



Dental care access for people over age 65 – a case study

A 78 year-old grandmother called MCHA because she was having such extreme dental pain that it was causing her migraines. She was told she did not qualify for Medi-Cal/Denti-Cal and she could not afford to pay for the dental services she needed – even low-cost dental clinics were too expensive.

How did MCHA help?

- MCHA paid for an oral exam and x-rays at a nearby community clinic in order to assess the dental services needed. The exam revealed our client would need thousands of dollars in extensive dental work.
- Advocates at MCHA are working with this client to enroll her in Medi-Cal/Denti-Cal by reducing her income with the purchase of a health insurance policy.
- MCHA found a local dental school that will provide all of the services our client needs.

Current Health Care Policy Implications

Why didn't your client have Medicare?

Our client was actually enrolled in Medicare, but unfortunately Medicare doesn't cover dental services.

Why didn't your client initially qualify for Medi-Cal?

Medi-Cal's income limit for the elderly and disabled populations is much higher than it is for people who are under 65 and do not have Medicare. Additionally, Medi-Cal for this population has an asset limit (i.e. a limit on the amount of property you can own such as a car or house, and a limit on funds in savings accounts). Currently, the asset limit on savings is \$2,000 for an individual and \$3,000 for a couple. If our client had \$2500 in savings, she would not be eligible for Medi-Cal.

Why did MCHA help this client purchase a health insurance policy?

Purchasing a health insurance policy is a way to reduce the countable income for a client in order for them to be eligible for Medi-Cal. If no health insurance policy was purchased, this client would have a \$1400 "Share of Cost" that she would have to pay every month before Medi-Cal begins to pay.

What is MCHA doing to help solve these issues?

MCHA is supporting policy measures that will make Medi-Cal a more easily accessible option for this population

- AB 683 would increase the allowable asset limit \$10,000 for an individual and \$5,000 for each additional family member.
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB683
- AB 1088 would allow seniors to remain on free Medi-Cal despite the elimination of the Part B premium payment as an income deduction (due to Medi-Cal paying the part B premium). Those who are eligible for free Medi-Cal when they enroll will stay eligible when the state starts paying their Part B premiums if their income doesn't otherwise increase. Therefore, this bill would eliminate the "yoyo" of going in and out of Medi-Cal

eligibility.

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1088

MCHA provides Medi-Cal Advocacy Trainings

MCHA's training and education department trains advocates and other professionals in how to help the elderly and disabled populations qualify for Medi-Cal.

MCHA provides advocates with the tools to remove a Share of Cost by teaching them how to:

- Calculate and enroll clients in health insurance policies to reduce countable income
- Enroll eligible clients in the 250% Working Disabled Program
- Calculate the Maintenance Need Level for the Medically Needy Program

MCHA enrolls clients in Medi-Cal who otherwise thought they were ineligible:

- By properly calculating countable income.
- By enrolling eligible clients in the 250% Working Disabled Program.
- By removing the Share of Cost for certain months by submitting unpaid medical bills.
- By removing the Share of Cost by helping clients to purchase health insurance policies.
- MCHA helps clients who are over income and over assets, but who need long term care/nursing home services through spousal impoverishment and long-term care Medi-Cal.