1. Medi-Cal Overview (Heirarchy)

Medi-Cal Programs [50201, 50203, 50227]

A person or family may be eligible for Medi-Cal benefits under one of the following programs.

1.1 Cash Grant Programs

Persons receiving Public Assistance (PA) receive no share-of-cost Medi-Cal during the months in which they are cash eligible.

- Aid to Families with Dependent Children - Foster Care (AFDC-FC)
- California Work Opportunity and Responsibility to Kids (CalWORKs)
- Supplemental Security Income/State Supplemental Program (SSI/SSP)
- Refugee Cash Assistance Programs (RCA)
- Refugee Emergency Assistance (REA).

Reminder:
Clients must meet the property and income requirements for their respective program.

1.2 Family-based Medi-Cal

- Section 1931(b) - [Refer to “Section 1931(b) Medi-Cal Program,” page 23-1
- Medically Needy (MN) - [Refer to “Medically Needy (MN) Medi-Cal,” page 25-1

1.3 Presumptive Eligibility for Pregnant Women

[Refer to “Presumptive Eligibility for Pregnant Women,” page 1-1
1.4 Continued Eligibility for Pregnant Women and Children [50201, 50203, 50227]

- 60-Day Postpartum Program - [Refer to “60-Day Postpartum Program,” page 21-1

- Continued Eligibility (CE) - “Continued Eligibility for Pregnant Women, Infants, and Children [50262.3],” page 22-1

- Deemed Eligibility (DE) - also known as Continued Eligibility (CE) - [Refer to “Continued Eligibility for Pregnant Women, Infants, and Children [50262.3],” page 22-1

- Continuous Eligibility for Children (CEC) - [Refer to “Continued Eligibility for Pregnant Women, Infants, and Children [50262.3],” page 22-1

- Former Foster Care Children (FFCC) Medi-Cal - [Refer to “Extended Medi-Cal Eligibility for Former Foster Care Children 18 to 26 Years of Age,” page 22-43.

1.5 Special Percent Programs for Pregnant Women and Children

- Income Disregard and Property Waiver Programs (for Pregnant Women and Infants) - [Refer to “Income Disregard Program,” page 21-9 and [Refer to “Property Waiver Program,” page 21-40

- 133% Program for children ages 1 through 5 - [Refer to “133% Program for Children Ages One Through Five,” page 21-30

- 100% Program for children ages 6 through 19 - [Refer to “100% Program,” page 21-35

- Property Waiver Program - [Refer to “Property Waiver Program,” page 21-40
1.6 “Safely Surrendered Baby Law” formerly known as “Safe Arms for Newborns Law

The “Safely Surrendered Baby Law” formerly known as “Safe Arms for Newborns Law” was signed into law and went into effect on January 1, 2001. This law is intended to:

- Provide health and safety for unwanted newborn children
- Protect a parent or any adult from prosecution when surrendering custody or bringing an unwanted newborn baby, three days old or younger, to a public or private hospital or any other location designated by the County Board of Supervisors
- Ensure that health facilities that accept surrendered newborns will be reimbursed for providing health screening assessment and care until the baby is returned to a responsible relative/caretaker or is established in the Foster Care system.

The Safely Surrendered Baby Law provides a 14-day cooling off period. This means that the person who surrendered the newborn child can reclaim the child. The 14-day period begins on the day the child is voluntarily surrendered.

1.6.1 Scope of Medi-Cal Coverage

Safely surrendered newborns are eligible for zero share-of-cost, full scope Medi-Cal under this program.

Note:
Deemed eligibility does not apply for the safely surrendered newborn because the newborn does not live with the mother.

1.6.2 Period of Eligibility

Medi-Cal eligibility for these newborns begins on the date the child is surrendered and ends on the last day of the following month. Eligibility may extend into the third month if the child is surrendered on the last day of any given month. Under no circumstance will Medi-Cal coverage under this program extend past the end of the third month. It is expected that before reaching the second or third month, the
newborn child would have already been integrated into the Foster Care system or have returned to a responsible relative who will assume responsibility for the child’s health care needs. At that point, continuing eligibility for another Medi-Cal program, if necessary, must be determined.

1.6.3 Confidentiality

Eligibility for this program is treated as a confidential record. The surrendering person is guaranteed confidentiality under this law. Parents’ names may not be requested and are not necessary. Since the newborn child’s parents are not identified and the information cannot be requested, no child support referral is required.

1.6.4 Processing Medi-Cal Applications

Any infant(s) protected under the Safely Surrendered Baby Law must be treated as an immediate need applicant.

Newborns applying under the Safely Surrendered Baby Law will be entered through the Children’s Shelter. Foster Care Eligibility Staff will be processing ALL Medi-Cal applications for the safely surrendered newborns. The detailed processing instructions are in the Foster Care Handbook. [Refer to “Safely Surrendered Baby Law Program,” page 34-48.]

