Alameda County Care Connect: Public Health Benefits 101

Njeri McGee-Tyner
Chief Eligibility and Enrollment Officer, Alameda Health Consortium
Learning Objectives

- Describe eligibility requirements for MAGI and non-MAGI Medi-Cal
- Identify benefits associated with Medi-Cal enrollment
- Describe scope of coverage based on citizenship and immigration status
- Establish client/patient expectations of turn-around time from Medi-Cal enrollment to first primary care appointment
- Describe eligibility requirements for CalFresh and HealthPAC
Medicaid (aka Medi-Cal)

Medicaid, the Medi-Cal program in California, is a joint federal and state program that helps pay medical costs for people who have limited income and resources and meet other eligibility requirements.
Medicaid (aka Medi-Cal)

Medi-Cal is a public health insurance program for low-income individuals including:

• Families with children
• Seniors
• Persons with disabilities
• Foster Care
• Pregnant women
MAGI Medi-Cal

Modified Adjusted Gross Income (MAGI) Medi-Cal

- Determines eligibility based on IRS income calculations for tax purposes
- Has multiple coverage groups with income limits that vary based on age and pregnancy status
  - Some coverage groups require a premium amount (OTLICP)
- Exceptions to using IRS rules in certain tax household and income counting circumstances
MAGI Medi-Cal

MAGI Medi-Cal Groups:
• Adult Individuals 19-64 yrs (income up to 138% FPL)
• Infants & Children up to 18 yrs (income up to 266% FPL)
• Parents/Caretaker Relatives (income up to 109% FPL)
• Pregnant Women (income up to 138% FPL for full scope, 139-213% FPL for pregnancy services)
• An annual renewal is required
MAGI Medi-Cal Income

Countable Earned Income:
- Wages and Salaries
- Tips
- Commissions
- Profits from Self-Employment
MAGI Medi-Cal Income

Countable Unearned Income:
- Unemployment
- SSA (Disability, Survivors, Retirement – taxable portion only)
- Retirement (IRA’s, Pension, 401(k), Military, Railroad)
- Rental Income
- Annuities
- Dividend Payments
- Per Capita Tribal Gaming Distributions
MAGI Medi-Cal Income

Excluded Income for MAGI Medi-Cal:
- Child Support payments
- Veteran’s Benefits
- Educational Assistance
- Employment and Training Programs
- Federal Tax Refunds and Earned Income Tax Credit
- Bona Fide Loans
- Employment and Training Programs
- Sponsor Income
- Foster Care Payments
- Needs Based Assistance from Other Agencies
MAGI stands for...

A. Managed Account Gross Income
B. Modified Adjusted Gross Income
C. Make America Give Insurance
MAGI stands for...

Answer:

B. Modified Adjusted Gross Income
Non-MAGI Eligible Populations

• Requires an asset and income test for eligibility

• **Medically Needy**
  – Aged (65 Years or Older)
  – Blind
  – Disabled

• **Medically Indigent**
  – A resident of a Long Term Care or a Skilled Nursing Facility

Certain programs can require a Share of Cost that the individual must meet before Medi-Cal will begin paying for services
Non- MAGI Medi-Cal-Property

**Property Limit:**
- Medi-Cal Family Budget Unit of 1 = $2,000
- Medi-Cal Family Budget Unit of 2 = $3,000

After a family size of 2, add additional $150.00 for each additional Member

**Personal Property:**
- Cash
- Bank Accounts
- Credit Union Accounts
- Trust Accounts
- Stocks and Bonds
- Fair Market Value of Cars *(Note: One car is usually exempt)*
- Cash Surrender Value of Life insurance Policies
- 401K
Share of Cost

(Appplies to Non-MAGI Only)

The Share of Cost is determined using the following equation:

Net Non Exempt Income - State Maintenance Need = Share of Cost

Note: When there is a Share of Cost, the Medi-Cal beneficiary has to pay Out-of-Pocket expenses to meet the Share of Cost before Medi-Cal pays. The Share of Cost is to be met in the month for which services are provided. (This is NOT a monthly premium).

Example # 1

Family Size = 1

Social Security $1,100.00
Maintenance Need - 600.00
Share of Cost $  500.00

Example # 2

Individual in Long Term Care

Net Unearned Income $ 1,100.00
Maintenance Need for Long Term Care - 35.00
Share of Cost $ 1065.00

Note: Hunt v. Kaiser Lawsuit allows for applicants to use old, unpaid medical bills to decrease the current or future Share of Cost.
Medi-Cal has no co-pays or deductibles for its covered services but may have a share-of-cost (SOC)?

