Effective Date:
01/25/2017

Background:
Prior to the Affordable Care Act (ACA) staff were instructed to evaluate for 1931(b) eligibility before evaluating for any other Medi-Cal only program. With the receipt of All County Welfare Directors Letter 17-03, the Medi-Cal hierarchy determines the order in which Medi-Cal eligibility must now be evaluated.

Purpose:
To inform staff of the Medi-Cal hierarchy to use when determining or redetermining Medi-Cal eligibility.

Policy:
At application, change in circumstance or annual redetermination, an individual's eligibility will be determined by the hierarchy. When an applicant or beneficiary is eligible for more than one Medi-Cal program and one is more beneficial than others are, the individual must be placed into the Medi-Cal program that is the most beneficial.

Procedure:
The Medi-Cal hierarchy is as follows:

- Mega Mandatory
- Modified Adjusted Gross Income (MAGI) including OTLIC
- Optional Categorical Groups and Medically Needy
- State Only

04.22A Mega Mandatory Groups
Mega mandatory groups are mandatory programs that are required by federal law or where eligibility is determined by another program that automatically includes Medi-Cal. If an applicant or beneficiary has eligibility in one of the Mega Mandatory groups and is part of a MAGI household, that individual will remain in the MAGI household for income and household size determination purposes, but must not be changed to a MAGI eligibility group.

Mega Mandatory groups are:

- Supplemental Security Income/State Supplementary Payment (SSI/SSP)
- Title IV-E Foster Care
- State-Only (Cash) Foster Care
- Foster Care-Medi-Cal Only
- Title IV-E Adoption Assistance
- State-Only (Cash) Adoption Assistance
- Adoption Assistance Medi-Cal Only
- Title IV-E Kinship Guardianship Assistance Program (Kin-GAP)
- State-Only (Cash) Kin-GAP
- Former Foster Care
- Pickle
- Disabled Adult Child (DAC)
- Disabled Widow/Widower
- Medicare Savings Program (MSP)

MSPs
Medicare is a federal health coverage program for the aged, certain disabled individuals and individuals with kidney failure. MSPs help low-income individuals with some of the out-of-pocket costs for Medicare, including Part A and Part B premiums, deductibles, copayments and coinsurance. The MSPs are:

- Qualified Medicare Beneficiary (QMB)
- Specified Low Income Medicare Beneficiary (SLMB)
- Qualifying Individual (QI1)
- Qualified Working Disabled Individual (QWDI)

Applicants may request an evaluation for MSP only or if the individual is eligible to Medi-Cal with zero share-of-cost (SOC), they must be evaluated concurrently for QMB and SLMB. QI1 enrollment will only occur when the applicant/beneficiary is eligible to Medically Needy SOC, and the SOC is not met.

Example: A 50 year old parent with Medicare eligible to the MAGI parent/caretaker group will be evaluated for QMB.

<u>04.22B MAGI groups</u>
Under the ACA, 1931(b) Medi-Cal coverage groups were consolidated into Medi-Cal MAGI-based mandatory Medi-Cal. The Adult group, also known as the Expansion group, Optional Targeted Low Income Children's group (OTLIC) and Medi-Cal Access Program (MCAP) were placed after the mandatory groups. The MCAP program is administered by MAXIMUS. These groups use the MAGI methodology to determine financial eligibility for MAGI Medi-Cal programs.

MAGI groups and hierarchy are:

- Infant's and Children's (also includes CalWORKs children aid codes)
- Parent/Caretaker Relative (also includes CalWORKs parent-caretaker relative aid codes)
- Pregnant Women
- New Adult
- OTLIC
- MCAP for Pregnant Women
- MCAP Linked Infant and Child

Pregnant applicants, as well as women enrolled in Covered CA with premium tax credits who become pregnant and who have income within MCAP range, have the option to enroll in either MCAP or APTC.

Note: Home and Community-Based Services (HCBS) Waiver and Long-Term Care (LTC) benefits and services are provided to beneficiaries under the MAGI coverage groups, including the Optional Targeted Low-Income Children's Program (OTLICP) without time limits and no change in aid code.

Once it is determined that the applicant/beneficiary does not have eligibility in the MAGI Medi-Cal programs, the next check would be a determination under the Non-MAGI groups.

<u>04.22C Non-MAGI Categorical, Medically Needy/Medically Indigent and State Only</u>
Non-MAGI refers to the Medi-Cal programs that use the financial and asset eligibility rules that predate the ACA. Non-MAGI Medi-Cal does not follow MAGI rules for determining income eligibility. An individual that is not eligible for MAGI Medi-Cal may still be eligible for other Medi-Cal programs under Non-MAGI.

Non-MAGI Categorical groups are:

- Aged and Disabled (A&D) Federal Poverty Level (FPL) Program
- Blind FPL

- 250 Percent Working Disabled Program (250% WDP)
- Tuberculosis Program

Non-MAGI Medically Needy/Medically Indigent programs are:
- Aged, Blind, or Disabled (ABD) Medically Needy (MN); also includes Long Term Care (LTC)
- Aid to Families with Dependent Children (AFDC) MN
- Medically Indigent (MI) Child
- MI Pregnant Woman
- Breast and Cervical Cancer Treatment Program (BCCTP) Federal; Administered by DHCS

Non-MAGI (State Only) are:
- BCCTP State; Administered by DHCS
- MI Long Term Care (State-Only)
- Dialysis Only Program
- Total Parenteral Nutrition
- Anti-Rejection Medicine
- 60-Day Postpartum

If not eligible to MAGI, Home and Community-Based Services (HCBS) Waivers will be applied to beneficiaries under the Non-MAGI coverage groups with time limits.

04.22D Consumer Protection Programs (CPPs)
CPPs are not subject to the hierarchy as the order a beneficiary is determined for CPPs depends on the beneficiary's circumstances.

These programs include:
- Continuous Eligibility for Children (CEC)
- Transitional Medi-Cal (TMC)
- 4-Month Continuing Eligibility
- Continuous Eligibility for Pregnant Women

04.22E Presumptive Eligibility (PE), Express Lane Enrollment (ELE) and Accelerated Enrollment (AE)
PE program allows qualified Medi-Cal providers to provide their low-income patients immediate, temporary Medi-Cal coverage. AE provide immediate, temporary fee-for-service full-scope Medi-Cal benefits. ELE provides Medi-Cal to certain CalFresh beneficiaries without the need to complete an application for Medi-Cal. PE, ELE and AE programs are not considered in the hierarchy as they require a final Medi-Cal eligibility determination and are not considered to be coverage groups.

These groups include:
- AE for children
- PE for children and pregnant women
- PE for BCCTP
- Hospital PE
- ELE

Program Impact/s:
Automation
Medi-Cal hierarchy will be supported by CalWIN and CalHEERS with release 49B.

References:
ACWDL 17-03 and 17-15

Sunset Date:
This policy will be reviewed for continuance on or by 06/30/2020

Approval for Release:

Rick Wanne, Director
Eligibility Operations