



Who is covered in California's Medicaid Program?

ELIGIBILITY GROUPS

FFS² MCO^{3, 4}

Individuals with Intellectual and Developmental Disabilities



Children (0-21 years)



Current & Former Foster Care Children



Parents and other Caretaker Relatives



Pregnant Women



Aged, Blind, and Disabled Adults



Dual Eligibles



Incarcerated Individuals



Adults (19-64)



Undocumented Immigrants*



Qualified Non-Citizens

* Undocumented Immigrants age 25 and below receive full coverage. Restricted benefits (emergency and pregnancy-related services only) are provided for undocumented immigrants above age 25.⁵

Important News

May 2017 - The California Assembly and Senate budget committees approved the use of some tobacco tax funding to cover 80,000 undocumented young adults up to age 26 under Medi-Cal.⁶

July 2019 - All young adults under age 26, regardless of immigration status, were granted full Medi-Cal coverage.⁵

2019 - California Governor Newsom allocated \$8.6 million to extend pregnancy coverage beyond 60 days postpartum for women diagnosed with maternal behavioral health conditions.⁷

October 2019 - The California Governor signed a bill that automatically enrolls individuals who are no longer eligible for Medi-Cal in the lowest cost silver Exchange plan. Individuals are able to choose an alternative plan or to not enroll.⁸



Do Medicaid health plans provide coverage?⁹



YES



NO

- Aetna Better Health
- Alameda Alliance for Health
- Anthem Blue Cross Partnership Plan (Anthem)
- California Health & Wellness (Centene)
- CalOptima
- CalViva Health
- Care1st Partner Plan, LLC (Blue Shield of California)
- CenCal Health
- Central California Alliance for Health
- Community Health Group
- Contra Costa Health Plan

- Gold Coast Health Plan
- Health Net Community Solutions, Inc.
- Health Plan of San Joaquin
- Health Plan of San Mateo
- Inland Empire Health Plan
- Kaiser Permanente
- Kern Family Health Plan
- Molina Healthcare of California Partner Plan, Inc. (Molina)
- L.A. Care Health Plan
- Partnership Health Plan of California
- San Francisco Health Plan
- Santa Barbara Health Authority
- Santa Clara Family Health Plan
- UnitedHealthcare Community & State

Eligibility Criteria for Specific Populations as a Percentage of the Federal Poverty Level (FPL)¹

Children: 266% Seniors & People with Disabilities: 100% Expansion adults: 138%
Parents: 138% Pregnant women: 213%

Percentage Breakdown of California's Medicaid Population¹⁰

Parent/Caretaker Relative and Child: 39% Expansion Adults: 29%
Undocumented Adults: 5%* Children under CHIP: 10%
Seniors and People with Disabilities: 15% Other: 3%

*Note: This reflects the percentage of undocumented adults receiving restricted coverage, before full coverage was offered in 2019.

SECTION 1115 WAIVER^{11, 12, 13}

Medi-Cal 2020

Medi-Cal 2020 was approved by the Centers for Medicare and Medicaid Services (CMS) on December 30, 2015. Medi-Cal 2020 includes the Global Payment Program, which provides services at certain hospitals for uninsured patients and an updated DSRIP program called PRIME (Public Hospital Redesign and Incentives in Medi-Cal), which increases funding for public hospitals. The waiver also supports an incentive program to improve dental care and a voluntary pilot program to support whole-person care.

EFFECTIVE:
12/31/2015

APPROVAL:
12/30/2015

EXPIRATION:
12/30/2020



How is California meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Health Homes program serves eligible Medi-Cal beneficiaries with multiple chronic conditions. Health Homes provide six core services:¹⁴

- Comprehensive care management
- Care coordination (physical health, behavioral health, community-based LTSS)
- Health promotion
- Comprehensive transitional care
- Individual and family support
- Referral to community and social support services



The Section 1115 waiver, Medi-Cal 2020, comprises of four initiatives. The Public Hospital Redesign and Incentives in Medi-Cal aims to have 60% of public hospital payments made in an alternative payment model (APM) by 2020. It also encompasses California's DSRIP program.¹⁵

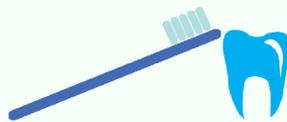
California's DSRIP goals include incentivizing innovation and integrated care delivery redesign at hospital systems serving a disproportionate share of low-income patients, creating and sustaining medical homes to manage chronic diseases, delivering proactive primary care services, and reducing health disparities.¹⁶

Oral Health²⁶

Dental services are carved out through DentiCal.

