



MEDI-CAL 101

Introduction

In 1965 Congress created the Medicaid program through the Federal Social Security Act as a partnership between the federal and state governments. In turn, states then created their own Medicaid programs within federal guidelines – California’s program, called Medi-Cal, was established in 1965 as a health benefit to people receiving welfare.

Over the past 41 years, additional Medi-Cal eligibility categories have been created to respond to the health care needs of the growing number of uninsured individuals, the elderly and disabled.

Governance

Although California administers Medi-Cal, the federal government continues to establish new requirements and monitor delivery, quality, funding, and eligibility standards. At the federal level, Medicaid is overseen by the Centers for Medicare and Medicaid Services, while the Department of Health Care Services oversees the program at the state level. California counties also partake in administering and implementing the program, many have developed their own procedures manuals, eligibility work training, and forms.

Funding

Medi-Cal is funded through federal matching funds. For example, for a service costing \$100, the state pays \$50 and the federal government pays \$50. The federal government pays a higher proportion of the cost for some types of Medi-Cal expenditures such as investments in information systems, case management services by a licensed health care professional, and family planning.

Some Medi-Cal programs are fully funded by the federal government, such as the Refugee Medical Assistance Program. Others receive no federal contribution, such as nursing home and prenatal care services for people without satisfactory immigration status.

Overall, federal funds account for 53% of the Medi-Cal budget. The rest of the funding is balanced by California’s General Fund (37%) and other state and local funds (10%).

Basic Program Eligibility

In general, those receiving Medi-Cal have low income and limited resources to pay for the cost of their health care. Applicants must fit into one of the following categories:

- Individuals who are blind, disabled, or aged according to Social Security Rules;
- Children or pregnant women without regard to deprivation or property;
- Individuals with specific health care needs (limited to people in need of dialysis, tuberculosis service, parenteral nutrition services, breast and cervical cancer treatment, nursing home care, and certain services for minors); or
- Families with children where deprivation exists

Low income or medical need alone is not enough to qualify for Medi-Cal. For example, those ages of 21 through 65, without children, who are not pregnant, blind, or disabled, and who do not fall under one of the above categories are not eligible. Individuals who do not qualify for Medi-Cal but need medical care and cannot afford to pay, may still qualify for health care services at the county level referred to as County Medical Services Program or the Medically Indigent Adult Program.

In California, Immigrants who are determined to have “satisfactory immigration status” by the Department of Health Care Services may qualify for full benefits. Undocumented immigrants and certain other immigrants without satisfactory immigration status who meet all other Medi-Cal program requirements may qualify for limited Medi-Cal coverage. This includes emergency services, pregnancy-related services, kidney dialysis, and nursing home care.

Cash-Related Programs

Individuals who receive cash aid through federal programs, such as CalWORKS, Supplemental Security Income, Foster Care Assistance, Adoption Assistance, and Entrant or Refugee Cash Assistance, are automatically entitled to full-scope Medi-Cal without having to apply separately for it.

Section 1931 (B) Medi-Cal for Families

Congress created this category under Section 1931 (B) of the Social Security Act to ensure that needy families with children have access to Medi-Cal. Combining the eligibility criteria of AFDC, Food Stamps, and CalWORKS, it was created to ensure that families eligible for Medi-Cal under the old AFDC program would be able to continue eligibility for Medi-Cal after the implementation of CalWORKS.

Pregnancy Related Programs

Under Medi-Cal, pregnancy-related services are granted, regardless of a woman's immigration status, to encourage early and appropriate utilization of prenatal care services. These programs include:

Postpartum Program: women are covered for post partum services under their regular Medi-Cal program. For women who received Medi-Cal through the Medically Indigent Program with a share of cost when they were pregnant, this program provides coverage with no share cost for at least 60 days after the pregnancy ends.

Presumptive Eligibility Program: enables a provider to "presume" a pregnant woman is eligible for Medi-Cal based on a few residency and income questions. With this program, a pregnant woman can be presumptively enrolled with the agreement that she will apply for Medi-Cal later. If the woman is later found eligible, she will be removed from the Presumptive Eligibility Program and enrolled in one of the other Medi-Cal programs. If she is ineligible, she will be removed from the Presumptive Eligibility Program and the provider is still reimbursed for the services provided during that time.

Percent Programs

Children may qualify for Medi-Cal under one of the Percent Programs. These three programs are exclusively for children and eligibility is based solely on family income. Children that are enrolled in one of the Percent Programs are likely to have at least one working parent. Often, the parent's employer does not offer medical insurance or offers insurance covering only the employee and not the dependents. In addition, these programs have different family income limits depending on the age of the child, making them difficult to administer when families have multiple children of different ages. Under all the percent programs, children who are citizens or have satisfactory immigration status receive full benefits while those without satisfactory immigration status receive emergency services only.

200% Program: also known as the Federal Poverty Level Program for Infants and Pregnant Women, provides

full-scope Medi-Cal coverage for infants up to age 1 whose family income is at or below the 200% Federal Poverty Level. Infants born to a mother receiving Medi-Cal benefits are automatically eligible for Medi-Cal in their first year.

133% Program: provides Medi-Cal coverage to children from age 1 to their 6th birthday whose family income is at or below 133% of the Federal Poverty Level.

100% Program: provides Medi-Cal coverage to children from the age of 6 until their 19th birthday. To qualify, the children's family must have an income at or below 100% of the Federal Poverty Level.

Other Children's Programs

Minor Consent Program: offers several specific services to some minors under the age of 21 who are unmarried and live with a parent or guardian and are claimed as dependents on the tax return. The minors eligibility for enrollment is determined by his or her income and resources and do not take into account parental income, property, or consent. Minor Consent Programs provide substance abuse treatment, mental health services, family planning, abortion, pregnancy or prenatal services, sexually transmitted disease treatment, and sexual assault treatment. Those who are enrolled in this program must recertify their need for services each month with the county.

Accelerated Enrollment: allows children to be immediately enrolled in Medi-Cal while their eligibility for on-going Medi-Cal is determined. Accelerated Enrollment continues until the county determines the child eligible for Medi-Cal or until the end of the month if the child is found ineligible. To be eligible, children must have completed a joint Medi-Cal/HFP application through the Single-Point of Entry and appear eligible for no share of cost Medi-Cal.

National School Lunch Program Express Enrollment: allows children eligible for free meals at school to be automatically evaluated for Medi-Cal eligibility, given the consent of the parents. These children receive full-scope Medi-Cal with no share of cost until eligibility is determined.

Family Planning, Access, Care, and Treatment (PACT) provides family planning services to those at or below the 200% Federal Poverty Level. PACT provides a variety of services for people at risk of becoming pregnant or causing pregnancy. However, this program covers limited services such as contraception, pregnancy testing, counseling, sterilization, testing for sexually transmitted disease, HIV screening, and Hepatitis B immunization.