

Chapter 1: Overarching Eligibility for Medi-Cal

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1. Overarching Eligibility Issues for Medi-Cal

A. Citizenship and Immigration Status

Regardless of citizenship or immigration status, anyone can apply for and receive some form of Medi-Cal, provided they meet all other Medi-Cal eligibility criteria. In general, U.S. citizens,¹ nationals,² and individuals who are lawfully residing in the United States are eligible for full-scope Medi-Cal. Individuals who do not have lawful status (or who fail to provide verification of status) are eligible for restricted-scope Medi-Cal, which covers emergency services as well as certain other services described below. For information regarding the verification of citizenship and immigration status under Medi-Cal and Covered California, see Chapter 5, Section B.2.b.

1. Immigrants Eligible for Full-scope Medi-Cal

In general, individuals who are lawfully present in the United States are eligible for full-scope Medi-Cal.³ For Medi-Cal eligibility purposes, they are either considered “qualified” immigrants or individuals who are Permanently Residing Under the Color of Law (PRUCOL).

a. Qualified Immigrants

“Qualified” immigrants is a federal statutory designation of immigrants eligible for

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1. “Citizens” includes U.S. born citizens and naturalized citizens. See Chapter 5, Section B.2.b.i for differences in demonstrating citizenship among the two categories.
 2. “Nationals” is a specific term for individuals born in American Samoa or certain inhabitants of the Commonwealth of the Northern Mariana Islands. Medi-Cal policy referencing citizens often includes nationals as well as will this guide unless specified otherwise. See, e.g., ACWDL 07-12 (Jun. 4, 2007), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c07-12.pdf>.
 3. 42 C.F.R. § 435.406(a)(2); 22 CCR § 50301. Note that additional categories of lawfully present immigrants have since been added as discussed below.

“federal public benefits,” such as Medicaid.⁴

Individuals with the following immigration statuses are considered “qualified.”⁵

- Lawful Permanent Residents (LPRs or “green card holders”);
- Refugees, asylees, or individuals granted withholding of deportation/removal, conditional entry (in effect prior to Apr. 1, 1980), or paroled into the U.S. for at least one year; Cuban and Haitian entrants;
- Battered spouses and children with a pending or approved:⁶
 - Self-petition for an immigrant visa or visa petition by a spouse or parent who is either a U.S. citizen or LPR, or
 - Application for cancellation of removal/suspension of deportation, where the need for the benefit has a substantial connection to the battery or cruelty (parent/child of such battered child/spouse are also “qualified”);
- Victims of Severe Forms of Trafficking and their derivative beneficiaries who have obtained a T-visa or whose application for a T-visa sets forth a *prima*

4. 8 U.S.C. §§ 1611 and 1641. These were enacted as part of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act changes (PRWORA), Pub. L. No. 104–193, 110 Stat. 2105 (Aug. 22, 1996). 22 CCR § 50302.2. Federal matching funds are provided to DHCS for Medi-Cal beneficiaries who are considered “qualified” and are either exempt or have met the “5-year bar.” 8 U.S.C. § 1613.

5. The complete list of “qualified” immigrants includes those listed at 8 U.S.C. § 1641 and Trafficking Victims as a result of) the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. No. 106–386, § 107 (Oct. 28, 2000) and the Trafficking Victims Protection Reauthorization Act of 2003, Pub. L. No. 108–193, § 4(a)(2) (Dec. 19, 2003). See *also* “Table: A Quick Guide to Immigrant Eligibility for Affordable Care Act (ACA) and Key Federal Means-tested Programs,” National Immigration Law Center, September 2015, available at: <https://www.nilc.org/document.html?id=844>.

