



Medi-Cal

Medi-Cal is a program that pays for medically necessary health and mental health services for many low-income people. Unfortunately, not all families with low income or with health care needs can get Medi-Cal. Families can have Medi-Cal and private health insurance, too.

There are a number of Medi-Cal programs and over 100 aid codes used to identify the program someone is eligible for, the scope of services covered, a share of cost obligation, and whether or not a person must join a managed care plan. This fact sheet covers three major programs: the “federal poverty level,” Section 1931(b), and Medically Needy programs.

Who is eligible?

- Children under age 21, people 65 and over, certain refugees, disabled people (Social Security or Disability Evaluation Branch criteria), blind people, people in Skilled Nursing Facilities, pregnant women, and some families. Families may be eligible if they have a child under 21, and one parent is absent, deceased, disabled, incapacitated (30 days as certified by a doctor), or is “unemployed,” and may include a relative who cares for a deprived child (“caretaker relative”).

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 the 1931(b) program).

Once a family is on Medi-Cal, often they can remain eligible even if they are working more hours or earning more money.

- Medi-Cal is available automatically to anyone who gets the following: CalWORKs, Supplemental Security Income and State Supplemental Program (SSI/SSP) benefits, Entrant or Refugee Cash Assistance (ECA or RCA), In-Home Supportive Services (IHSS), foster care payments or adoption assistance (and needs Medi-Cal in order to be placed).
- Special Medi-Cal programs exist for people with tuberculosis, or who are living in nursing homes, who need kidney dialysis or who have breast or cervical cancer.

How do you count income for the number of people in a family?

- General rule: An adult’s income counts for him/herself and his/her spouse and biological and adopted children under the age of 21. A child’s income counts only for him/herself, not parents or sibling.
- When counting income and the couple is married, count both the husband and wife’s income for their own Medi-Cal applications, for the children they have in common, and for their unborn child if the couple is living together.
- When counting income for a pregnant woman who is living with but not married to the father of the unborn baby, count his income only after the baby is born or when applying for Medi-Cal for children the couple already has together. In either case his income won’t count towards the mother. The father may also be eligible for Medi-Cal under the 1931(b) program after the baby is born or under the Medically Needy program before the baby is born. In both cases deprivation rules apply.
- Pregnant women count as two on the chart on the next page.

- Income or resources (see below) owned by grandparents, uncles, aunts, cousins, friends or others who live in the house do not count. Stepparents’ income may or may not count. If all eligible family members who are applying for Medi-Cal qualify with no share of cost when their income is counted together, then income can be counted together, and you don’t need to figure out whose income should or shouldn’t count. If a family member does not qualify when the income of everyone in the house is counted together, see “Sneede” handout for help.
- As of January 1, 2001, in Medi-Cal or Healthy Families, once a child is found eligible, he/she stays income-eligible for twelve months, even if the family’s income changes or goes over the upper income limit.

What Income Counts?	What Income Does Not Count?
♦ Earnings from a job including cash, wages, salary, commissions and tips	♦ SSI/SSP (Supplemental Security Income/ State Supplemental Program) payments
♦ Self employment net profits	♦ Foster care payments
♦ Government benefits such as Social Security Retirement Survivor Disability Insurance (RSDI), Veterans, Railroad Retirement, Disability, Worker’s Compensation, Unemployment, etc.	♦ CalWORKs (replaces the former AFDC program) payments ♦ General relief payments
♦ Child support	♦ Grants, scholarships applied towards college expenses
♦ Alimony/spousal support received	♦ For Medi-Cal: earnings from a job of a child under age 14 or a child attending school
♦ Pensions or retirement	♦ For Healthy Families: earnings from a job of any child in the household
♦ Other income including, but not limited to, grants for living expenses, settlement benefits, rental net profit, gifts, lottery/ bingo winnings and interest income	♦ Some government benefits payments—please check with your county welfare office

- Deductions from income: Medi-Cal programs for families and children allow working families to deduct some of their total gross (before taxes) monthly income: families can subtract up to \$90 a month for each working adult, self-employed parents can deduct certain business expenses; up to \$175/200 for child care for each child (age two and over/under two); \$175 for disabled dependent care, educational expenses from student loans and grants; court ordered child and spousal support paid; and \$50 of support received.

