



Maternal and Child Health Access
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213% Medi-Cal Program for Pregnancy

Who is eligible? Pregnant individuals who are not eligible for Medi-Cal under the 138% FPL Medi-Cal program due to excess income.

What is the income limit? 213% of the Federal Poverty Level

Use until 12/31/2024

| HOW MANY PEOPLE ARE IN YOUR FAMILY? | GROSS MONTHLY INCOME LIMITS FOR 213% MEDI-CAL FOR PREGNANCY |
|--|--|
| 2 (pregnant individuals count as two) | At or below \$ 3,630 |
| 3 | At or below \$ 4,585 |
| 4 | At or below \$ 5,538 |
| 5 | At or below \$ 6,495 |
| 6 | At or below \$ 7,449 |

For each additional person add \$957

What does it cost? If the pregnant individual qualifies, there is no share of cost with this program.

What is the resource limit? Resources are not counted in this program.

Does immigration status matter?

No. All beneficiaries, regardless of immigration status or citizenship receive “full breadth” (= full-scope) Medi-Cal., including dental care, mental health and vision care.

What papers are needed to apply?

Proof of income, identification, and California residency. Proof of pregnancy is not required.

Where can people apply for Medi-Cal?

The application process can be completed online, in-person, by phone, fax or mail. For more information, please visit <https://www.dhcs.ca.gov/services/medi-cal/Pages/ApplyforMedi-Cal.aspx>
You can apply in the following ways:

- **Online** through Covered California <https://www.coveredca.com/>
- **Online** through your County Social Services office’s online website such as <https://benefitscal.com>

- By **mail** with a paper application <https://www.dhcs.ca.gov/services/medi-cal/Pages/ApplyforMedi-Cal.aspx> or **In person** at a County Social Services office, and, in some counties, at community clinics, county clinics and hospitals. To find your local county office website, visit: <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>
- Pregnant individuals can get immediate, temporary prenatal care through the Presumptive Eligibility for Pregnant People (PE) program while they are waiting for their Medi-Cal application to be processed. For more information see: <https://www.mchaccess.org/pdfs/trainingmaterials/Presumptive%20Eligibility%20for%20Pregnant%20Women%20Medi-Cal%202-22.pdf>

How long does it take to get approved?

- It can take up to 45 days to get Medi-Cal. However, counties are supposed to expedite pregnant individual's applications. In an urgent situation, an advocate can ask for expedited processing. Medi-Cal beneficiaries are entitled to services beginning the first day of the month in which they apply, or they can apply for "retroactive" services for up to three months before the month they apply.

What services are covered?

- The 213% program covers pregnancy related and emergency services. However, in February 2016, The Centers for Medicaid and Medicare Services declared that "Pregnancy related" Medi-Cal is Minimal Essential Coverage (MEC) and must therefore cover all medically necessary services. Pregnant people are also entitled to all Medi-Cal covered dental benefits including cleanings and treatment for gingivitis.

Please Note: Beneficiaries remain eligible for the 213% program through the post-pregnancy period. As of April 1, 2022, the post-pregnancy period lasts 12 months from the date the pregnancy ends due to the birth of the baby or for any other reason (abortion or miscarriage).

How do people get services?

- Beneficiaries are required to choose a managed care health plan under this program. Call Maternal and Child Health Access if you have questions or problems (213) 749-4261.

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). Health care is not considered a "public charge".

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) or families may also call the Health Consumer Center of Los Angeles at **1-800-896-3202**