

**County of San Diego, Health and Human Services Agency (HHSA)
Medi-Cal Program Guide**

Conditions of Eligibility

Number

04.01

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Effective Date:

8/1/2021

Background:

Medi-Cal applicants must meet several conditions of eligibility. The eligibility and linkage factors to be evaluated are identified in this section. Although there are no income limits for Non-MAGI Medi-Cal some applicable conditions of eligibility must be met before an application for Medi-Cal can be approved, while some must not delay approval.

Purpose:

This section provides a brief description of each condition of eligibility, if the conditions must be met prior to granting, and refers to the appropriate MPG sections in which the specific requirements for each condition are addressed. This section was updated to note that verification of specific conditions of eligibility must not delay approval.

Policy:

A. Residence

An applicant must be a California resident to be eligible for Medi-Cal. Refer to MPG Article 7, Section 5 for residence requirements.

B. Citizenship

United States (U.S.) Citizenship/National or legal resident status is not required for eligibility for Medi-Cal benefits. However, the citizenship/immigration status of the applicant determines the level of benefits (full scope or restricted) for which the applicant is potentially eligible depending on their age. MPG Article 7, Sections 1, 2, and 3 define U.S. citizen and non-citizen categories and specify the level of benefits for which the customer is potentially eligible. MPG Article 04.07.13 contains guidance for the reasonable opportunity period to provide citizenship verification.

C. Property Limits

As a condition of eligibility for Non-MAGI Medi-Cal the total net nonexempt property of the applicant's Medi-Cal Family Budget Unit (MFBU) must not exceed the property limit established by the Medi-Cal program. MPG Article 9 specifies what property is included in the property reserve and assists the Human Services Specialist (HSS) with the determination of total net nonexempt property. Factors to be considered include the evaluation of:

- ownership
- availability
- spend down
- transfer or conversion of property

D. Social Security Number (SSN)

All applicants who are eligible for full scope benefits are required to provide a SSN within 60 days of application as a condition of eligibility for Medi-Cal. MPG Article 4, Section 11 lists acceptable verification of SSNs and describes referral procedures when the applicant does not have, or is unable to verify, their SSN. Do not delay approval of the application pending verification of the SSN if the customer is otherwise eligible.

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E. Unconditionally Available Income (UAI)

All applicants are required to apply for any UAI to which they appear eligible. MPG Article 4, Section 12 defines UAI and describes application, cooperation and verification requirements for applicants who must apply for such income. Do not delay approval of the application pending verification of application for UAI if the customer is otherwise eligible.

F. Linkage to Public Cash Assistance

People who receive a cash grant in certain public assistance cash programs are automatically eligible for Medi-Cal. MPG Article 5, Section 1 identifies public assistance programs that automatically qualify recipients for Medi-Cal benefits.

G. Linkage AFDC, ABD, or MI

Persons who have linkage to Aid to Families with Dependent Children (AFDC), Aged, Blind, or Disabled (ABD), or Medically Indigent (MI) are eligible for Medi-Cal if all other conditions of eligibility are met. MPG Article 5, Sections 2, 3, and 5 define linkage to these programs. These sections also provide eligibility and verification requirements for applicants who qualify under one or more of these categories.

H. Institutional Status

The determination of eligibility and the period of eligibility are affected by the institutional status of certain Medi-Cal applicants. MPG Article 6 clarifies situations in which the applicant's Medi-Cal eligibility is affected by their institutional status.

I. Medical Support Referral

Medically Needy Only (MNO) applicants, requesting Medi-Cal for a child born out of wedlock or with an absent parent, must cooperate with the Department of Child Support Services (DCSS) by assigning and locating the absent parent and provide information about possible medical support and payments available through a third party. Referral procedures are outlined in Article 4, Section 18.

Applicants who refuse to cooperate with the Medical Support Enforcement Program without good cause will be ineligible members of the MFBU. Do not delay approval of the application for completion of the support packet if the customer is otherwise eligible.

J. Application for Medicare

Customers must apply for Medicare if they have potential eligibility and have 60 days from the date they are informed of the requirement to apply to provide proof of approval or denial. Allow good cause for the verification if the customer has not received a response from the Social Security Administration (SSA). Do not delay approval of the application pending verification of their application status. More information about Medicare can be found in MPG Article 15, section 4.

K. Other Health Coverage

Customers must supply Other Health Coverage (OHC) information at application and redetermination and report changes to the county within ten days. Most OHC information is obtained and entered in the Medi-Cal Eligibility Data System MEDS through data match (see MPG 15.01 for more information). Do not delay approval pending OHC if the customer is otherwise eligible.

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L. Veteran's Information

Customers who indicate that they are veterans must apply for veteran's benefits through the Department of Veterans Affairs (VA). The referral process is in MPG article 4, section 12. Do not delay approval pending Veteran's Information if the customer is otherwise eligible.

M. Third Party Liability

Customers who have a lawsuit due to accident or injury must provide third party liability information. More information is in MPG 15.03.01. Do not delay approval pending third party liability information if the customer is otherwise eligible.

Procedure:

Do not delay Medi-Cal approval for verification of SSN, OHC, veteran's information, third party liability, application for UAI, Citizenship, Satisfactory Immigration Status (SIS), and Medicare if the customer is otherwise eligible. Follow up with the customer after granting requesting verifications using the redetermination timeframes and contact rules and allow 30 days for response (60 days for Medicare and SSN). If there is no response, discontinue only the individuals in the case that were required to provide and failed to comply.

References:

MEM 50074, 50168(a)(1), 50175, 50185, 50186, 50207, 50404, 50408(a), 50409, 50141
ACWDL 96-27, 07-12, 19-13

Sunset Date:

This policy will be reviewed for continuance on or by 8/31/2024

Approval for Release:



Rick Wanne, Director
Self-Sufficiency Services