Building Blocks of Medi-Cal

Emma Dinkelspiel
Bay Area Legal Aid Health Consumer Center

WHAT:
Civil Legal Issues

WHAT: The Issues we Focus On

The issues we focus on:

- Family Law for Survivors of Interpersonal Violence
- Immigration for Survivors of Interpersonal Violence
- Housing
- Problems with SSI
- Problems with other Public Benefits (Food Stamps, CalWORKs, etc.)
- Consumer Law (esp. rental debt collection)
- Youth law
- Problems with health insurance or access to health care (more on this later)
- Reentry

. . . You should:

1) Have the person who needs help call the Legal Advice Line: (800) 551-5554
2) Monday-Thursday, opening at 9:30 AM

Bay Area Legal Aid - Health Consumer Center

- The **Health Consumer Alliance**:
- Network of legal aid agencies that provide free legal advice and assistance about healthcare access issues to qualifying consumers regardless of income or assets limits
- **BayLegal HCC:**
- HCA for Alameda, Contra Costa, Marin, Napa, San Francisco, Santa Clara, Solano, and Sonoma
- In all languages with interpretation
- (855) 693-7285
- Mon-Thurs, 9-1

Bay Area Legal Aid - Health Consumer Center

- Issues We Address
  - Medi-Cal, Medicare, Covered California, employer health insurance, privately purchased health insurance, IHSS, and more
  - Access to care, medical billing issues, discrimination in healthcare, navigating enrollment and disenrollment, and more

- Outside Our Scope
  - Medical malpractice
  - Some long-term care issues (call CANHR)
  - Obtaining conservatorships, guardianships, or powers of attorney

Medi-Cal

- Health insurance for low-income Californians
- Eligibility currently conditioned on:
  - Income
  - Assets
  - Immigration status
  - Residence

Eligibility

Federal Poverty Level (FPL):

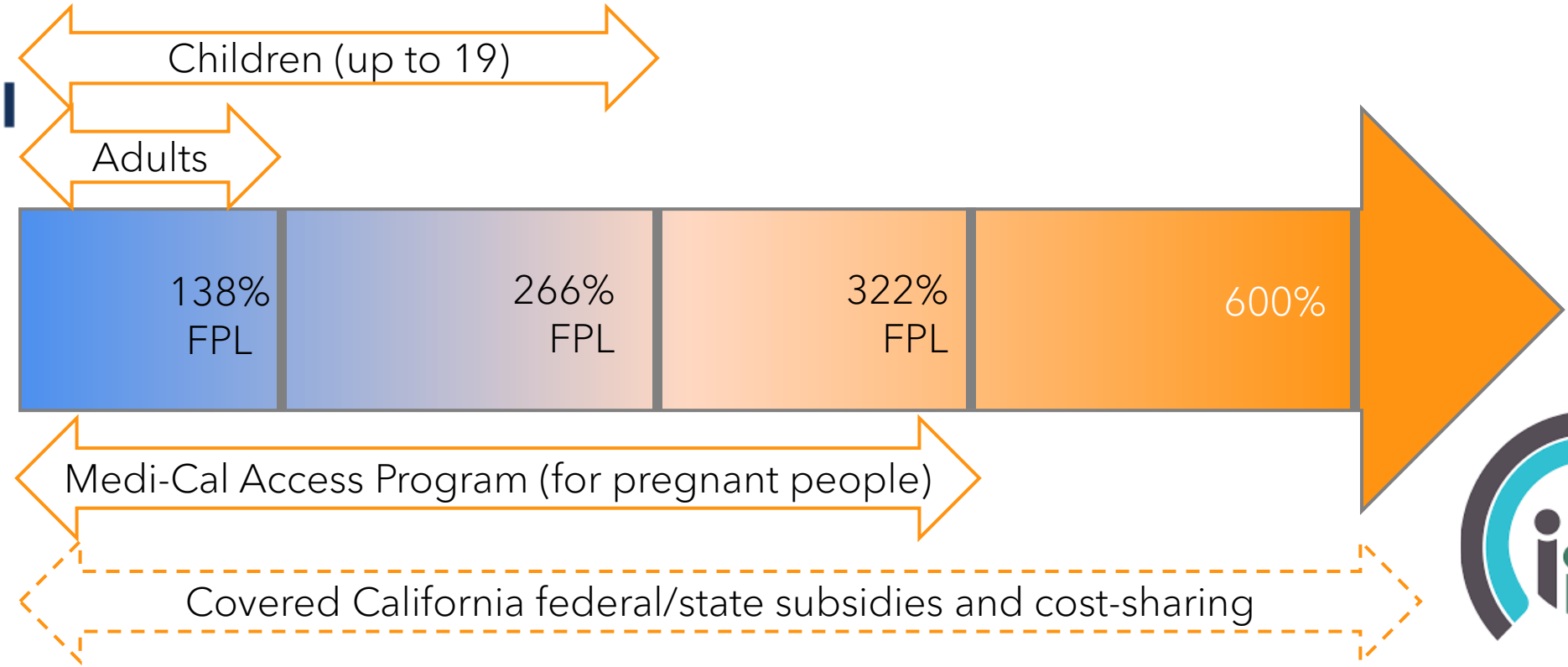
- A set amount of **income** representing the **national** level at which someone is considered to be living in poverty (“100% FPL”)
- Changes every year
- Calculated by size of household
- Different multiples of this amount qualify you for different programs (138% FPL, 266% FPL, etc…)