Infants under the Safely Surrendered Baby law are granted Medi-Cal Aid Code 2A.

1.7 Transitional Medi-Cal

• Transitional Medi-Cal - [Refer to “Transitional Medi-Cal,” page 35-1

• Four-Month Continuing Eligibility - [Refer to “Four-Month Continuing,” page 35-26

• Edwards vs. Kizer - [Refer to “Edwards v. Kizer,” page 35-29
1.8 Aged, Blind or Disabled

- Adult-MN (ABD-MN) - [Refer to “ABD-MN (Non-MAGI) Linkage,” page 25-6
- Model Waiver Programs (or, “Katie Beckett” Waiver) - [Refer to “Model Nursing Facility (Model-NF) Waiver,” page 40-11.

1.9 Medicare Savings Programs (MSP)

- Qualified Medicare Beneficiary (QMB) - [Refer to “Qualified Medicare Beneficiary (QMB) Program,” page 16-25
- Specified Low Income Medicare Beneficiary (SLMB) - [Refer to “Specified Low-Income Medicare Beneficiary (SLMB) Program,” page 16-40
- Qualified Individuals (QI-1) - [Refer to “Qualifying Individual (QI-1) Program,” page 16-44
- Qualified Disabled Working Individual (QDWI) Programs - [Refer to “Qualified Disabled Working Individuals (QDWI) Program,” page 16-55

1.10 Percent Programs for Aged, Blind and Disabled

- Aged and Disabled (A&D) Federal Poverty Level (FPL) Program - [Refer to “Aged Blind and Disabled Programs,” page 38-1
- 250% Working Disabled Program (WDP) - [Refer to “250% Working Disabled (WD) Program,” page 44-1
1.11 Minor Consent Services

[Refer to “Minor Consent,” page 39-1

1.12 Medically Indigent (MI)

• Medically Indigent Adults - [Refer to “MIA Exceptions,” page 26-2
• Medically Indigent Children - [Refer to “Medically Indigent Child,” page 26-2.

1.13 State/County Administered Programs

• Access for Infants and Mothers (AIM) - [Refer to “State/County Administered Health Insurance Programs,” page 17-1
• Healthy Kids - [Refer to “Healthy Kids,” page 17-21
• Breast and Cervical Cancer Treatment Program (BCCTP) - [Refer to “Breast and Cervical Cancer Treatment Program (BCCTP), page 17-21.]
• Accelerated Enrollment (AE) - [Refer to “Accelerated Enrollment (AE) for Children,” page 17-28
• Child Health and Disability Prevention (CHDP) Gateway Program - [Refer to “CHDP Gateway Program,” page 17-31

1.14 Medi-Cal Benefits for Refugees

• Refugee Medical Assistance (RMA) - [Refer to “Refugees,” page 34-1.]
• Entrant Medical Assistance (EMA) - [Refer to “Refugees,” page 34-1.]
1.15 Special Treatment Programs

- Tuberculosis Program - [Refer to “TB Program,” page 37-1]
- Medi-Cal Special Treatment Programs (MSTP) - [Refer to “Special Treatment Programs,” page 36-1]
  - Dialysis
  - Parenteral Hyperalimentation.

1.16 Organ Transplant Anti-Rejection Medication Program

1.16.1 Background

Medi-Cal beneficiaries who have an organ transplant usually receive coverage for anti-rejection medications while they are Medi-Cal eligible. Should the client lose Medi-Cal eligibility, they may not have the personal resources or prescription drug coverage to obtain the necessary medications. Without them, the body may reject the transplant and the client may need a new transplant, have deterioration in their health, require hospitalization, require dialysis treatment, or possibly die as a result.

Assembly Bill (AB) 2352, Chapter 676, Statutes of 2010 added section 14132.70 to the Welfare and Institutions Code to allow Medi-Cal beneficiaries to remain eligible to receive coverage for anti-rejection medications for up to two years after a transplant, unless the he/she becomes eligible for Medicare or private health insurance that covers the anti-rejection medications.

1.16.2 Eligibility Requirements

In order to be eligible for this program, the client must meet at least one of the following criteria:
• Had an organ transplant within two years and is losing Medi-Cal and/or California Children’s Services (CCS) AND does not have Medicare or private health insurance that covers anti-rejection medications, OR

• Had an organ transplant within two years and is only eligible for restricted scope Medi-Cal, is not on CCS, AND does not have Medicare or private health insurance that covers anti-rejection medications.

Note:
No verification is required as to who paid for the organ transplant, as the payer is not relevant to eligibility for this program.

• There are no income, property, or residency/citizenship requirements for this program regardless of their living arrangements or with whom they reside.

• An annual redetermination and/or Midyear Status Report is not required. Clients will remain on this program for up to two years from the most recent organ transplant, unless they obtain Medicare or private health insurance that includes the anti-rejection medication.

