Share of Cost.

NOTE: Children under age 19 with Share of Cost Medi-Cal may also be eligible for the Healthy Families Program.

Is California residency a requirement?

- Applicants must live in California in order to receive Medi-Cal. California residency means that a person intends to live and stay in California. Applicants will be asked to show that they are California residents when they apply. State residency is different from, and has nothing to do with, federal immigration status.
- Applicants may have trouble receiving Medi-Cal if they have unexpired short-term visas (issued for less than a year) or border-crossing cards. These documents may show that individuals are in California temporarily unless they have other evidence that shows they intend to stay in California. The county Department of Public Social Services offices cannot automatically deny Medi-Cal to individuals who have one of these documents. Instead, if they have border crossing cards or unexpired short term visas, they must be given a chance to prove they intend to live in California by showing documents, such as rent receipts, pay stubs, or proof that their children are enrolled in school.

What about other insurance?

It is possible to have Medi-Cal and private health insurance. In that case, Medi-Cal will pay for services not covered by the primary insurance.

How are services provided under Medi-Cal?

- Services are provided in one of two ways:
 - Under fee-for-service or “regular” Medi-Cal, any doctor, clinic, hospital, or pharmacy that accepts Medi-Cal may be used. These providers will bill Medi-Cal for any provided services.
 - Under a managed care health plan, families go to the doctors, clinics, hospitals, and pharmacies that are included in their health plan.

How does Managed Care Medi-Cal work?

- Most children will be enrolled in a managed care health plan except children in foster care and adoption assistance, disabled children (receiving SSI/SSP benefits), individuals with a share of cost and certain other children.
- Medi-Cal will send enrollment packets to those children who will be in managed care. These packets describe the plans and list the participating doctors, hospitals, and pharmacies in the children's local areas. Families select a plan, doctors, hospitals and pharmacies from the lists.
- Once those eligible for Medi-Cal choose health plan doctors in their areas, they will call the doctors' offices directly to make appointments or to talk to the doctors.

Does receiving Medi-Cal hurt individuals' chances of adjusting their immigration status?

- Receiving or applying for health care services, such as Medi-Cal or other no or low-cost health care programs does NOT affect individuals' chances of adjusting their immigration status (see chapter 10).
- For more information, call CHIRLA, a community immigrants' rights group at 888-6CHIRLA or 888-624-4752 (this is a free call).

Do individuals have to repay Medi-Cal benefits if they receive Medi-Cal?

- Medi-Cal benefits must be repaid only if they were received under fraudulent circumstances. The USCIS cannot ask individuals to repay Medi-Cal benefits to which they are entitled. If this happens, families can call CHIRLA, 888-6CHIRLA or 888-624-4752 (this is a free call).
- The State may file a claim for recovery of paid medical expenses from the estate of a deceased person who received benefits after age 55. The claim may be waived if the family establishes that paying the claim would be a hardship.

Where can families apply?

- Individuals can apply for Medi-Cal at county Department of Public Social Services offices, community clinics, county clinics, hospitals, or some children's schools.
- A mail-in application can be requested by calling 888-747-1222 (this is a free call).
- Applications can also be made online with the help of Certified Application Assistors (CAAs) using Health-e-App or via telephone at 800-880-5305.
- It can take up to 45 days to receive Medi-Cal services or up to 90 days for an adult with a disability. Individuals who are determined eligible are entitled to services from the first day of the month of application, and they can apply for "retroactive" benefits for services received up to three months before the date of application.

NOTE: The date of application is the date when applicant's complete application is received at their local county Department of Public Social Service offices or when the mail-in application is received by Single Point of Entry (SPE) which screens all joint Healthy Families and Medi-Cal for Families mail-in applications.

What can families do if they have problems getting services?

- Individuals have the right to a fair hearing if health services they want or need are denied, reduced, delayed, or stopped.
- If individuals or families receive "Notice of Action" (NOA) letters, the back page can be filled

out and returned to request an appeal. Also, a “Request for Hearing” form can be obtained at their local county Department of Public Social Services office if a NOA was not received.

- Certain individuals also have a right to services while they wait for a hearing. They must file for a hearing before the changes take effect (action date) in order to receive services while they wait for a hearing.
- They will not be able to receive the denied services during the hearing process.
- They may file for a hearing by calling 800-952-5253 (this is a free call).