Income

- Modified Adjusted Gross Income (MAGI) for most people (under 65 without a disability determination)
  - All **taxable** income from **almost all sources**
  - Few additional deductions
- **"Non-MAGI" Medi-Cal** for people over 65 or with a disability determination such as through SSDI, or have SSI-linked Medi-Cal
  - Employment income counted at 50%; deductions for **insurance premiums** primarily
- Handling fluctuating income (the "actually available" test)
  - If income fluctuates, can use either current monthly income or projected annual income
  - Projected annual income is helpful if person would be considered ineligible for the current month

The ACA Coverage Spectrum

Medi-Cal



COVERED CALIFORNIA

What's Not Counted for MAGI?

- Government benefits: CalWORKs, adoption/foster case assistance, disaster relief, relocation assistance
- Workers' Compensation
- State Disability Income (SDI)
  - Exception: SDI counts if it is a substitute for unemployment compensation, which occurs when an individual begins receiving unemployment benefits and then becomes no longer eligible because they become disabled
- Scholarships, fellowship grants, awards used for education purposes (unless used for living expenses)
- Work study income (but **does count** for CovCA)
- Loans
- Child support received
- Gifts and inheritances
- Veteran's service-related disability benefits, pension, annuity
- Veteran's education benefits
- In-kind income
- American Indian and Alaska Native (AI/AN) income

Medi-Cal Income Limits

Coverage Group	Income FPL	2024 Monthly Income (1 person)	2024 Annual Income (1 person)
Expansion adult, 19-64	138%	$1,732	$20,783
Parent/Caretaker Relative	109%	$1,368	$16,416
Aged, Blind, or Disabled*	138%	$1,732	$20,783
250% Working Disabled*	250%	$3,138	$37,650
Child, 0-19	266%	$3,339	$40,060

Who's In Your Household?

- MAGI Medi-Cal Households: Usually comprised of the tax filer & their dependents.
- Tax dependents have the same household composition as a tax filer who is claiming them.
- Spouses that live together are always included in each other's households.
- EXCEPT WHEN:
  - 1. Dependent is not the spouse or child of the filer
  - 2. Child lives with both parents who do not file a joint return
  - 3. Child is the tax dependent of a non-custodial parent

Non-MAGI Medi-Cal

- All other forms of Medi-Cal not based solely on taxable income
  - Most notably: Aged, Blind, & Disabled Medi-Cal (ABD) Medi-Cal for seniors and persons with disabilities
  - Also includes: specialty programs like Working Disabled Program Medi-Cal, Breast & Cervical Cancer Treatment Program, Genetically Handicapped Persons Program, Institutional Deeming Medi-Cal…

Program-Linked Medi-Cal

- Medi-Cal received because of enrollment in another program (CalWORKs or SSI)
  - Problems must almost always be resolved with the agency governing the linked benefit
  - Enrollment in the linked benefit is the **only factor**
  - **But**… if your CalWORKs or SSI stops, you **will usually still be able to keep receiving Medi-Cal as long as you are otherwise eligible**