6. These immigrants are commonly referred to as “VAWA” immigrants because they are able to seek immigration relief from the Department of Homeland Security under the Violence Against Women Act (VAWA). VAWA is not an immigration status, but the basis on which an individual is granted lawful permanent residency. Immigrants who have begun this process are eligible.

facie case.⁷

“Non-qualified” immigrants are individuals whose immigration status is not listed within the “qualified” category.⁸ Immigrants who are “non-qualified” for federal public benefits include both individuals who are lawfully present and who are considered undocumented.⁹

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7. *Medi-Cal Eligibility Procedures Manual* 24B16-17. Victims of Severe Forms of Trafficking are not listed as qualified, but under the Trafficking Victims Protection Act of 2000 (22 U.S.C. §§ 7101 *et seq.*) they have been deemed eligible for the same services as refugees. The Trafficking Victims Protection Reauthorization Act of 2003 provided benefits to derivative beneficiaries of T-visa applications as well (spouses and children of adult victims; parents and minor siblings of child victims). If an immigrant’s application or petition under VAWA is not yet approved, a preliminary *prima facie* case determination from USCIS is sufficient for purposes of receiving government benefits.
 8. 8 U.S.C. § 1611. Non-qualified immigrants are not eligible for the following federal public benefits: Medicaid, CHIP, TANF, SNAP, and SSI. Yet they remain eligible for Emergency Medicaid (Restricted Medi-Cal in California), public health, and many other federal programs that are not defined as a “federal public benefit.” For more information on federal immigrant eligibility rules, see *Guide to Immigrant Eligibility for Federal Programs*, 4th ed., National Immigration Law Center.
 9. For example, individuals with Temporary Protected Status (TPS) are in the U.S. lawfully, but they are considered “non-qualified” for federal benefit purposes because their status is not listed among the “qualified” immigrants.

Special Note on the 5-year Bar

Most immigrants who are considered “qualified” are also subject to a waiting period, commonly known as “the 5-year bar,” in order to be eligible for “federal public benefits.”¹⁰ California has taken up the option to provide full-scope Medicaid or CHIP coverage to “lawfully residing” immigrant children and pregnant women without any waiting period and access federal funds to support this coverage.¹¹ In addition, California currently uses state funds to provide full-scope Medi-Cal to other “qualified” immigrants during the 5-year bar, *i.e.*, non-pregnant adults, as well as other “lawfully present” immigrants who are otherwise eligible for Medi-Cal.¹²

Currently, “qualified” immigrants in the 5-year bar, ages 21-64, without children, with incomes below 138% FPL are enrolled in full-scope Medi-Cal. Starting in 2017, these immigrants will be given the option to dually enroll in Covered California and Medi-Cal via the *Newly Qualified Immigrant Wrap Program*. Covered California will be the primary insurance, and Medi-Cal will cover benefits not included in Covered California, such as adult dental.¹³ DHCS will pay the premiums and out-of-pocket costs of these individuals. Those who do not enroll dually in Covered California

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10. 8 U.S.C § 1613. “Qualified” immigrants who have met or are exempt from the 5 year bar are eligible for federal funding under Medicaid. The 5-year bar does not apply to refugees, asylees, battered spouses and children, and “non-qualified” immigrants. 8 U.S.C. § 1613. For more details, see Department of Health and Human Services Centers for Medicare and Medicaid Services “Questions and Answers on the Five-Year Bar,” available at: http://niwaplibrary.wcl.american.edu/public-benefits/benefits-for-qualified-immigrants/c_Public%20Benefits%205year%20bar_6.23.04OVW11.15.04.pdf/at_download/file.
 11. 42 U.S.C. §§ 1396b(v)(4) and 1397gg(e)(1)(J); CMS, State Health Official Letter #10-006, “Medicaid and CHIP Coverage of “Lawfully Residing” Children and Pregnant Women,” (Jul. 1, 2010), <http://downloads.cms.gov/cmmsgov/archived-downloads/SMDL/downloads/sho10006.pdf>. Immigrants who are considered “lawfully residing” under this state option include all “qualified” immigrants and “non-qualified” immigrants who are lawfully present in the U.S. For a summary of “lawfully residing” immigration categories, see “‘Lawfully Residing’ Children and Pregnant Women Eligible for Medicaid and CHIP,” National Immigration Law Center, September 2012, available at: <https://www.nilc.org/document.html?id=34>.
 12. See State Plan Amendment 09-014, CA DHCS, (May 25, 2010) available at: <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA%2009-014.pdf>.
 13. Welf. & Inst. Code § 14102.

will have their Medi-Cal benefits reduced to restricted scope benefits. All other “qualified” immigrants who have been in the United States less than five years, such as parents and children, will continue to receive full-scope Medi-Cal, provided they meet the other eligibility requirements.