Families in the “1931(b)” Medi-Cal program and families with disabled persons can take even bigger deductions, especially when it comes to income from work.

What is the gross (before taxes) monthly income limit?

- Medi-Cal uses the term “Federal Poverty Level” (FLP) as well as “Maintenance Need Level” and looks to see if the family’s income is above this level and if so, by how much. Income usually only affects whether family members pay for part of their Medi-Cal services or not.
- If the family’s gross (before taxes) monthly income is higher than the levels on the chart below, they may still be eligible for Medi-Cal, but may have to pay for part of their services with a “share of cost”. If the income is over these levels, the family may still qualify because of allowable income deductions. Parents of children with a share of cost should see if their children are eligible for the “Healthy Families” program.

(Use until 3-31-2012. Alternative income levels are noted on the 1931(b) fact sheet)

Number of Persons	19 years + and for share of cost for all (Maintenance Need Level)	Children 1 thru 5 (Up to 133% FPL)	Children 6 thru 18 and some parents (Up to 100% FPL)	Pregnant Women and Children Under Age 1 (Up to 200% FPL)
1	Up to \$ 600	Up to \$1,207	Up to \$ 908	Up to \$ 1,815
Count pregnant woman as 2	\$750*	\$ 1,631	\$ 1,226	\$ 2,452
3	\$ 934	\$ 2,054	\$ 1,545	\$ 3,089
4	\$ 1,100	\$ 2,478	\$ 1,863	\$ 3,725
5	\$ 1,259	\$ 2,901	\$ 2,181	\$ 4,362
6	\$ 1,417	\$ 3,324	\$ 2,500	\$ 4,999
7	\$ 1,550	\$ 3,748	\$ 2,818	\$ 5,635
8	\$ 1,692	\$ 4,171	\$ 3,136	\$ 6,272
9	\$ 1,825	\$ 4,595	\$ 3,455	\$ 6,909
10	\$ 1,959	\$ 5,019	\$ 3,774	\$ 7,546
Each additional person, add:	\$ 14	\$ 424	\$ 319	\$ 637

*For 2 adults: \$934

What about resource limits?

- Resources are things the family owns, like cars, houses, and jewelry. Savings and checking accounts are also counted as “resources”.
- One car and the house in which the family lives do not count towards their resource limit. If they have more than one car, the value of the cheaper car would be counted.
- Some of the rules on resources differ between the 1931(b) (see fact sheet) and the “share of cost” (or “Medically Needy”) program.
- Children: If a child is enrolled in one of the “federal poverty level” programs for a child’s age group, resources don’t count at all for the child’s Medi-Cal.
- Pregnant women: resources don’t count if she is enrolled in the 200% Medi-Cal program.

(Levels Different for “1931(b) Medi-Cal”)

Number in Family	Resource limit (Value of things owned)	Number in family	Resource limit (Value of things owned)
1 person	\$2,000	6 people	\$3,600
2 people	\$3,000	7 people	\$3,750
3 people	\$3,150	8 people	\$3,900
4 people	\$3,300	9 people	\$4,050
5 people	\$3,450	10 or more people	\$4,200

What is share of cost Medi-Cal or Medi-Cal with a share of cost?

- Depending on the family’s income, each month they may have to pay, or agree to pay, some of their health care bills *before* Medi-Cal will pay for the family’s (or family member’s) medical expenses. This is called “share of cost”.
- Share of Cost Medi-Cal does count resources/assets when determining eligibility.

- Families do not have to pay anything in months that they do not use Medi-Cal (except for the 250% working disabled Program).
- Payments the family makes or promises to make to the doctor or clinic are put in the computer. When the payments or the promises to pay reach their share of cost amount, Medi-Cal pays the rest of the bills for the month.
- Share of cost starts over each month.
- All eligible and most ineligible family members who have medical expenses can help pay for the monthly share of cost (including Healthy Families and other health program payments).
- Children up to age 19 with share of cost Medi-Cal may also be eligible for the Healthy Families program. Healthy Families usually costs less than share of cost Medi-Cal.