Where can more information be found?

Additional information can be found at www.medi-cal.ca.gov or www.dhs.ca.gov/mcs/medi-calhome/default.htm.

Who else could be eligible for Medi-Cal?

- Children under age 21 and people age 65 and older
- Individuals who are disabled (determined by the Social Security Administration or the State’s Disability and Adult Programs Division)
- Individuals who are blind
- Pregnant women
- Individuals diagnosed with breast or cervical cancer
- Individuals diagnosed with Tuberculosis
- Individuals diagnose with Renal (kidney) failure
- Individuals in skilled nursing or intermediate care facilities
- Families where at least one child is under 21 and one parent is absent, deceased, disabled, incapacitated (30 days as certified by a doctor) or with a family income below 100% of the Federal Income Guidelines (FIG). (NOTE: 1931(b) Medi-Cal Program differs)
- Medi-Cal is automatically available to anyone who receives the following benefits:
 - CalWORKs
 - Supplemental Security Income and State Supplemental Payment Program (SSI/SSP)
 - Entrant or Refugee Cash Assistance (ECA or RCA)
- Children in Foster Care or Adoption Assistance Program

Medi-Cal Minor Consent Program

This program allows minors up to 21 years of age to access certain Medi-Cal benefits on their own without their parents' consent.

Who is eligible?

- In order to receive this type of Medi-Cal, teens must be living with their parents or away at school but still financially supported by their parents (claimed as tax dependents).
- Parents' incomes are not considered and parents ARE NOT informed about the application. There are no Social Security number or pregnancy verification requirements.

NOTE: Teens 14-21 years of age, who are not living at home, not receiving any financial support from their parents, not claimed as tax dependents, and handling their own finances, must apply on their own for no-cost Medi-Cal.

How does immigration status affect eligibility?

The minor's immigration status does not matter.

What is the cost?

There is generally no cost unless the teens report significant income and resources. In that case, costs would be based on a sliding scale depending on income.

What services are covered?

- Services are limited to treatment for sexually transmitted diseases, drug and alcohol abuse, family planning, sexual assault, pregnancy and pregnancy-related issues, and mental health outpatient care.
- Babies born to mothers on Minor Consent Medi-Cal are "deemed eligible" for 12 months of Medi-Cal coverage after birth. The babies are automatically eligible for full-scope Medi-Cal during this time period.

What about other insurance?

Minors can qualify for Minor Consent even if they are covered by private insurance or are already on regular Medi-Cal. Those teens would have separate forms for Minor Consent in addition to their Medi-Cal Benefit Identification Cards (BIC).

Where can minors apply?

Minors fill out regular Medi-Cal applications and also short forms for Minor Consent at their local DPSS offices or with on-site eligibility workers. **A new short form needs to be filled out each month treatment is needed**, except for mental health services. Children over 18 years of age or emancipated minors can apply for regular Medi-Cal on their own.

Express Lane Eligibility

Express Lane Eligibility is the result of state legislation (AB 59) and allows children who participate in the free and reduced School Lunch Program and may be eligible for Medi-Cal to apply for Medi-Cal using the School Lunch application. Express Lane Eligibility began on July 1, 2003, and is being piloted in selected school districts and will expand to other districts as funding becomes available.

Who is eligible?

- Children who are eligible for the free and reduced School Lunch Program and who meet the income requirements.
- Children with family incomes under 100% or 133% of the Federal Income Guidelines, depending on their ages.

What are the income limits?

- For children under age six, family income must be at or below 133% of the Federal Income Guidelines.
- For children age six and older, family income must be at or below 100% of the Federal Income Guidelines.

How do families enroll their children in Medi-Cal using Express Lane Eligibility?

- When completing School Lunch applications, parents will be asked for their consent to share information on the applications with their local Medi-Cal office and to allow their children to participate in Medi-Cal.
- Eligible children will be enrolled in temporary no-cost Medi-Cal when their local county Department of Public Social Services office makes eligibility determinations.
- The local county Department of Public Social Services office may ask for additional information to complete the Medi-Cal eligibility determination.
- Children who are not eligible for Express Lane Eligibility will still have their School Lunch applications forwarded to Medi-Cal for evaluation. These children will not receive any temporary Medi-Cal coverage while their applications are processed.