b. Lawfully Present and PRUCOL

Since 1996, most immigrants who were considered “lawfully present” in the U.S. for immigration purposes, whether they were “qualified” or not, have been eligible for full-scope Medi-Cal benefits in California. Coverage for these full-scope eligible immigrants, commonly referred to as PRUCOL, meaning Permanently Residing (in the United States) Under Color of Law,¹⁴ have been historically paid for with state funds, since these immigrants are not federally qualified. However, the Affordable Care Act’s definition of those who are “lawfully present” now includes many, but not all, immigration status categories under the definition of PRUCOL, e.g., Deferred Action for Childhood Arrivals (DACA) status.¹⁵ Nonetheless, while individuals with valid, non-immigrant visas are considered “lawfully present” for purposes of Covered California and APTCs, they are currently not given full-scope Medi-Cal benefits.¹⁶ Examples of immigrants who are eligible for full-scope Medi-Cal under PRUCOL include individuals who are:

- Paroled (by an immigration court) for less than one year;
- Subject to an order of supervision;
- Granted a stay of deportation;

14. The state definition is found at 22 CCR § 50301.3 and varies from the former federal regulation that was found at 42 C.F.R. § 435.408 until removed effective July 12, 2006. Although federal funding no longer covers some of these individuals, the state has chosen to continue to provide care for the individuals on the list who are not also deemed “qualified.” Article 7 in the *Medi-Cal Eligibility Procedures Manual* as well as all forms referring to PRUCOL status are still valid.

15. 45 C.F.R. § 152.2 (lawfully present); MEDIL 14-45 (Aug. 6, 2014), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL2014/MEDIL14-45.pdf>.

16. DHCS has no clear policy guidance on its denial of full-scope benefits to many non-immigrant visa holders. See question 7 of its Citizenship/Immigration FAQ at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/Medi-CalFAQs2014b.aspx>. While use of Medi-Cal is generally not a problem for immigrants (see section on Public Charge in Appendix B.), given the unsettled policy in this area and different nature of a non-immigrant visa, individuals planning on renewing a non-immigrant visa should seek immigration advice prior to applying for full-scope Medi-Cal.

- Granted indefinite voluntary departure;
- Granted voluntary departure while awaiting the issuance of a visa;
- Granted a suspension of deportation; or
- In deferred action status.

In addition, individuals may be PRUCOL who have:

- An approved immediate relative visa petition;
- Filed for adjustment to LPR status;
- Continuously resided in the United States since before January 1, 1972;
- Applied for a T-visa (victim of trafficking);¹⁷
- Applied for or granted a U-visa (victims of domestic violence or other serious crimes);¹⁸ or
- A good faith belief that a) they are known to the Department of Homeland Security, and b) DHS does not intend to deport them because of their immigration status or individual circumstances.¹⁹

2. Restricted Scope Medi-Cal

Individuals who are not lawfully present but who otherwise meet Medi-Cal eligibility criteria are eligible for restricted scope Medi-Cal, often referred to as Emergency Medi-Cal.²⁰ Eligible beneficiaries receive a Benefits Identification Card (BIC) similar to beneficiaries with full-scope Medi-Cal, but their Medi-Cal aid code only allows them to access certain services, discussed below. Unlike many other Medi-Cal beneficiaries, individuals enrolled in restricted scope Medi-Cal do not enroll in managed care plans; they access Medi-Cal services only on a fee-for-service basis.²¹

17. Welf. & Inst. Code §§ 14005.2 and 18945(b). Individuals granted T-visas are considered “qualified” immigrants, but individuals whose T-visa application is pending are considered eligible as PRUCOL.

18. Welf. & Inst. Code §§ 14005.2 and 18945(b).

19. This is known as the “catch-all” category of PRUCOL, the last box on the MC-13. Because immigration laws continually evolve, an individual may have a status that is not specifically listed but are considered lawfully present by USCIS. Thus, individuals whose specific status is not listed, but can claim they have a good faith belief they are known to USCIS and there are no steps being taken to deport them, can check this category. Individuals claiming PRUCOL based on their individual circumstances must document those circumstances on the G-485 SAVE form and may need to provide additional documentation with their application, e.g., medical certification.