Share of Cost

- Eliminating the asset limit has not changed the rules around share of cost.
- Where a beneficiary's income is too high for the 138% FPL cut-off after deductions are applied, they may be assessed a share of cost– a monthly deductible before their care becomes free. This can be very high.
- How to avoid?
  - Medical premiums
  - Spousal impoverishment and Working Disabled Program screening

Assets

- Only for Non-MAGI Medi-Cal not categorically linked to another program
  - CalWORKs and SSI participants have their own asset limits!
  - MAGI Medi-Cal participants have no asset limits!
- **Individuals** can have assets of $130,000
- **Couples** can have assets of $195,000
- **Many exclusions**
  - Primary residence, single car, property used for business…
- Assets are a **binary** exclusion: you qualify or you do not

Assets

- **Transfer penalties:** if you *transfer assets* such that you become eligible for Medi-Cal, you will be disqualified from *Long-Term Care Medi-Cal* for a period matching the transfer
  - Length of disqualification matches cost of long-term care
  - Changes every year
  - 2025: roughly 1 month of disqualification for every $13,000 transferred

Assets

- This has changed!
  - Asset limits were originally set to $2000, following SSI
  - Then increased up to $130k
  - Then eliminated for 2024-2025
- That means: asset limits are not currently in place!
- When will asset limits matter for you/your client?
  - Before January 1, 2026: **no penalties** for any transfer for assets
  - After January 1, 2026: assets will bar eligibility at renewal

Spousal Impoverishment

- **Spousal impoverishment** is a little-known program that provides Medi-Cal with no Share of Cost where *one spouse* needs long-term care or home and community based care at a long-term care level.
- Only the sick spouse's income is counted. The well spouse's income is **exempt**. The well spouse can also "take" some of the sick spouse's income if they themselves are medium- or low-income.
- **Asset limit is also extended– each member of the household can carry more assets!**

Working Disabled Program

- **The Working Disabled Program** provides Medi-Cal to people with disability-based income (or who had disability-based income and then retired) who do any amount of paid work per month, **even at a minimal level.**
- It raises the income limit of free Medi-Cal to 250% FPL.
- **But,** a recipient's non-employment income must still be less than the SSI limit.
- **Currently** no premiums

Immigration Status

- This is a changing landscape on the state and federal level.
- Children under 19, pregnant people, and foster youth/former foster youth are **still eligible for Medi-Cal regardless of immigration status**
- Adults 19 and older will **not be able to enroll in Medi-Cal starting January 1, 2026 without a qualifying immigration status.**
- Adults already enrolled can **keep their Medi-Cal by renewing timely,** but all will lose their dental benefits starting in July and some will pay premiums starting 2027.

Immigration Status

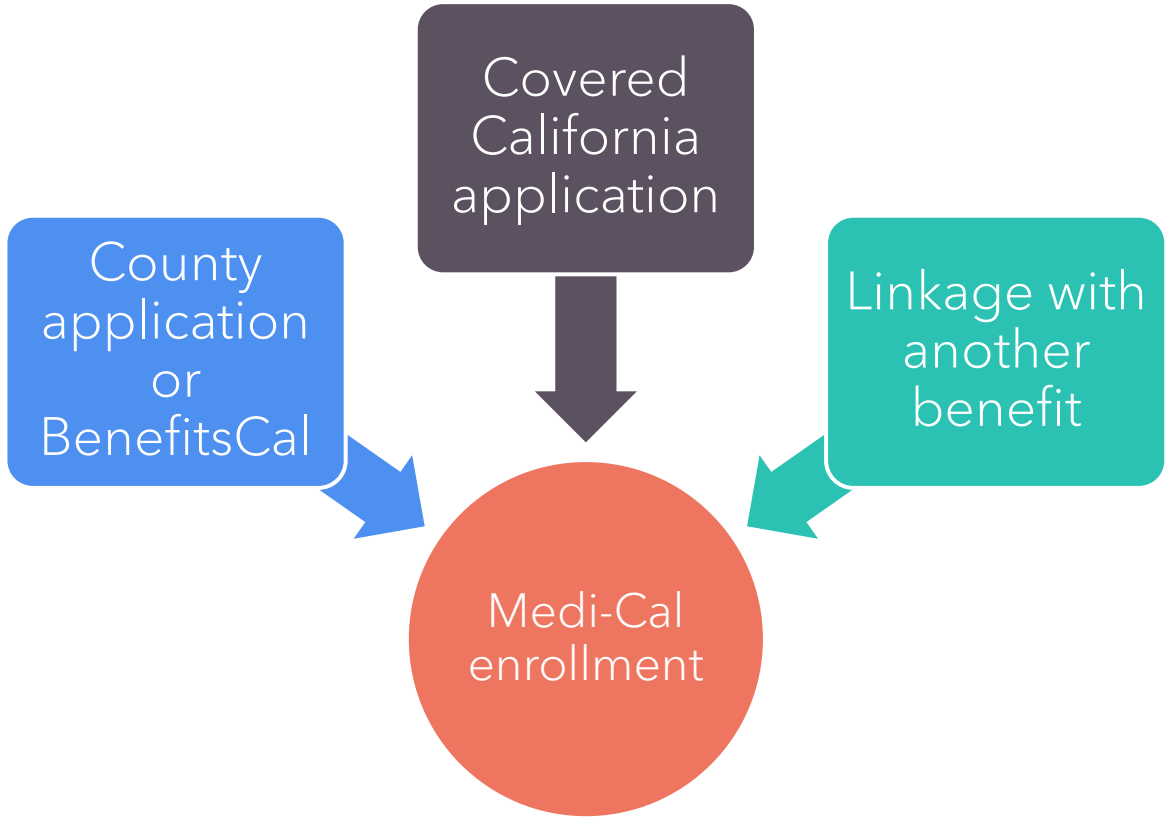
- Currently, receipt of ordinary (non-Long-Term Care) Medi-Cal cannot affect citizenship determinations in most cases.
- However, the current administration has moved to change this rule.
- California must share identifying information with the federal government about its recipients.
- Previously, this was not used to share information with immigration enforcement. In July 2025, information was released for this purpose.
- It is permissible to use the county office or general delivery as your mailing address for receipt of benefits when necessary.

