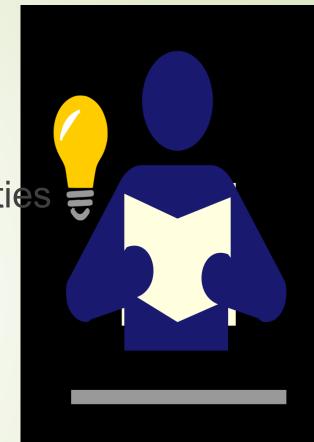
Medi-Cal The Basics

What you will learn:

- Background information on Medi-Cal
- Medi-Cal eligibility basics
- Medi-Cal programs for persons with disabilities
- Medi-Cal services
- Medi-Cal and other health coverage



Terms and Players

- Medicaid v. Medi-Cal
- Centers for Medicare and Medicaid (CMS)
- Department of Health Care Services (DHCS) single state agency
 - Can delegate to other agencies (ex. CDSS IHSS)
- State Plan
 - Describes nature and scope of Medi-Cal program
 - Follow federal laws/regulations & guidelines
- Federal Financial Participation (FFP Medi-Cal programs)
 - Money a state receives for participation in the Medicaid/Medi-Cal program
- State only Medi-Cal programs
 - CA's State Plan: https://www.dhcs.ca.gov/formsandpubs/laws/Pages/SPdocs.aspx



Medi-Cal Service Delivery Models

- ► Fee-for-Service (FFS) v. Managed Care
- Coordinated Care Initiative (CCI)
 - Counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.
 - CalAim: plan to make this a statewide model
 - People who had FFS Medi-Cal moved into Managed care
 - People who have Medicare and Medi-Cal can have Medi-Cal Managed Care take over Medicare "Cal MediConnect."
 - Long Term Support Services: nursing facility care, In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS), were the Multi-Purpose Senior Services Program (MSSP) were provided through managed care plans. As of January 1, 2018, IHSS is no longer a Medi-Cal managed care benefit.

More on CCI: https://calduals.org/wp-content/uploads/2017/12/Advocates-Guide-to-Californias-Coordinated-Care-Initiative-Version-6.pdf

https://justiceinaging.org/free-webinar-whats-next-for-californias-dual-eligibles-calaim-and-the-coordinated-care-initiative/

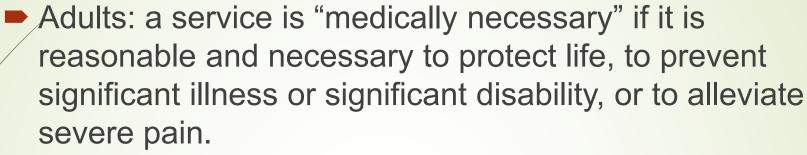
Medi-Cal Services

- Full scope v. restricted b/c immigration status (ER, pregnancy related, long term care)
 - Full scope: range of services including long term support services: IHSS, nursing home, CBAS, Multi Senior Services Program (MSSP) and other Waivers, Durable Medical Equipment, mental health, supplies, hospital, transportation...
- Full scope regardless of immigration status, for persons under age 26 starting January 1, 2020. All other Medi-Cal eligibility rules, including income limits, will still apply.
- Mandatory v. optional services.

NHelps's Guide the Medi-Cal Services:

https://healthlaw.org/resource/an-advocates-guide-to-medi-cal-services/

Medi-Cal Services: "Medical Necessity"



Children/young adults under 21 (EPSDT):

"EPSDT services include any medical or remedial care that is medically necessary to correct or ameliorate a defect, physical or mental illness, or condition."