20. Applicants who fail to verify their citizenship or immigration status may also be placed in restricted scope.

21. See Chapter 5, Section D.1.

Note: Health for All Kids (SB 75). As part of California’s 2015-2016 budget process, Medi-Cal was expanded to provide health coverage for all otherwise eligible children under age 19 regardless of immigration status.²² As of press time, this new program is still in the implementation phase and children who were previously eligible for only restricted scope Medi-Cal due to their immigration status should be transferred into full-scope Medi-Cal starting in May 2016. Previously unenrolled children and children enrolled in local programs such as Healthy Kids may enroll as well. Information regarding the implementation of this program is available at www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/sb-75.aspx.

a. Services Covered Under Restricted Medi-Cal

- **Emergency medical services:** Any medical services needed to treat a medical condition that is acute or severe enough that the absence of immediate medical attention is expected to result in serious jeopardy of health, impairment of bodily functions, or dysfunction of any bodily organ or part. This can include services such as kidney dialysis that are provided outside of a hospital emergency department.²³
- **Pregnancy-related services:** In addition to prenatal care, labor and delivery, and abortion services, pregnancy-related services include all Medi-Cal services that are medically necessary as determined by the treating provider during either the pregnancy or the 60-day postpartum period. Medi-Cal’s

22. Welf. & Inst. Code § 14007.8 enacted as SB 75 (2015-2016 budget) and SB 4 in 2015.

23. 42 U.S.C. § 1396b(v)(3); 42 C.F.R. § 440.225; Welf. & Inst. Code § 14007.5(d). Note that “emergency medical services” are not limited to hospital emergency departments, as the definition permits ongoing treatment or inpatient care if required to prevent serious injury or death. For example, individuals with restricted-scope Medi-Cal may be eligible for kidney dialysis, including related hospital, physician, medical transportation services, medical supplies or drugs related to the treatment of renal failure or complications with dialysis. *Crespin v. Kizer* 226 Cal. App. 3rd 498 (1990); ACWDL 88-84 (December 12, 1988). Aid Code 55 covers non-PRUCOL immigrants without satisfactory immigration status.

dental services are also included.²⁴ Family planning is covered during the postpartum period.²⁵

- **Long-term care:** Some restricted-scope beneficiaries are eligible for Medi-Cal based on their medical condition requiring long-term care in a nursing home.²⁶

b. Additional Programs Available Regardless of Immigration Status

- **Medi-Cal Access Program (MCAP):**²⁷ MCAP provides full-scope services to pregnant women with incomes over 213% through 322% FPL regardless of immigration status.²⁸
- **Breast and Cervical Cancer Treatment Program (BCCTP):** The *State-only* BCCTP provides time-limited Medi-Cal benefits *only for* breast or cervical cancer-related treatment to “not qualified” immigrants (including undocumented individuals) of any age who do not have insurance or have too little insurance.²⁹ Time-limited benefits are cancer-related services for up to 18 months for breast cancer and 24 months for cervical cancer. See Chapters 3, Section D.1.

24. See DHCS’s Medi-Cal Dental Provider Program Handbook, p. 4-10, available at <http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual>.

25. Welf. & Inst. Code § 14007.7. See *also*, fn. 50 in Chapter 2.

26. *Crespin v. Belshe*, Alameda County Superior Court, No. 636714-5 (state’s motion to dissolve permanent injunction prohibiting state from cutting long-term care services to undocumented on basis of Welf. & Inst. Code § 14007.65 denied); see *also Crespin v. Kizer*, 226 Cal. App. 3rd 498 (1990).

27. The Medi-Cal Access Program used to be the Access for Infants and Mothers (AIM) program. Ins. Code §§ 12695 *et seq.*; and 10 CCR §§ 1699.100, *et seq.* As part of the Governor’s 2014-1015 Budget, AIM was transitioned from the Managed Risk Medical Insurance Board to the Department of Health Care Services (DHCS) and renamed the Medi-Cal Access Program (MCAP). Welf. & Inst. Code §§ 15800 *et seq.* In addition to state funding, California receives federal funding to provide prenatal care to immigrant women through MCAP. See 42 C.F.R. § 457.10; CMS, State Health Official Letter #09-006, “CHIPRA #2” (May 11, 2009), <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/sho051109.pdf>; CA CHIP Amendment CS9, available at: <http://www.dhcs.ca.gov/formsandpubs/laws/Documents/CS9ocr.pdf>.