How and where do parents and children get services?

- Services are provided through fee-for-service (“regular”) Medi-Cal which allows parents and children to go to any doctor, clinic, hospital or pharmacy that accepts Medi-Cal; **or** parents and children go to the doctor, clinic, hospital and pharmacies that are part of their Medi-Cal managed care plan. Family members may join different plans.
- Many children must be in a health plan in most counties except: children in foster care or the adoption assistance program, disabled children (with SSI/SSP) in most counties, and certain other children.
- Children with share of cost Medi-Cal cannot join a Medi-Cal managed care health plan, but these children might be eligible for the Healthy Families program.

I’m a teenager. Can I get Medi-Cal on my own?

- Youth age 14-20 who are not receiving any financial support from parents and who are not claimed as a tax dependent can apply on their own for regular Medi-Cal.
- In addition, youth 12-20 living with their parents, or away but still supported by their parents (for example, in school), may apply for “Minor Consent Services”, or “Sensitive Services,” without their parents’ knowledge or consent. Parents’ income is NOT considered and parents are NOT told about the application. These services cover treatment for sexually transmitted diseases, drug and alcohol abuse, mental health, family planning, sexual assault, pregnancy and pregnancy-related issues.

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

- There are now more places than ever to apply for Medi-Cal. 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 Medi-Cal (however, it is often much faster) or up to 90 days if the adult or child is getting Medi-Cal because of a disability. Applicants 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 or the county or an advocacy organization for adults.

Does immigration status matter?

- Citizenship or satisfactory immigration status is NOT a requirement for Medi-Cal.

- The immigration/documentation status of the parent should not be considered for any of the programs if applying for the child only - only the status of the child.
- Depending on a person's immigration status, Medi-Cal may be for emergencies and pregnancy-related services only, or it may be "full" Medi-Cal for all services included under the program.
- Legal Permanent Residents and most other legal immigrants can qualify for regular, "full" Medi-Cal whether or not they have a "green card". Undocumented persons can qualify for "restricted" Medi-Cal, which covers emergency and pregnancy-related services only. The law currently protects people's right to seek health care and not be reported to the Bureau of Customs and Immigration Services (BCIS)- Formerly INS.
- You must be a California resident in order to get Medi-Cal (see California residency, below).

Is California residency a requirement for Medi-Cal?

- Yes, applicants must live in California in order to get Medi-Cal. California residency means that the person wants to live and stay in California and does not have any plans to leave. Applicants must prove they are a California resident with certain documents. State residency has nothing to do with federal immigration status.
- Even if the person is undocumented, they can show that they live and plan to stay in California.
- People with an unexpired short-term (issued for less than a year) visa or border-crossing card may have trouble getting Medi-Cal because these documents may show that the person is here temporarily unless they have other evidence that shows they intend to stay here. A recent court case says that the Medi-Cal office cannot automatically deny Medi-Cal because someone has one of these documents. Instead, if someone has a border crossing card or unexpired short term visa, they must be given a chance to prove they intend to live in California, by showing documents such as a rent receipt, a pay stub or proof that their children are enrolled in school here.

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

- No, using Medi-Cal or other health services should not affect the family or family member's immigration status *unless* Medi-Cal is used to pay for long-term care (nursing home or other institutionalized care). The BCIS (INS) is supposed to look at the totality of circumstances: whether the family member is working, their income, skills, how long they may 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 like Medi-Cal or a cash grants is not supposed to count against good moral character unless the person cheated to get the benefits.
- For more information, an immigrants' rights group or other advocacy organization.

What about repayments to the Medi-Cal program?

- Repayment for Medi-Cal covered services is only required if someone received Medi-Cal under fraudulent circumstances. The BCIS (INS) cannot ask people to repay Medi-Cal benefits to which they were entitled. If this happens, call an immigrants' rights group or other advocacy organization.

What should be done if someone has a problem getting Medi-Cal services?

- 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 also 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. People should file for a hearing by calling the state at 1-800-952-5253 (toll free).
- Families may also call the Health Consumer Center of Los Angeles at **1-800-896-3203**.