



1931(b) Medi-Cal

Who is eligible?

- Low-income families with children up to age 18 (19 if graduating from high school), if the family income is below 100% FPL **or** when one parent is disabled (according to Social Security Administration or State Disability Evaluation Branch standards), one parent is absent, deceased, or incapacitated (for 30 days per doctor's certificate), **or** the principle wage earner is unemployed or underemployed (working less than 100 hours per month).
- CalWORKs-linked families and pregnant women.
- As of January 1, 2009, children stay eligible for 6 months.
 - When people first apply, they are considered either "applicants" or "recipients" – there are different rules on unemployment for each.
- For "**applicants**": Unemployed means either: (1) the primary wage earner is unemployed **or** is working less than 100 hours a month, **or** (2) the parent's countable earned income is at or below 100% of the federal poverty level.
- For "**recipients**": "Recipients" either received or were eligible for CalWORKs or 1931(b) during one of the four previous months **OR** should have been re-determined by the county as 1931(b)-eligible sometime after January 1, 1998. Recipients do not need to be concerned about how many hours they are working as long as they qualify under the income rules. This means that many low-income, two-parent, working families can qualify for 1931(b) Medi-Cal. Families who should have been on, or who were on, aid code 3N any time after January 1998 are considered Section 1931(b) "recipients" at least until the county re-determines their eligibility.

What is the income limit?

- Income limits depend on whether the family is an applicant or recipient family (see definition above):
 - **Applicants** generally get to deduct \$90 per working person, up to \$175 in childcare and disabled dependent care expenses (up to \$200 for a child under age 2), court-ordered child and spousal support paid, and \$50 from support received. If the income is disability based, they may deduct \$240. Applicants may qualify if their countable income is at or below 100% of the FPL for their family's size (see 100% FPL chart below).
 - **Recipients** get the same child and spousal support and child and disabled dependent care deductions, plus a household maximum deduction of \$240 from disability-based income, or from earned income, or from a combination of both disability and earned income. There is a \$120 deduction if more than two people in the family are working. The two highest earners also get an additional 50% reduction of the rest of their earned income. Recipients with unearned income (money not earned from a job) are probably better off using the 100% FPL income limits and the applicant deductions.

"RECIPIENT" 1931 (b) INCOME LIMITS		"APPLICANT" (100% OF FEDERAL POVERTY LEVEL) (RECIPIENTS CAN ALSO CHOOSE TO USE THESE LIMITS)	
Family Size	Monthly Income Limit	Family Size	Monthly Income Limit
1	\$ 398	1	\$ 903
2	\$ 653	2	\$ 1,215
3	\$ 808	3	\$ 1,526
4	\$ 961	4	\$ 1,838
5	\$ 1,094	5	\$ 2,150
6	\$ 1,229	6	\$ 2,461*

* Add \$14 for each additional family member

* Add \$312 for each additional person
Deduct only \$240 for disability income only

What does it cost?

If the family qualifies, there is no share of cost with this program.

What is the resource limit?

Resources are the things that the family owns, like cars, houses, and jewelry. Savings accounts also count as "resources". The value of their car cannot exceed \$4,650 (with some exceptions), but the excess value can count towards the overall property limit below.

To be eligible the family's countable property may not exceed the property reserve limits below.

FAMILY SIZE	PROPERTY	FAMILY SIZE	PROPERTY
1	N/A	5	\$3,450.00
2	\$3,000.00	6	\$3,600.00
3	\$3,150.00	7	\$3,750.00
4	\$3,300.00	8	\$3,900.00

Does immigration status matter?

No. Those with unsatisfactory immigration status can get pregnancy-related services and emergency services. Those with satisfactory immigration status can get full scope Medi-Cal.

What papers are needed to apply?

Proof of income, identification, and California residency.

Proof of immigration status and Social Security Number (SSN) or proof of application, if applying for full scope Medi-Cal. 1931(b) can be either "full scope" or "restricted."

No Social Security Number proof is needed if applying for "restricted" Medi-Cal.

Checking and savings account (financial institution accounts) statements.

Car registration

Other resources information, except for children or pregnant women seeking pregnancy-related services and who qualify for Medi-Cal with no Share of Cost.

Proof of pregnancy is required, if pregnant.

Where can people apply for Medi-Cal and how long does it take to get approved?

Anyone can apply by mail. People may also apply at County Welfare offices if they want to, and, in some counties, at community clinics, county clinics and hospitals where the parent or child is a patient. Some people may even be able to apply at their child's school or day care center and other places in the community.

It can take up to 45 days to get Section 1931(b) Medi-Cal. However, it is often much faster. Medi-Cal beneficiaries are entitled to services from the date on the application, or they can apply for “retroactive” services for up to three months before the date they apply.

To have an application mailed to you or to find out where to apply, call 1-800-880-5305 for children, the county, or an advocacy organization for adults.

How do people get services?

Office visits, hospitalization, medicines, dental services, vision care, mental health, and substance abuse services will most likely be provided through a health plan or “managed care”. Family members go to the doctor, clinic, hospital and pharmacies that are part of their health plan. Family members may join different plans.

Does getting Medi-Cal hurt someone’s chances of adjusting their immigration status?

No, using Medi-Cal or other health services should not affect the family member’s or the family’s immigration status unless they use Medi-Cal to pay for long-term care (nursing home or other institutionalized care). The INS is supposed to look at the totality of circumstances: whether the person is working, their income and skills, how long they have received a cash grant and for what purposes and what the person’s future looks like.

If applying to be a citizen, there is no test for receiving public benefits. However, there is a test of “good moral character”. Receiving public benefits such as Medi-Cal or cash grants is not supposed to count against “good moral character” unless the person has cheated to get the benefits.

For more information, call a community immigrants’ rights group or other advocacy organization.

What can someone do if they have a problem getting services in Medi-Cal?

All Medi-Cal beneficiaries have a right to a fair hearing if a health service they want or need is denied, reduced, delayed or stopped. They have a right to continue receiving services while waiting for a hearing but they must file for a hearing before the change in services is scheduled to occur. Families may file for a hearing by calling the state at 1-800-952-8349 (toll free).

Families may also call the Health Consumer Center of Los Angeles at **1-800-896-3203**.