Are You A Resident?

- Of California:
  - **Yes,** if you live in California **with the intent to reside** ("permanently or indefinitely")
- Of a given county:
  - **Yes.** Tell the county within **ten days of moving.**

Enrollment

Many ways to get it!

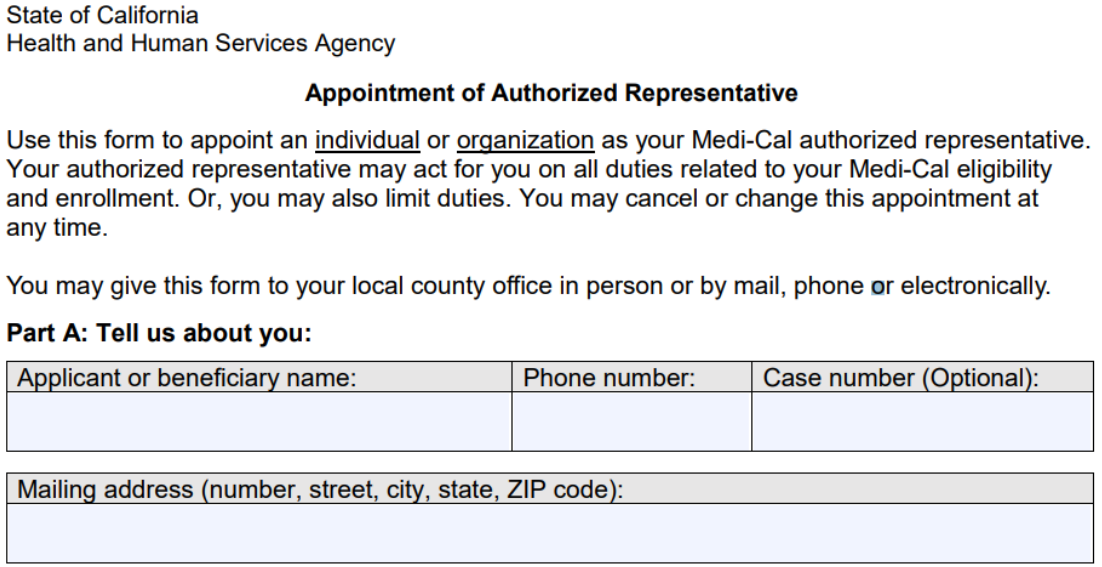


Accelerated Enrollment

- Grants temporary Medi-Cal benefits for applicants while their eligibility is being processed. Only applicable if person may be eligible for MAGI Medi-Cal. Fee-for-service.
- If found ineligible, Medi-Cal ends after that determination has been made. No retroactive termination.