• True
• False
Medi-Cal has no co-pays or deductibles for its covered services but may have a share-of-cost (SOC)?

**Answer**

• True
Full Scope Medi-Cal Benefits

Include:

- Outpatient (Ambulatory) services
- Emergency services
- Hospitalization
- Maternity and Newborn care
- Mental Health and Substance Use Disorder Services, including Behavioral Health Treatment
- Prescription Drugs
- Dental care

- Programs such as physical and occupational therapy (known as Rehabilitative & Habilitative Services) and devices
- Laboratory services
- Preventive and wellness services & chronic disease management
- Children’s (Pediatric) services, including vision care
Limited (Restricted) Medi-Cal benefits

Limited (Restricted) Medi-Cal benefits include:

• Pregnancy related services
• Emergency related services
• Long Term Care Services
## Scope of Coverage

<table>
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<tr>
<th>Scope of Coverage</th>
<th>Citizenship and Immigration Status</th>
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<tbody>
<tr>
<td></td>
<td><strong>Full Scope Benefits</strong></td>
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<tr>
<td></td>
<td>• US Citizen</td>
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<td></td>
<td>• Satisfactory Immigration Status</td>
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<tr>
<td></td>
<td>• PRUCOL/DACA⁺ status</td>
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<tr>
<td>No Share-of-Cost Medi-Cal</td>
<td>Provides coverage at no cost</td>
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<td></td>
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<tr>
<td>Medi-Cal with a Premium</td>
<td>Monthly Premiums apply</td>
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<tr>
<td>Medi-Cal with a Share-of-Cost (SOC)</td>
<td>a monthly dollar amount paid</td>
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<td></td>
<td>toward medical expenses before</td>
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<td>receiving Medi-Cal benefits</td>
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Satisfactory Immigration Status:

• Lawful Permanent Resident (LPR)
• Refugees
• Cuban/Haitian Entrants
• Parolees admitted with a period of parole over one year
• Asylees
• Victims of Trafficking
Permanently Residing Under Color of Law

PRUCOL:

- There are 16 PRUCOL categories
- Individuals who fall under PRUCOL categories are entitled to full-scope Medi-Cal benefits if otherwise eligible
- USCIS does not recognize PRUCOL as a legal immigration status
- A signed MC 13 is required for applicants who want to claim the last Permanently Residing in the United States under Color of Law (PRUCOL) category on the MC 13. This category is for immigrants who claim to be “[a]n alien, not in one of the above categories, who can show that: (1) INS knows he/she is in the United States; and (2) INS does not intend to deport him/her, either because of the person’s status category or individual circumstances.” Please note that an individual who claims this status on a signed MC 13 is not required to provide documentation of their claimed PRUCOL status. It is no longer necessary to verify PRUCOL status at annual redetermination for beneficiaries who claimed the last PRUCOL category on the MC 13 (please refer to ACWDL 09-40).
SB 75 and SB 104

**SB 75:**
• Effective May 2016 with the passing of California Senate Bill 75, all children under the age of 19 years are potentially eligible to Full-Scope Medi-Cal coverage, regardless of their immigration status or verification of citizenship

**SB 104:**
• Effective January 2020 with the passing of California Senate Bill 104, all young adults ages 19-25, regardless of citizenship or immigration status, are potentially eligible to Full-Scope Medi-Cal coverage.

[https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx](https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx)
All children are eligible for Medi-Cal benefits regardless of their citizenship status?

• True
• False
All children are eligible for Medi-Cal benefits regardless of their citizenship status?

Answer

• True
Deferred Action for Childhood Arrivals (DACA):

• Individuals who fall under Deferred Action for Childhood Arrivals (DACA) are potentially eligible to Full-Scope Medi-Cal under the provision of Permanent Residence Under Color of Law (PRUCOL).

• Per Federal guidelines, DACA individuals are not eligible to purchase a health plan through Covered California.
Trafficking and Crime Victims:

• Non-citizen victims of human trafficking, domestic violence and other serious crimes, who do not have satisfactory immigration status can still qualify for full scope Medi-Cal under special program.

• Trafficking and Crime Victims Assistance Program covers:
  – Victims of Severe trafficking who have filed or preparing to file for T Nonimmigrant status (T Visa) or taking steps to get certified by the U.S. Office of Refugee Resettlement (ORR)
  – Victims of Domestic Violence or Serious Crime who have filed or have been granted U Nonimmigrant Visa (U Visa)
Refugee Programs

Refugee Programs:

• With Implementation of Affordable Care Act, low income adults (under 138% FPL) without children or disability qualify for MAGI Medi-Cal.