Note:
A Redetermination due to change in circumstances (i.e., Medicare, private health insurance, move out of state, eligibility for another Medi-Cal program or death) is still required.

Identifying Eligible Beneficiaries

The Department of Health Care Services (DHCS) will research the claims data and identify the beneficiaries who have had an organ transplant paid by Medi-Cal and will send an informing notice to advise them of the new program.

DHCS will send a list of organ transplant beneficiaries to each county. These cases must be flagged to determine eligibility for this program before the client is discontinued by entering a Special Indicator.

If the client is not on the DHCS list, but indicates on the MC 210 RV or states verbally that he/she received an organ transplant, the EW must request a note from the treating physician on letterhead with the National Provider Identifier (NPI) stating that the individual had an organ transplant and the date of the transplant.
Eligibility Determination

- When a client is no longer eligible for Medi-Cal, the SB 87 process must be completed to determine if eligibility exists for another Medi-Cal program. If the beneficiary is not eligible and has had an organ transplant, he/she must be placed in this program. A ten-day NOA is required.

- Undocumented children who are eligible for the California Childrens Services (CCS) program may be eligible for the anti-rejection medications program if they meet all the criteria (within two years of transplant). CCS only pays for the organ transplant and anti-rejection medication until the child ages out of CCS.

- There may be other exceptions where a beneficiary on restricted Medi-Cal has received a transplant and Medi-Cal does not pay for the anti-rejection medication. These beneficiaries should be placed in this program.

- If the client has private health insurance, the EW must determine whether the insurance covers the medication. If the client states that the medication is not covered, verification must be provided. Verification can include the following:
  - Summary of benefits showing anti-rejection medications are not covered.
  - Letter from the insurance company stating the medications are not covered.
  - Documentation that the transplant and/or related benefits are in a period of exclusion.
  - Documentation showing the client has exhausted his/her lifetime limit on all benefits under the plan.
  - Documentation showing the client’s coverage or his/her annual benefits for treatment of the organ transplant have been exhausted.
  - Any other documentation that states anti-rejections medications are not covered.

1.16.3 Notices of Action

The Following Notices of Action (NOAs) are used for this program:

1. “Approval For Organ Transplant Anti-Rejection Medication Program” (MC 378). The NOA must include the time period for which the beneficiary is eligible.

1.16.4 MEDS Transactions

Aid Code 77 provides State-only restricted scope Medi-Cal coverage with no share of cost (SOC) for organ transplant anti-rejection medications, for up to two years following an organ transplant, to individuals who have lost regular full scope Medi-Cal or are on restricted scope Medi-Cal. Aid Code 77 does not cover physicians’ office visits.

An online MEDS Transaction is required to place the beneficiary in Aid Code 77. A termination date is required. The termination date will be two years from the most recent transplant date, regardless of when they become eligible for the program.

Example:
Beneficiary had an organ transplant on April 1, 2010 and found eligible for Aid Code 77 on March 1, 2011. The termination date is March 31, 2012.

Note:
An EW 20 transaction with an ESAC for closed eligibility must be sent to limit the services up to 24 months. If the transaction covers more than 24 months, a MED Alert 1094 [Displayed Data Elements Contain Conflicting Information Pre-Rej*] will be generated.

MEDS Alerts

There are two MEDS alerts that will be generated when Medicare or other health insurance is obtained by the individual:

1. ALERT 9061 - MEDICARE ELIGIBLE – COUNTY AID CODE TERMINATION NEEDED - URGENT

   The criteria for generating this alert will be any establishment of pending eligibility in the Medicare status Part A/B and any pending eligibility in the Medicare Status – Part D.

2. ALERT 9062 - POSITIVE OHC REPORTED – COUNTY AID REEVALUATION NEEDED - URGENT

   The criteria for generating this alert will be the establishment of other health coverage on the MEDS record in the current OHC field.
1.17 Pickle Amendment

[Refer to “Court Orders: Lynch v. Rank - Pickle Amendment,” page 68-1]

1.18 Repatriate Program [50255]

Persons eligible for cash payments and other assistance under the Repatriate program shall not be eligible for Medi-Cal. Medi-Cal eligibility may be established upon discontinuance from the program.

1.19 Hierarchy of Medi-Cal Programs

The correct order for determining Medi-Cal eligibility is as follows:

Aged, Blind and Disabled:

- Pickle
- Section 1931(b)
- A&D FPL - Aged and Disabled Medically Needy (ABD-MN) No Share-of-Cost
- ABD-MN Share-of-Cost

Families

- Section 1931(b)
- Section 1931(b) Sneede
- Transitional Medi-Cal (TMC)
- Aid to Families with Dependent Children-Medically Needy (AFDC-MN)
- AFDC-MN Sneede
- Medically Indigent (MI)
- MI Sneede
- FPL programs for pregnant women, infants, and children.