EPSDT Guide for States:

https://www.dhhs.nh.gov/ombp/medicaid/mts/documents/epsdtcoverageguide.pdf



Medi-Cal Eligibility Basics



Medi-Cal Eligibility Basics

Over 90 eligibility categories. Each has it's own eligibility criteria but there some common themes:

- Income
- Resources
- Immigration status
- California residency

Medi-Cal Aid Codes:

https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/Aid-Code-Master-Chart.pdf

Eligibility - Income



Income

- Earned: wages, self-employment
- Unearned: State Disability, SSDI, unemployment, pensions, annuities...
- In-kind: shelter and/or food: it only will count as income if the entire need is provided for. For example, completely free housing would count, but someone paying for some of your meals would not count.
- Unavailable income: not counted towards Medi-Cal eligibility. This includes funds that the applicant does not have access to and income brought in by an unrelated adult or adult child living in the home. Worker's compensation and insurance settlements fall into this category as well.

Exempt Income

- Public assistance: GR/GA, SSI, CalWORKs, CalFRESH...
- Other government programs: foster care payments, housing asst.
- Earnings of children under 14, or over 14 and in school full time

Money is income in the month received, a resource in the subsequent month(s)

Medi-Cal lump sum payments: https://www.disabilityrightsca.org/publications/lump-sum-payments-and-medi-cal-eligibility

Eligibility – Gross Income Deductions

"Countable income" – deduct from gross income:

- \$20 unearned income deduction
- Earned income: deduct \$65 + (\$20 if not used up), then divided in half.
 - ■Blind Work Expenses (after divide by ½)
 - Impairment Related Work Expenses (before divide by ½)

Income and the ABLE Act

ABLE/CalABLE

- Up to \$15k per year
- If on SSI up to \$100K in ABLE account (can be more if not on SSI)
- Not affect eligibility for SSI or Medi-Cal and other certain federally-funded benefits

California's program: CalABLE https://www.calable.ca.gov/



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Eligibility- Resources

- \$2000 (single) / \$3000 (married) in "countable resources"
- Know the exemptions!
 - 1 principal place of residence
 - 1 motor vehicle
 - Personal property used in a trade or business.
 - Personal affects. This includes clothing, heirlooms, weddings and engagement rings, and other jewelry with a net value of under \$100.
 - Household items
 - ► IRAs, KEOGHs, and other work-related pension plans. These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal and payments of principal and interest are being received, the balance is considered unavailable and it is not counted
 - Real estate used in a trade or business is exempt regardless of its equity and whether it produces income.
 - Life insurance policies. Each person may have life insurance policies with a combined face value of \$1,500 or less.
 - And more!

How would Medi-Cal know about a person's assets? Medi-Cal beneficiaries are required to report assets within 10 days of receipt of the asset.

Medi-Cal - Deeming

- Parent minor child
- Spouse spouse
- Sponsor -sponsored
- What is deemed?
 - **■**Income
 - Resources
- Institutional deeming Waivers

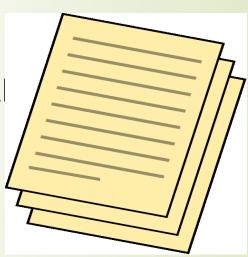


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Home and Community-Based Waivers examples:

- Home and Community-Based Alternatives Waiver (institutional deeming)
- Home and Community-Based Waiver for the Developmentally Disabled (institutional deeming)
- Multi-Purpose Senior Services Waiver (institutional deeming)
- AIDs Waiver
- Self Determination Program
- Assisted Living Waiver (institutional deeming)

See: https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx



Spousal Impoverishment

- Prevents the impoverishment of one spouse, when the other spouse enrolls in Medi-Cal and receives nursing home care or Home and Community-Based Services. Spouse who isn't receiving Medi-Cal, (the "well spouse or community spouse") can retain additional income and assets, without jeopardizing the eligibility for the Medi-Cal spouse. In 2021, the well spouse can retain a "Community Spouse Resource Allowance" (CSRA) of \$130,380 in countable assets, in addition to the \$2,000 in countable assets the Medi-Cal spouse may retain.
- Additionally, the well spouse can retain additional income without having to contribute it all to Share of Cost (SOC). The well spouse may retain all income in her/his own name and, if that income is less than \$3,260 (the Minimum Monthly Maintenance Needs Allowance, or MMMNA, for 2021), he/she may receive an allocation from the Medi-Cal spouse's income to reach \$3,260.
- See http://www.canhr.org/factsheets/medi-cal-fs/PDFs/FS Spousal Impoverishment HCBS.pdf