• Individuals with status Refugee, Asylee, Parolee (over one year), Cuban/Haitian entrants, Amerasians, Victims of Severe Forms of Trafficking, without children or disability are no longer limited to eight months of eligibility under Refugee Medi-Cal Assistance program.

• If individuals do not qualify for MAGI due to income, Refugee Medi-Cal Assistance Program with and without Share of Cost is still available for eight months.
Automated Phone Service

• Case Status
• Request Verification Letters
• Request Forms
• Benefit Amount

Alameda County Social Services Agency
Automated Benefit Information Line 24 hours a day, every day:
1-888-999-4772 or 510-263-2420
www.alamedacountysocialservices.org
County Office Addresses

Eastmont Office
6955 Foothill Blvd, Suite 100
Oakland, CA 94605

Eden Office
24100 Amador Street
Hayward, CA 94544

Fremont Office
39155 Liberty Street
Suite C330
Fremont, CA 94536

Livermore Office
3311 Pacific Avenue
Livermore, CA 94555

Enterprise Office
8477 Enterprise Way
Oakland, CA 94621

San Pablo Office
2000 San Pablo Avenue
Oakland, CA 94612
Health Care Options

- Enrollment into Alameda Alliance or Anthem Blue Cross via enrollment form (mandatory for MAGI-Medi-Cal)
- Select a PCP or provider location
- The most current provider directory can be seen online at: [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov)
- Initial enrollment will usually be the 1st of the next month and anything after the 20th will be for the following month.
- Medi-Cal Managed Care: 1-800-430-4263
Eligibility Terminology

- **Medi-Cal** - California Medicaid benefits
- **Medicare** - Social Security health benefits
- **HealthPAC** - Health Program of Alameda County (coverage for undocumented status)
- **Covered CA** - Covered California Health benefits exchange
- **SSI** - Supplemental Security Income
- **SSDI** - Social Security Disability Insurance
- **CalFresh** - County nutrition benefits - Supplemental Nutrition Assistance Program (SNAP)
- **CalWIN** - County Eligibility Database
- **FPL** - Federal Poverty Level (income limits)
- **CECs** - Certified Enrollment Counselors
Health Center Enrollment Staff

- Roles of “trusted resources”
- Conduct outreach and education to help people become aware of their coverage options
- Help people enroll and renew in coverage and learn about their coverage benefits
- Help with the application process, translate materials and breakdown barriers
- Expertise in eligibility and enrollment
- Offer services in a fair and impartial manner
- Provide referrals to other resources and programs
- Make available information in a manner that is culturally and linguistically appropriate
CalFresh Benefits

- Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps)
- CalFresh eligibility is available to all citizens and most lawfully-present immigrants
- Maximum gross allowed is **200% of the Federal Poverty Level (FPL)**
- Most Medi-Cal recipients are eligible (*students also*)
- No age limit
- Expedited services within 3 days
- Average benefit $150

![Golden State Advantage Card](image)
CalFresh is a nutritional program with no age limit.

• True
• False
CalFresh is a nutritional program with no age limit.

Answer

• True
About CalFresh...

- CalFresh is a federal nutrition program
- Helps to improve health and well-being by assisting individuals and families to purchase nutritional food at grocery stores and local markets
- Farmer’s Market match (additional food dollars)

CalFresh makes healthy food choices possible!
Income Requirements

• For most people to receive CalFresh they must meet income requirements...

<table>
<thead>
<tr>
<th>People in Household</th>
<th>Gross Monthly Income</th>
<th>Net Monthly Income</th>
<th>Maximum CalFresh Allotment</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>$2,082</td>
<td>$1,041</td>
<td>$194</td>
</tr>
<tr>
<td>2</td>
<td>$2,820</td>
<td>$1,410</td>
<td>$355</td>
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<td>3</td>
<td>$3,556</td>
<td>$1,778</td>
<td>$509</td>
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<tr>
<td>4</td>
<td>$4,292</td>
<td>$2,146</td>
<td>$646</td>
</tr>
</tbody>
</table>

The average monthly benefit for an individual on CalFresh is $150.
Applying for benefits...

• Submit an application online through www.MyBenefitsCalwin.org or www.GetCalFresh.org

• Provide information on Household Members, Income, Expense, and Resources (for seniors)

• Suggested Items to bring:
  – Social Security Numbers for Household Members
  – Copy of your pay stub
  – Bills you pay (rent, utilities, childcare)
  – Copies of LPR Cards

In-Person Assistance is available – We are Here to Help!
After the application is submitted...