Assisting a Beneficiary

- Members can appoint an authorized representative for **some purposes** or **all purposes.**
- **Use the MC382** (and MC383, optionally, for organizational rep)
- Signed by at least the beneficiary
- We recommend always signing the form as rep as well



State of California
Health and Human Services Agency

Appointment of Authorized Representative

Use this form to appoint an individual or organization as your Medi-Cal authorized representative. Your authorized representative may act for you on all duties related to your Medi-Cal eligibility and enrollment. Or, you may also limit duties. You may cancel or change this appointment at any time.

You may give this form to your local county office in person or by mail, phone or electronically.

Part A: Tell us about you:

Applicant or beneficiary name:	Phone number:	Case number (Optional):

Mailing address (number, street, city, state, ZIP code):

Processing Your Application

- Must be done within 45 days
- If granted, will have Medi-Cal back to the month of application (and possibly 90 days before that)
- If denied, may appeal within 90 days (on which more later!)

Submitting Documentation

- Through BenefitsCal
- By dropbox at county office (take photo and get receipt)
- By delivery to county office employee
- By mail (tracked mail)

Reporting Changes

- When in doubt, report.
- 10 day reporting timeline for material changes:
  - Known income increase affecting Medi-Cal eligibility
  - Address changes
  - Household changes (marriage, children, divorce, death)

Renewing Medi-Cal

- Every twelve months through 2026, then some members have renewals every six months
- Must complete and return timely, or will lose Medi-Cal
- You have 90 days to "cure" a late renewal after you fail to return your packet, *or* to file a hearing challenging a wrongful termination
- Alameda County does not always send these renewals on time, and may send discontinuations without the packet.
- Not all envelopes are yellow.

Benefits

Medi-Cal Is the Payor of Last Resort!

- If you have other health insurance *and* Medi-Cal, Medi-Cal will only kick in *after* that health insurance!
  - That means that not all care on Medi-Cal with other health coverage will always be free!
- You cannot have Medi-Cal *and* subsidized Covered California at the same time: one or the other only.
- But…
  - **Medicare and Medi-Cal are commonly carried together!** ("Dual eligibles", "Medi-Medis") And **almost all care for a dual eligible should be free!**

Medi-Cal: Receiving Services

- Medi-Cal services need to be received in-network through a plan **in your county** (except in emergencies, for urgent care, and when previously authorized)
  - **Managed Care Plans**: companies that administer Medi-Cal, your "network" (Alameda Alliance, Kaiser Permanente)
  - **In-network:** providers who are contracted to work with that plan. The opposite is **out-of-network.**
  - **Fee-for-service Medi-Cal: Rarely** available in Alameda County. No-plan Medi-Cal.
- Medi-Cal services must be given by a "Medi-Cal provider", someone registered with the state of California to do the work
  - Your out-of-network therapist may be fine– but your non-Medi-Cal provider therapist will not be covered!

Inter-County Transfers

- Inter-County Transfers ("ICTs")
  - Usually just by verbal request to the county
  - Beneficiary on fee-for-service Medi-Cal until Inter-County Transfer is complete
  - Must be completed within 30 days
  - Can be triggered by **either** the receiving or the sending county
  - Start them right away!

Coverage

Adults - "medical necessity" standard:

- Services necessary to protect life, prevent significant illness or disability, or alleviate severe pain. (Welf. & Inst. Code § 14059.5; 22 CCR § 51303).

Covered services:

- Physician services
- Preventive/wellness services
- Chronic disease management
- Laboratory/x-ray services
- In-patient, out-patient hospital, and nursing facility
- Family planning services & supplies
- Mental health and substance use disorder services
- Durable medical equipment (wheelchairs, oxygen tanks, etc.)
- Home health care and community-based services
- Dental
- Vision (eyeglasses)
- Audiology (hearing aids)
- Physical & speech therapies
- Acupuncture
- Transportation
- Podiatry
- Prescriptions … and more!

- Early & Periodic Screening, Diagnosis, & Treatment
  - Medi-Cal for children and youth up to age 21
- EPSDT covers **all necessary treatment** within the Medicaid Act (42 USC § 1396d(a)):
  - To "correct or ameliorate physical and mental illnesses and conditions"
  - Even if Medi-Cal doesn't cover the service!