Separate dental managed care plans in Sacramento (mandatory) and Los Angeles Counties. Benefits include:

- Exams and x-rays
- Cleanings
- Fluoride treatments
- Fillings
- Full dentures
- Root canal procedures
- Orthodontics for children who qualify
- Other medically necessary services



Family Planning

Medi-Cal pays for family planning services, including counseling, IUD insertions, tubal ligations, contraception prescriptions, and vasectomies.¹⁷

Family PACT provides specific expanded family planning and related reproductive health services for all California residents (men and women) with incomes at or below 200 percent of the federal poverty level and with no other source of family planning health care coverage.¹⁸



Women's Health

Minor consent coverage allows women under age 21 to receive limited Medi-Cal services without parental consent related to sexual assault, pregnancy and pregnancy-related conditions, family planning, sexually transmitted diseases, drug and alcohol abuse, and outpatient mental health treatment and counseling.¹⁸

Presumptive eligibility for pregnant women provides immediate, temporary coverage for prenatal care, abortion services, and prescription drugs for low-income pregnant patients.¹⁹

Restricted Medi-Cal for pregnancy pays for abortion, prenatal care, labor and delivery, and postpartum services for women through 60 days after the pregnancy ends.²⁰

Free-standing birth centers and midwifery services are provided on a fee-for-service basis.^{21, 22}

California Governor Newsom allocated \$8.6 million to extend Medi-Cal pregnancy coverage beyond 60 days postpartum for women diagnosed with maternal behavioral health conditions.⁷



How is California meeting the needs of Medicaid enrollees?

Behavioral Health

Specialty mental health services (case management, partial hospitalization, outpatient and inpatient mental health services) are carved out and provided through a fee-for-service arrangement, but general mental health services are covered through managed care.²³ Mental health and substance use benefits include:²⁴

- Crisis intervention
- Supported employment
- Adult residential treatment services
- Psychotherapy/telemedicine
- Day rehabilitation (skill-building groups, socialization day services)
- Drug therapies (methadone, naloxene, naltrexone, acamprostate, disulfiram)

Beneficiaries who require special mental services are registered with a county Mental Health Plan (MHPs) as well as Medi-Cal. Medical costs are shared with county MHPs and Medi-Cal; coordinated by a Memorandum of Understanding (MOU).²⁵



Children with Special Health Care Needs²⁸

California Children's Services provides medical therapies at public schools and in the home for children with certain diseases or chronic health conditions such as:

- Cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases

The Child Health and Disability Prevention Program (CHDP) provides coordination to assist families with scheduling, transportation, and access to diagnostic and treatment services.



Social Determinants of Health (SDOH)

California provides housing support services for patients in their Whole Person Care programs.²⁹

Medi-Cal's Medically Tailored Meals program allows a provider to prescribe a plan that provides three meals a day to patients with congestive heart failure.³⁰



Long-Term Services and Supports (LTSS)²⁷

California has a managed long-term services and supports program (MLTSS). As part of this, California utilizes an MCO arrangement for dual eligible enrollees under the federal Financial Alignment Initiative that covers Medicaid and Medicare acute care and Medicaid LTSS services. It consists of a contract between an MCO, Medicare, and the Medicaid agency and aims to provide more integrated care for dual eligibles.

Cost-Sharing¹⁰

Most Medi-Cal enrollees do not pay premiums or other forms of cost-sharing.





Timeline

Federal

California

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



State of California adopts the Medicaid program, known as Medi-Cal.³¹

1966

California adds Short-Doyle community mental health services into the benefits of the Medi-Cal program. This change enables counties to obtain federal matching funds for their costs.³²

1971

Medi-Cal managed care plans are established.³¹

1973



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

A Section 1915(b) waiver is approved for the Medi-Cal Mental Health Care Field Test (San Mateo County) to field test various aspects of a fully integrated and consolidated Mental Health Plan (MHP) for Medi-Cal beneficiaries. The field test includes the provision of both psychiatric inpatient hospital services and other specialty mental health services.³¹

1995

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



State option to provide Medicaid coverage for all individuals under 133% of the federal poverty level (FPL) at enhanced federal matching rate is implemented.³³

Non-dually eligible seniors and people with disabilities are transitioned to mandatory managed care.³¹

Governor Jerry Brown signs legislation that expands California Medicaid at 138% of the FPL.³⁴

Children in Health Families transition to Medi-Cal's new Optional Targeted Low-Income Children's Program (OTLICP), covering children with incomes up to and including 250% of the FPL³⁵; Medi-Cal managed care expands statewide.³¹

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2011

Individuals newly eligible for Medi-Cal under the Affordable Care Act begin enrollment.³¹

ACA implementation begins.

2014

2013

On March 27th, California submits a section 1115 demonstration for Medi-Cal 2020.³⁵ The waiver is approved by the Centers for Medicare & Medicaid Services on December 30th, 2015.¹³

2014

Expanded full Medi-Cal coverage to eligible undocumented children up to age 19 using state funds.¹⁰

2015

36 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2020

2019

Eligible undocumented immigrants up to age 25 were granted full Medi-Cal coverage.⁵

California Governor Newsom allocated \$8.6 million to extend Medi-Cal pregnancy coverage beyond 60 days postpartum for women diagnosed with maternal behavioral health conditions.⁷

Individuals who are no longer eligible for Medi-Cal will be automatically enrolled in the lowest cost silver Exchange plan.⁹