Medi-Cal Eligibility Basics

- Qualified immigrant eligible for federal public benefits
 - **►**LPRs
 - Refugees, asylees, battered spouses, victims of trafficking...
- PRUCOL (many categories)
 - Paroled by immigration court for less 1 yr., granted stay of deportation, granted indefinite voluntary departure, in deferred action status...government knows here but no intent to deport the person
 - Below age 26 (full-scope Medi-Cal)
- Restricted Medi-Cal (ER, pregnancy-related, Long-term care)
- California resident

Medi-Cal Programs for PWD

- MAGI
 - Parents/Caretakers: 109% FPL
 - Adults (19-64): 138% FPL
 - Pregnancy 138% (full scope) / 213% FPL (restricted)
 - Children: 266% FPL
- Non-MAGI
 - SSI linked Medi-Cal or 1619b
 - Pickle & DAC (post eligibility)
 - Aged and Disabled FPL: 100% FPL + \$230 individual or \$310 couple disregard
 - Working Disabled Program: 250% FPL
 - Medically Needy (SOC?)

FPL chart for 2021: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/21-01.pdf

MAGI Medi-Cal

- MAGI MEDI-CAL looks at household & income, NOT Resources and NOT available if receiving Medicare https://ca.db101.org/ca/programs/health_coverage/medi_cal/program2a.htm
- MAGI Income and deductions list:
 https://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Co-OPS-Sup/Income_Deductions_Chart_010119.pdf

Medi-Cal through 1619b

- ➤ A rule that lets people who stop getting SSI due to work to keep Medi-Cal while earning up to \$47,395 per year. You must continue to meet other SSI eligibility rules.
- If earnings are over this limit and have high medical expenses, you might still qualify for 1619(b) (Individualized Earnings Threshold).

More on 1619b: https://www.ssa.gov/pubs/EN-64-030.pdf

Pickle Medi-Cal

Eligible if the individual:

- Received SSI and SSDI in the same month (in any month since 1977); and
- Was discontinued from SSI for b/c of COLA in SSDI (Social Security benefit level is now too high to qualify him/her for SSI); and
- Meets other SSI eligibility requirements, except for income due to Social Security COLAs

More on Pickle: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c07-28.pdf

Disabled Adult Child (DAC) Medi-Cal

DAC Medi-Cal Eligibility:

■ If the individual lost SSI because of eligibility for Title II Disabled Adult Child (DAC) benefits under parent's Social Security, then Social Security income is disregarded when calculating Medi-Cal eligibility.

42 U.S.C. § 1383c(c); ACWDL 91-47; ACWDL 07-29

Other Health Coverage

Medi-Cal is payor of last resort: will only pay for expenses that it covers and that other coverage will

- not.
 - Private Insurance
 - Medicare
 - **■**CCS?
 - Medi-Cal.



Health Insurance Premium Payment (HIPP)

Pays private health insurance premiums for persons with high cost medical conditions

Eligibility:

- have a high cost medical condition (cancer, pregnancy, AIDS, and organ transplantation...); and
- have private health insurance that does not exclude the individual's high-cost medical condition. (can be COBRA)

Not for those in:

- Medi-Cal managed care
- Medicare
- TRI-CARE (formerly known as CHAMPUS)
- County Health Initiative
- Major Risk Medical Insurance Pool (MRMIP)

Additional Resources

Western Center Law and Poverty Medi-Cal Eligibility Manual:

https://wclp.org/wp-

content/uploads/2019/07/Western Center 2016 Health Care Elig

ibility Guide Full rev.1.pdf

Health Consumer Alliance:

https://healthconsumer.org/

DHCS bulletins, letters, information notices:

https://www.dhcs.ca.gov/formsandpubs/Pages/Letters.aspx

DRC COVID: https://www.disabilityrightsca.org/post/coronavirus-medi-cal-applications-and-eligibility-during-the-covid-19-public-emergency

