



SEPTEMBER 7, 2013

## California Implementing & Improving the ACA: **EXPANDING MEDICAID (MEDI-CAL)**

The Affordable Care Act promises to offer new health care options to millions of Californians, including over 1 million low-income Californians through the expansion of the state's Medicaid program, also called Medi-Cal. Under the ACA and new enacted legislation in California, ABx1 1 (Perez) and SB x1 1 (Hernandez/Steinberg), reforms to the eligibility and enrollment processes will simplify and streamline Medi-Cal to make it easier to get enrolled and stay enrolled. Ultimately, California adopted a package that transforms the Medi-Cal program into health coverage for low-income Californians, with broad eligibility based on income, not assets.

### **California will both implement and improve on federal law, by including:**

- **Expansion of Medi-Cal coverage to include adults without children** under 18 at home. (IMPLEMENT)
- Eligibility based on income, not assets, with **no assets test**, and a **bright line for eligibility at 138% of the poverty level**. (IMPLEMENT)
- Benefits are **full-scope Medi-Cal benefits PLUS mental health and substance abuse**. (IMPROVE)
- **Adult dental benefits mostly restored** for all in Medi-Cal effective May 1, 2014. (IMPROVE)
- **Coverage for legal immigrants excluded by federal law**. This expands coverage, using state-only dollars, for recent lawful immigrants (those here less than five years) with incomes under 138%FPL, maintaining Medi-Cal for current eligible and a "wrap around" benefits for newly eligible childless adults who would get coverage in the Exchange. Also extends coverage, using state-only dollars for PRUCOL (Persons Residing Under Color Of Law, including the Dream ACT/DACA students). (IMPROVE)
- **Cover foster youth aging out of Medi-Cal**, allowing them to stay in Medi-Cal as of July 1, 2013, until new ACA options are available in January 2014. (IMPROVE)
- **Electronic verification of residency, when those systems are ready**. (IMPLEMENT)
- **"Income smoothing,"** so income will be based on projected annual income, not income at one point in time: this allows seasonal workers to project annual income (so not based on the highest month but the entire year), and not be bounced between Medi-Cal and the Exchange. (IMPROVE)
- Annual redetermination (not twice or more a year), and **allowing use of ex parte information to make redeterminations easier** if not automatic. (IMPROVE)
- **Transitioning all 700,000 in the county-based LIHPs** who are eligible for Medi-Cal on Jan. 1, 2014; getting them transitioned to Medi-Cal automatically and then will be redetermined (renew their coverage) a year from their LIHP enrollment. (IMPROVE)
- **"Express lane" enrollment**, for seamless if not automatic enrollment for those in other programs and services, such as CalFresh (food stamps) recipients, the parents of Medi-Cal/Healthy Families children, etc. This includes hospital presumptive eligibility. (IMPROVE)



This factsheet was prepared by Health Access, a statewide coalition of consumer, labor, ethnic, senior, faith, and other organizations that has been dedicated to achieving quality, affordable health care for all Californians for over 25 years. Please visit our website and read our daily blog at [www.health-access.org](http://www.health-access.org)