28. Even though MCAP is administered by DHCS and includes “Medi-Cal” in its title, MCAP is not a Medi-Cal program and does not provide access to Medi-Cal’s benefits or provider networks. MCAP is a Children’s Health Insurance Program, also known as CHIP.

29. Health & Safety Code §§ 104161-104163.

- **Child Health and Disability Prevention Program:** The CHDP program provides free initial, periodic and inter-periodic (according to a “periodicity schedule”) medical health screens, immunizations and follow up county medical treatment to children and youth with family income up to 213% FPL.³⁰
- **Child Health and Disability Prevention (CHDP) Gateway Program:** Children due for a periodic screening under the CHDP Program may be temporarily enrolled in full-scope “presumptive eligibility” Medi-Cal through the CHDP Gateway program up to two times a year.³¹ See Chapter 5, Section A.2.e.
- **Minor Consent Services:** Minors may get sensitive services such as pregnancy, substance abuse, and mental health services without parental consent and without providing documentation of immigration status.³² See Chapter 3, Section C.1.
- **Health for All Kids (SB 75):** The expansion of Medi-Cal to undocumented children in 2016 will create parallel aid codes that allow children under age 19 to access full-scope Medi-Cal services in programs that previously offered them only restricted benefits.³³

B. Incarceration/Institutionalization

Federal Medicaid law specifically precludes payment for most medical services to inmates of public institutions, which could include correctional facilities for adults or children.³⁴ Individuals who are on house arrest, parole, probation, or are assigned community service are not living in a correctional facility, thus they are not considered inmates and Medi-Cal will still pay for their care.³⁵

Medi-Cal does allow payment for acute inpatient hospital services for inmates of

30. Health & Safety Code §§ 124030 *et seq.*; Medi-Cal Provider Manual, *Child Health and Disability Program (CHDP) Eligibility: CHDP Services*.

31. ACWDL 03-33 (Jan. 9, 2003), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c03-03.pdf>; MEDIL 15-26 (Aug. 28, 2015), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/MEDIL2015/MEDIL15-26.pdf>; CHDP Provider Information Notice, 15-03.

32. *Medi-Cal Eligibility Procedures Manual*, 4V-2.

33. See Welf. & Inst. Code § 14007.8 enacted as SB 75 (2015-2016 budget) and SB 4 in 2015. Information on the implementation of this new program can be found at DHCS’s SB 75 webpage at <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB-75.aspx>.

34. 42 U.S.C. § 1396d(a)(29)(A); 42 C.F.R. §§ 435.1009 - 1010.

35. 42 C.F.R. § 435.1010; 22 CCR § 50273. See also ACWDL 93-41 (Jul. 7, 1993).

county and state prisons who are eligible for Medi-Cal and who are hospitalized off the grounds of the correctional facility during their incarceration. This program is known as the Medi-Cal Inmate Eligibility Program (MCIEP).³⁶ Inmates who are enrolled in MCIEP do not receive full Medi-Cal benefits; their Medi-Cal services are limited to the services related to their hospitalization.

Individuals who are already on Medi-Cal at the time of their incarceration have their full Medi-Cal suspended for up to one year.³⁷ For information on applying for or reinstating Medi-Cal upon leaving a public institution, see Chapter 5, Section A.4.

Some children who have been removed from their homes are also not eligible for Medi-Cal if they are inmates of a public institution, such as a correctional non-medical facility.³⁸ This Medi-Cal eligibility bar is complicated; however, it is narrowly applied. There are many groups of children that the bar does not apply to. The following groups may be eligible for full scope Medi-Cal:

- Children in a local agency facility pending foster care placement;³⁹
- Children residing at a facility for vocational training or for educational purposes;⁴⁰
- Minors in juvenile detention centers on probation with a suitable placement order;⁴¹
 - Children at a medical institution or mental health institution;⁴²
 - Children in a public institution for a temporary period pending more suitable placement;⁴³ and

36. Penal Code § 5072; Welf. & Inst. Code §§ 14053.7 and 14053.8. See also ACWDL 14-26 (May 6, 2014), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL2014/14-26.pdf>; ACWDL 11-27 (Jun. 24, 2011), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c11-27.pdf>.