(42 USC §§ 1396a(a)(43), 1396d(r)(5); see also 22 CCR §§ 51184, 51340).

Special Exceptions to Plan Coverage

- Certain services are **not** provided by your managed care plan, especially:
  - Dental (Denti-Cal)
  - Pharmacy (Medi-Cal Rx)
  - In-Home Supportive Services (IHSS)

Medi-Cal Dental Benefits

SERVICES	BABIES	KIDS	TEENS	PREGNANCY	ADULTS	SENIORS
Exam*	✸	✸	✸	✸	✸	✸
X-rays	✸	✸	✸	✸	✸	✸
Teeth cleaning	✸	✸	✸	✸	✸	✸
Fluoride varnish	✸	✸	✸	✸	✸	✸
Fillings	✸	✸	✸	✸	✸	✸
Tooth removal	✸	✸	✸	✸	✸	✸
Emergency services	✸	✸	✸	✸	✸	✸
Sedation	✸	✸	✸		✸	✸
Molar sealants**		✸	✸			
Root canals		✸	✸	✸	✸	✸
Orthodontics (braces)***			✸			
Crowns****			✸	✸	✸	✸
Partial and full dentures			✸	✸	✸	✸
Denture relines			✸	✸	✸	✸
Scaling and root planing			✸	✸	✸	✸

Soft cap of $1,800 in benefits for non-pregnant adults, but can be exceeded.

Medi-Cal Rx

- Prescription medication generally provided *outside* your managed care plan
- Its own system with its own access point
- You do not need to use your plan's pharmacies!
- Beneficiary Portal https://medi-calrx.dhcs.ca.gov/member/
- Complaints: Call (800) 977-2273
  - Also can be mailed, faxed, or by logging into Medi-Calrx.dhcs.ca.gov

Balance Billing

- If you are a **Medi-Cal recipient** and you receive a **Medi-Cal covered service** from a **Medi-Cal provider,** that provider **cannot charge you, even if your plan does not pay.**
- Out of network providers may turn you away (except emergency providers), but cannot charge you.
- You must notify the provider timely of your Medi-Cal: *show your card!*
- **This does not apply to out of state Medicaid!**

Timely Access & Network Adequacy

TIMELY ACCESS

- **Routine primary care:** 10 business days.
- **Specialty care:** 15 business days.
- **Mental health:** 10 business days.
- **Urgent care:** 48 to 96 hours.

CARE NEAR YOU

- **Primary care, OB/GYN & pharmacies:** 10 miles or 30 minutes from your home.
- **Hospitals:** 15 miles or 30 minutes from home.
- **Specialty care & mental health:** varies by county
  - 15 miles or 30 minutes
  - 60 miles or 90 minutes, etc.

Solving Problems

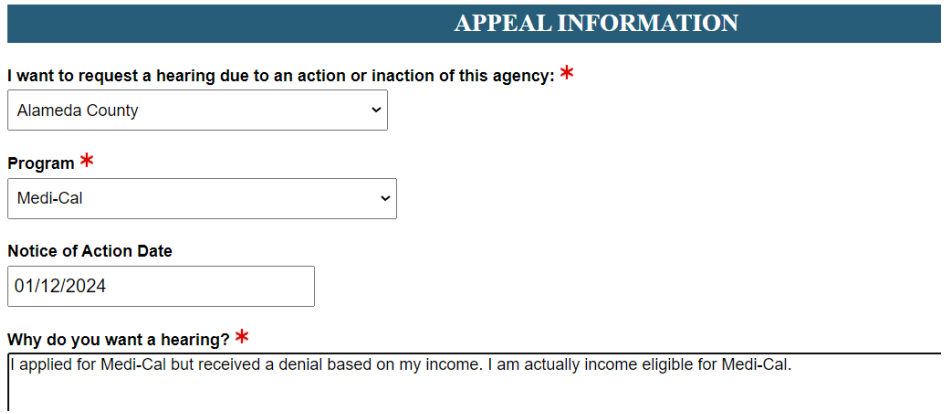
Appeals and County Contacts

County Contacts

- Client advocates: special employees at three county offices (San Pablo, Eastmont, Fremont)
- Visiting county in person
- Escalations to DHCS: emails available on DHCS website for many specialty programs
- Or… filing an appeal

Appeals

- You can request **aid paid pending** if you put in your appeal request before the change takes effect or within 10 days of the NOA
- If receiving cash benefits or CalWORKs, you will be asked to repay the benefits received if you lose
- If you receive Medi-Cal, you **will not** be asked to repay the benefits received if you lose


APPEAL INFORMATION

I want to request a hearing due to an action or inaction of this agency: *

Alameda County

Program *

Medi-Cal

Notice of Action Date

01/12/2024

Why do you want a hearing? *

I applied for Medi-Cal but received a denial based on my income. I am actually income eligible for Medi-Cal.

