

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

**Medically Indigent (MI) Linkage**

**Number**

**5.5.1**

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**Revision Date:**

September 1, 2020

**Background:**

This section describes eligibility requirements for Medically Indigent (MI) linkage. Adults, age 21 through 64, who do not meet eligibility requirements for Modified Adjusted Gross Income (MAGI) Medi-Cal, the linkage requirements to the Medically Indigent program, or who do not have any other linkage may apply for medical benefits under the County Medical Services (CMS) program.

**Purpose:**

This section is re-written in the new format. No policies or procedures are changed.

**Policy:**

**Criteria for People Under Age 21 Years:**

People under 21 years of age will have eligibility determined under the MI category when they meet any of the following criteria:

- A person who cannot meet the Medi-Cal eligibility requirements as a Public Assistance (PA) or Other PA recipient, as a MAGI Medi-Cal person, as a Medically Needy (MN) person or an MN family member
- A person who is not an MN family member because of the exclusion of a child from the Medi-Cal Family Budget Unit (MFBU)
- A child who is not living with a parent or relative and for whom a public agency is assuming financial responsibility in whole or in part (for example, Foster Care)
- A child receiving assistance under the Adoptive Assistance Program (AAP)
- A child who is not eligible as a CalWORKs-MN person because the child is not living with a relative
- A person under 21 years of age who can qualify as an MN blind or disabled person but chooses to apply as an MI person. The choice may be made by a person acting on behalf of the person under 21 years of age.

**Criteria for People Age 21 Years or Older:**

People age 21 years or older will have eligibility determined under the MI category if they are all the following:

- Under age 65
- Unable to meet the eligibility requirements as PA or Other PA recipient, a MAGI Medi-Cal person, an MN person, or an MN family member
- Pregnant or residing in a skilled nursing or intermediate care facility.

**Eligibility Factors:**

To be eligible under this category the following people must meet the property, citizenship, non-citizen status, residence, institutional status, and cooperation requirements specified in the regulations. When determined eligible they must meet the income and share of cost (SOC) requirements.

A child not living with a parent or relative and for whom a public agency is assuming financial responsibility will be eligible and certified for Medi-Cal on the basis of the information provided by the

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public agency on form MC 250 and without considering the property or income of the child or the child's parents.

A child receiving assistance under AAP will be eligible and certified for Medi-Cal without any additional determinations by the Human Services Specialist (HSS).

**Age Determination:**

For purposes of this section, people are considered 21 years of age on the first day of the month following the month they become 21.

**Procedure:**

See above.

**Program Impacts:**

None.

**References:**

California Code of Regulations Title 22, Section 50251

**Sunset Date:**

This policy will be reviewed for continuance by August 31, 2023

**Approval for Release:**

*Rick Wanne, 9-24-20*

Rick Wanne, Director  
Eligibility Operations

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**Limited Services for Medically Indigent Adults in Long-Term Care (LTC)**

**Number**  
**5.5.2**

**Page**  
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**Revision Date:**

September 1, 2020

**Background:**

This section describes eligibility requirements for Medically Indigent (MI) linkage who are in LTC.

**Purpose:**

This section is re-written in the new format. No policies or procedures are changed.

**Policy:**

**Medically Indigent Adults:**

A Medically Indigent Adult (MIA) who is a resident of a skilled nursing facility or intermediate care facility is entitled to all benefits normally covered by Medi-Cal under Aid Code 53. If the MIA becomes an inpatient at an acute care hospital, any services rendered during that hospital stay will not be covered by Medi-Cal.

A MIA beneficiary may have concurrent Aid Code 53 Medi-Cal coverage and CMS in any month in which medical services were received in an LTC facility and an acute care hospital.

If a disability evaluation is later approved, Aid Code 53 should be changed to a disabled aid code.

**Retroactive Eligibility:**

MIAs may be eligible for retroactive Aid Code 53 Medi-Cal if both of the following conditions are met.

- The MIA was in LTC for at least one day during the month of application
- The MIA was in LTC for at least one day during each retroactive month for which Medi-Cal is requested.

**MIA Immigrants:**

MIA immigrants are eligible to Aid Code 53 if they are otherwise eligible, are in an LTC facility when they apply for Medi-Cal benefits and claim to have Satisfactory Immigration Status (SIS). When proof of SIS is not provided within the Reasonable Opportunity Period (ROP), they must have their benefits reduced, with timely notice to Aid Code 58 for restricted services.

When an undocumented non-citizen is in an LTC facility applying for Medi-Cal:

<b>If the person ...</b>	<b>Then ...</b>
Claims the last PRUCOL category on the MC 13,	<ul style="list-style-type: none"><li>• Do not perform Systematic Alien Verification for Entitlements (SAVE) verification or collect any documentation relating to immigration status</li><li>• Grant the case with Aid Code 53, if otherwise eligible.</li></ul>
Does not claim the last PRUCOL category on the MC 13,	Grant the case with the appropriate Aid Code from Desk Aid 105 and they are not eligible for LTC services.

**Procedure:**

See above.

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**Program Impacts:**

None.

**References:**

California Code of Regulations Title 22, Section 50251

**Sunset Date:**

This policy will be reviewed for continuance by August 31, 2023

**Approval for Release:**

*Rick Wanne, 9-24-20*

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