37. Welf. & Inst. Code § 14011.10; ACWDL 14-26 (May 6, 2014), <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL2014/14-26.pdf>.

38. 42 U.S.C. § 1396d(a)(27); 42 CFR §§ 435.1008-1009; 22 CCR §§ 50271, 50273, 50046-50052.5. See also *Medi-Cal Eligibility Procedures Manual*, 6D.

39. 22 CCR §§ 50046 and 50273; *Medi-Cal Eligibility Procedures Manual*, 6D-2.

40. *Id.*

41. *Id.* See 22 CCR §§ 50273(c)(5) – (8); *Medi-Cal Eligibility Procedures Manual*, 6D-1.

42. 42 C.F.R. §§ 435.1008-1009; 22 CCR §§ 50048-49, 50273(c)(11); *Medi-Cal Eligibility Procedures Manual*, 6D-1.

43. 22 CCR § 50046; *Medi-Cal Eligibility Procedures Manual*, 6D-1 – 6D-2.

- Children at nonprofit private child-care institutions.⁴⁴

C. Residency

California residency is required to receive Medi-Cal and MCAP; however, there is no minimum amount of time an individual must reside in California to establish residence.⁴⁵ Individuals may not be denied eligibility based on residency if they have just moved to the state or if they temporarily leave the state.⁴⁶ To establish residency, an individual age 21 or over must live in California and either have an intent to reside in the state or have a job commitment or be seeking employment in California.⁴⁷ Children under age 21 may use where they reside or the residency of the parent or caretaker with whom they live to determine residency.⁴⁸ Other individuals who may be California residents include those without fixed addresses, individuals who are incapable of indicating their intent to reside in California, as well as individuals who have been institutionalized out-of-state by their parents or an agent of the state.⁴⁹ For information on verifying residency, see Chapter 5, Section B.2.d.

Immigration status may not be used to deny state residency.⁵⁰ For example, individuals who were lawfully present in the U.S. with unexpired, non-immigrant visas⁵¹ had been previously denied Medi-Cal because DHCS claimed the terms of the visa issued by USCIS prevented them from establishing state residency.⁵² Yet based on Medi-Cal's definition of state residency, non-immigrants may have an *intent to reside* in California for the length of their visa or beyond and there is no minimum

44. 42 C.F.R. §§ 435.1008-1009.

45. 42 C.F.R. §§ 435.403; Welf. & Inst. Code § 14007; 22 CCR § 50320. Residency requirements for the Medi-Cal Access Program (MCAP) for pregnant women are at Ins. Code § 12698(a) and 10 CCR § 2699.100(v).

46. 42 C.F.R. §§ 435.403(j)(1) and (3); Welf. & Inst. Code § 14007; 22 CCR § 50320. For MCAP, Ins. Code § 12698(a) and 10 CCR § 2699.100(v).

47. 42 C.F.R. § 435.403(h); 22 CCR § 50320(b).

48. 42 C.F.R. § 435.403(i); 22 CCR § 50320(c).

49. 42 C.F.R. §§ 435.403; Welf. & Inst. Code § 14007.15.

50. 42 C.F.R. § 435.956(c)(2).

51. Non-immigrant visas include individuals granted worker, student, tourist, or business visas for example. For a complete list of non-immigrant visas, see the Immigration and Naturalization Act, 8 U.S.C. § 1101(a)(15).

52. Individuals with expired non-immigrant visas are no longer lawfully present and are considered undocumented immigrants.

time requirement.⁵³

D. Other Health Coverage

Individuals with other health coverage may be eligible for Medi-Cal, but they must apply for and use other health coverage that they have or that is available to them.⁵⁴ Medi-Cal beneficiaries who are enrolled in managed care are also subject to this requirement due to current contracting provisions,⁵⁵ which can make coordination difficult between the Medi-Cal managed care plan and the other health coverage plan.