Where can more information be found?

- Contact the school where the children are enrolled.
- Participation in the Express Lane Eligibility is voluntary for school districts. Some school districts might not participate.

Accelerated Enrollment

Accelerated Enrollment (AE) allows children who submitted the joint Healthy Families and Medi-Cal for Families application and who appear eligible for no-cost Medi-cal to temporarily enroll in Medi-Cal while the county determines their Medi-Cal eligibility.

Who is eligible?

- Children under age 19 who meet all of the eligibility requirements for no-cost Medi-Cal.
- Children for whom the joint Healthy Families and Medi-Cal for Families mail-in applications were submitted through Single Point of Entry (SPE).
- Children who applied using the Healthy Families “Add a Person” forms who are eligible for no-cost Medi-Cal may also receive AE.
- Children who do NOT have an active Medi-Cal case.
- Undocumented children are not eligible for Accelerated Enrollment.

How do families apply for Accelerated Enrollment?

- Since SPE determines eligibility for AE, families do not directly apply for AE. There is no separate special application.
- If children appear eligible for no-cost Medi-Cal, SPE will forward their applications to the county Department of Public Social Services office and enroll them in no-cost Medi-Cal.
- Families receive letters from SPE informing them that their children have been enrolled in the Medi-Cal AE program.
- AE begins the first day of the month that Single Point of Entry (SPE) determines eligibility.

How do children use Medi-Cal under Accelerated Enrollment?

- Children will receive their Benefits Identification Card (BIC) in the mail with instructions on how to use them.
- Unlike most children in no-cost Medi-Cal, children in AE are not enrolled in health plans.
- Their coverage is no-cost, fee-for-service Medi-Cal.
- The children can go to any doctor who accepts fee-for-service Medi-Cal.
- The doctor will bill Medi-Cal for services the children receive.
- The family does not pay anything for the medical services the children receive.

How long does Accelerated Enrollment (AE) last?

- AE coverage is temporary coverage that ends at the end of the month the county Department of Public Social Services determines the children’s Medi-Cal eligibility. If the children are found eligible for no-cost Medi-Cal, then they will be enrolled and continue coverage.
- Children who are found ineligible for no-cost Medi-Cal will not be enrolled in no-cost Medi-Cal (but may be enrolled in Share of Cost Medi-Cal). Their AE benefits will end at the end of the month of the eligibility determination. They do not have to repay any benefits received while enrolled in AE.

Medi-Cal Bridging to Healthy Families

Medi-Cal Bridging to Healthy Families extends Medi-Cal coverage for children who are no longer eligible for no-cost Medi-Cal because of changes in their situations (income, family size or age of the child) and who now appear eligible for the Healthy Families Program. This gives the Healthy Families Program time to review the information forwarded by the families' Eligibility Workers, if the families give authorization.

Who is eligible?

- Only certain children will qualify for Medi-Cal Bridging. They must meet both of the following requirements:
 - Children currently enrolled in no-cost Medi-Cal who are found to no longer qualify due to a change of family circumstances such as age, family size or income;
- **AND**
- Children who meet the requirements for the Healthy Families Program.
- Children whose family income is too high for the Healthy Families Program are not eligible for Medi-Cal Bridging.

How do families apply?

- There is no separate application for Medi-Cal Bridging; eligibility is determined based on information provided during the annual eligibility renewal process.
- Medi-Cal will request permission from the family to forward their information to the Healthy Families Program.
- Families will not have to give permission in order to get enrolled in the Medi-Cal Bridging Program.

How long does Medi-Cal Bridging last?

- Bridging coverage lasts for one month after the children's no-cost Medi-Cal benefits would have normally ended.

What services do children with Bridging coverage receive?

- Children continue to receive full no-cost Medi-Cal benefits under Medi-Cal Bridging coverage for one additional month.
- They continue to see their regular Medi-Cal providers.

How are children enrolled in Healthy Families when they have Medi-Cal Bridging coverage?

