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)