Appeals

- **By phone:** (800) 743-8525
- **Online:** acms.dss.ca.gov
- **By mail:** on the back of the Notice of Action, or freehand to:

California Department of Social Services

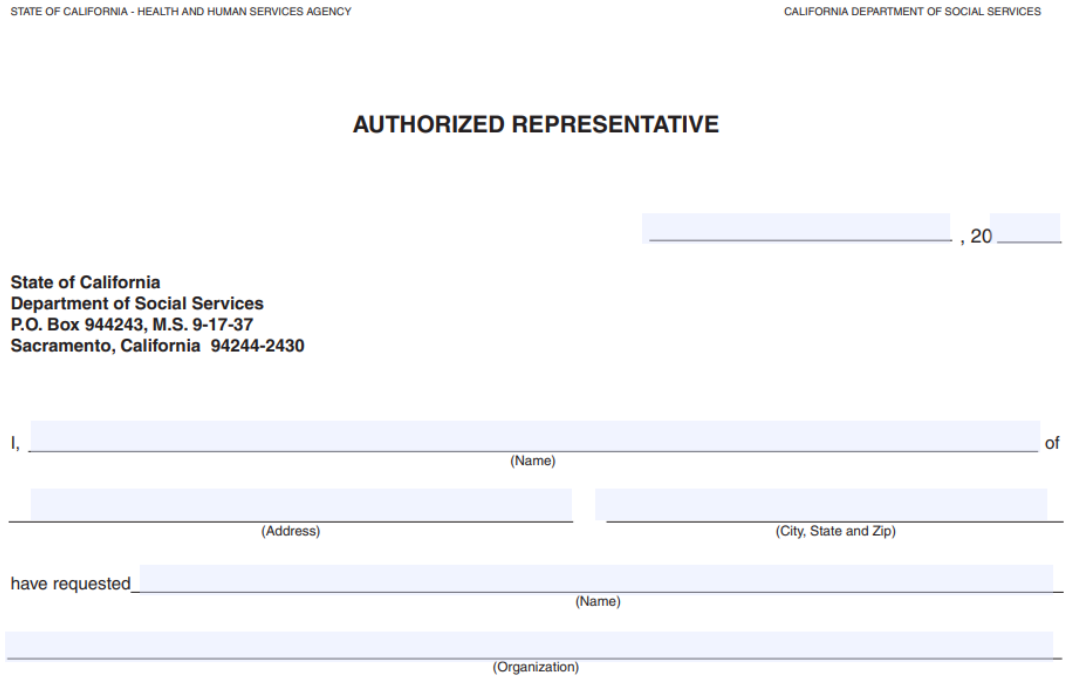
State Hearings Division

P.O. Box 944243, Mail Station 9-17-442

Sacramento, California 94244-2430

Appeals

- Assisting a client:
- A different form is needed for appeals (the DPA 19)
- Anyone can act as an authorized representative– not only social workers, attorneys, or advocates!



STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

AUTHORIZED REPRESENTATIVE

_____ , 20 _____

State of California
Department of Social Services
P.O. Box 944243, M.S. 9-17-37
Sacramento, California 94244-2430

I, _____ of
(Name)

_____ _____
(Address) (City, State and Zip)

have requested _____
(Name)

_____
(Organization)

Appeals

Examples of mistakes:

- I applied for benefits and the county is taking too long to process my application
- I applied for benefits but was wrongly denied
- I'm being terminated
- I asked for my notices in Spanish but they're coming in English

Department of Managed Health Care

- You can challenge mistakes made **by your covered managed care plan** to the DMHC (Department of Managed Health Care)
- First by appealing to the plan timely
- Plan must respond within 30 days (or 72 hours for urgent matters)
- Then if negative response or no response, appeal to the DMHC within 180 days


Questions?