- Families will be asked to consent for Medi-Cal to forward their information to the Healthy Families Program to determine their eligibility.
- This consent can be either written or verbal (via telephone).

NOTE: Families who do not apply for Healthy Families can still receive one month of Medi-Cal Bridging coverage.

Medi-Cal 1931(b) Program

1931(b) is a Medi-Cal program for low-income families with children up to age 18 (19 if in school), where one parent in the family is absent, disabled, deceased, unemployed, or underemployed (deprivation criteria).

Who is eligible?

- Families with children and pregnant women who are linked to the CalWORKs Program
- Families where deprivation criteria and income requirements are met
- Applicants must be permanent residents of California

How does immigration status affect eligibility?

- Families that have satisfactory immigration status can qualify for full scope services. Those without satisfactory immigration status may be eligible for emergency or pregnancy-related services only.

What are the income limits?

- Income must be at or below 100% of the Federal Income Guidelines (FIG).

What are there resource limits?

- Resources are things that families own, such as cars, houses and jewelry, as well as savings and checking accounts.
- Resources only count if adults are enrolled into the program (see table below).
- The house in which the applicants live is not counted. Any additional houses may be counted. The first \$4,650 in value of the first family car is counted. Additional cars with a value of less than \$1,500 are not counted.

Number of People in the Family	Resource Limit (value of things owned)	Number of people in the Family	Resource Limit (value of things owned)
1	\$2,000	6	\$3,600
2	\$3,000	7	\$3,750
3	\$3,150	8	\$3,900
4	\$3,300	9	\$4,050
5	\$3,450	10 or more	\$4,200

What is the cost?

- There is no cost for this program.

What services are offered?

- The services are the same as no-cost Medi-Cal and include medical office visits, hospitalizations, dental, vision care, prescription medicines, mental health, substance abuse services, and needed medical tests.

Can families receive services if they have other insurance?

- Yes, Medi-Cal can cover the services that other insurance will not cover.

Where can families apply?

- They may contact the county Department of Health Services Children Services branch or their local county Department of Public Social Services for referrals and/or to request services.
- They may also use the joint Healthy Families and Medi-Cal for Families mail-in application. (They will be contacted by the county Department of Social Services for additional information, including information on resources.)
- For more information visit: www.medi-cal.ca.gov

Understanding Sneede and Medi-Cal

What is Sneede?

Sneede refers to a lawsuit (Sneede v. Kizer) that changed the Medi-Cal rules for treatment of property and income for some families. The change affects whose income and property is considered when counting the family's total income and resources. Calculating income is important to determine whether families are eligible for no-cost Medi-Cal or may have to pay part of the cost (Share of Cost, or SOC Medi-Cal). The family's property is counted and must be within resource limits. Typically, each family member's income and property is counted. However, under "Sneede" rules, income and property is counted differently: parents' income and property are counted for their own children (biological and adopted), themselves and their spouse. A child's income counts for him/herself and for no one else. In other words, step parent's income is **NOT** counted towards their stepchildren. A caretaker relative's income and property are counted towards themselves only.

How does Sneede affect a family?

- Families may be affected by Sneede rules if the household contains at least one of the following Sneede class members:
 - Stepparents or stepchildren
 - Unmarried parents living together with at least one child in common
 - Children with their own income or property
 - Caretaker relatives

OR

- Sneede rules apply to families only if the household contains a Sneede class member and the family has too much property or would be eligible with a Share of Cost (SOC), instead of no SOC Medi-Cal, under regular Medi-Cal eligibility rules.

How does Sneede affect how family members and their incomes are counted when applying for Medi-Cal?

Family Member	How Does the Family Member's Income and Property Count?
Stepparent	Stepparent's income and property are not counted for their stepchildren. The stepparent's income and property are counted for the spouse.
Unmarried Couple	Unmarried couple's income and property are not counted for each other or their separate children. Each parent's income is counted for the child in common.
Children with their own Income or Property	The children's own income and property are only counted for themselves and for no one else (i.e., other siblings and their parents)
Caretaker Relative	The caretaker relative's income and property is counted towards them only
Married Couple	Married couple's income is counted for each other and their mutual children.

- Under Sneede rules income is calculated differently. It's possible that each family member may have different eligibility and/or Share of Cost.