California is obligated to seek other sources of health coverage and to collect payment from liable third parties.⁵⁶ As such, California requires that applicants and beneficiaries assign rights to medical support and help locate liable third parties, even going so far as to helping to establish paternity of children born outside of marriage so that the state may seek payment for medical services provided to the child.⁵⁷

Exceptions: The Medi-Cal Access Program, a separate program administered by DHCS, is only available to insured women whose insurance does not cover maternity services or with maternity-only deductibles or co-payments greater than \$500. For more information on MCAP, see Chapter 2, Section C.3.b. Similarly, the

53. Non-immigrants with valid visas can claim state residency for Medi-Cal purposes, but should first be advised to seek legal advice because there may be immigration consequences depending on the type of visa. Individuals who are lawfully present yet denied Medi-Cal due to immigration status may enroll in Covered California even if below 100% FPL. See Chapter 4, Section C.2.a.

54. 42 U.S.C. § 1396a(a)(25); Welf. & Inst. Code § 10020; 22 CCR § 50763(a). Note that the California regulations specify that Medi-Cal applicants and beneficiaries shall “apply for, and/or retain any available health care coverage when no cost is involved” but DHCS regularly requires beneficiaries to use other health coverage with co-pays and deductibles. See *also* Welf. & Inst. Code § 14023.7 (regarding provider obligations to bill private health insurance); Welf. & Inst. Code § 14023 (regarding penalties for failure to disclose entitlement to other health coverage.).

55. See 22 CCR § 50761 allowing this arrangement via the contract.

56. 42 U.S.C. § 1396a(a)(25); 42 C.F.R. §§ 433.137-433.140.

57. Welf. & Inst. Code § 14008.6. However the regulations do provide good cause exceptions where doing so would cause harm to the child, parent or other caretaker relative. 22 CCR § 50771.5(b).

federal Breast & Cervical Cancer Treatment Program is only available to women with no other creditable coverage that covers her breast or cervical cancer treatment. Women applying for the state-only Breast & Cervical Cancer Treatment Program (BCCTP) must be uninsured or underinsured. For more information on BCCTP, see Chapter 3, Section E.1.

E. Tax Filing Status

Medi-Cal beneficiaries are not required to file a federal income tax return and many Medi-Cal beneficiaries have household income well below the minimum income level at which a U.S. citizen or resident must file an income tax return.⁵⁸ Some beneficiaries may still choose to file taxes to collect other federal tax credits. With the implementation of the Modified Adjusted Gross Income (MAGI) income counting methodology, this has been a source of confusion for some county eligibility workers. However, Medi-Cal does not require applicants or beneficiaries to file taxes and, in fact, has special “non-filer” rules for determining the household size for those who do not file taxes. See Chapter 2, Section A for information on the tax filer and non-filer rules.

F. The Medi-Cal Hierarchy

In evaluating an individual for Medi-Cal, the general principle is to place the individual in the most beneficial aid code for which the individual is eligible. For example, if someone is eligible for a program that offers free Medi-Cal and a program that offers Medi-Cal with a Share of Cost, the individual should be put in the free Medi-Cal program. Because MAGI Medi-Cal programs do not need an assets (or disability) determination to maintain eligibility, they are thought to be more beneficial than non-MAGI programs as it is easier to automatically renew eligibility in a MAGI program. Nonetheless, some non-MAGI programs, which DHCS refers to as the “Mega-Mandatory” programs, do not require applicants or recipients to do anything because they are linked to other public benefits programs and the eligibility determination in the other program suffices for Medi-Cal as well. Individuals who

58. 26 C.F.R. § 151-1 covers the personal exemption amount and is inflation adjusted annually by the IRS and posted on the IRS website. For example, a married couple under age 65 earning less than \$20,300 did not need to file an income tax return in 2014 unless they were seeking a refund of taxes paid.

are in these programs, e.g., SSI-linked Medi-Cal, CalWORKS-linked Medi-Cal, should stay in those programs as they do not have to do anything to keep their Medi-Cal as long as they are in the other program. For more information on the Mega-Mandatory programs and aid codes, see DHCS All County Welfare Director's Letter 14-35.