- **An Intake Interview** must be conducted by Alameda County Social Services Agency
  - A case worker will contact you to schedule – it’s important to take their call!
  - The interview can be conducted over the phone or in-person
- **An Eligibility Determination** will be made following the intake interview
Special Populations

CalFresh for Seniors
• Senior: any individual aged 60 and older
• No gross income test
• Special income deductions: medical expenses
• Face-to-face interview waiver
• Recertification every 24 months if all adult household members are 60 or older
• SSI/SSP are eligible as of June 2019! (19,502)
Eligible Household Scenarios (1)

- Family of 4: 2 adults, 1 child, 1 senior
- Gross Income: $3,600 (wages)
- Potential Deductions:
  - 20% Earned Income Deduction
  - Standard Deduction
  - Shelter (Rent)
  - Medical Expenses (for senior family member)

Net Income below $2,025 = CalFresh Eligible
Eligible Household Scenarios (2)

- Family of 1: senior
- Gross Income: $1,400
- Potential Deductions:
  - Standard Deduction
  - Shelter (Rent)
  - Medical Expenses (for seniors)
  - Utilities (PG&E, Telephone)

Net Income below $990 = CalFresh Eligible
CalFresh Prescription Referral

Prescription for Groceries, Fruits, & Vegetables

If you have Medi-Cal you most likely qualify for CalFresh – We Can Help You Enroll TODAY!

NAME: ____________________________

- Extra money to buy groceries at your local grocery store
- Buy fresh fruits and vegetables
- CalFresh $$ and $10 FREE at Farmers Markets

Membership Services Department
Monday-Friday, 9:00am-5:00pm
(510) 999-9999
HealthPAC Coverage

- Remaining uninsured persons are only eligible for HealthPAC if no linkage to public health programs
- Federal Poverty Level up to 200%
- Approximately 26,900 enrolled

http://www.acgov.org/health/indigent/pac-all.htm
What does HealthPAC Cover?

• A. Insurance that covers any low-income citizens including children of all ages
• B. Comprehensive health care services through a contracted network of health care providers
• C. A healthcare program that applies to all counties
What does HealthPAC Cover?

**Answer**

B. Comprehensive health care services through a contracted network of health care providers
Outreach Strategies

- Notices and Flyers
- Robo-calls
- Text messaging
- Medi-Cal member reports
Keep Your Medi-Cal Benefits . . . Remember to Renew!

To protect the health and dental benefits for you and your family, you must fill out an annual renewal form and send it in by the deadline.

Please look for these forms in the mail for you to complete to keep your Medi-Cal benefits.

Don’t miss the deadline... We can help!

If you have any questions, or need assistance in completing your packet, please call your clinic at «Contact 1» and ask to speak with «ServiceRep 1». Please bring your renewal forms with you for assistance.

Sincerely,
«ServiceRep 1»
Membership Services Department
<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Manager</th>
<th>Phone Number</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Health Services</td>
<td>Vanessa Quach, Membership Services Manager</td>
<td>510-986-6830 Ext.261</td>
<td><a href="mailto:Vquach@ahschc.org">Vquach@ahschc.org</a></td>
</tr>
<tr>
<td>Axis Community Health</td>
<td>Rosalva Guerrero, Enrollment Supervisor</td>
<td>925-201-6056</td>
<td><a href="mailto:Rguerrero@axishealth.org">Rguerrero@axishealth.org</a></td>
</tr>
<tr>
<td>LaClinica</td>
<td>Laura Ramirez, Registration Supervisor (TV)</td>
<td>510-535-3702</td>
<td><a href="mailto:Lramirez@laclinica.org">Lramirez@laclinica.org</a></td>
</tr>
<tr>
<td>LifeLong Medical Care</td>
<td>Kendolyn Hindsman, Patient Services Manager</td>
<td>510-981-4166</td>
<td><a href="mailto:Khindsman@liflongmedical.org">Khindsman@liflongmedical.org</a></td>
</tr>
<tr>
<td>Native American Health Center</td>
<td>Eulalia Valerio, Member Services Director</td>
<td>510-535-4474</td>
<td>EulaliaV/nativehealth.org</td>
</tr>
<tr>
<td>Tiburcio Vasquez Health Center</td>
<td>Janet Anwar, Site Manager</td>
<td>510-471-5907 Ext.3510</td>
<td><a href="mailto:cruz@tvhc.org">cruz@tvhc.org</a></td>
</tr>
<tr>
<td>Tri-City Health Center</td>
<td>Loc Tran, Enabling Services Manager</td>
<td>510-252-6813</td>
<td><a href="mailto:Ltran@tri-cityhealth.org">Ltran@tri-cityhealth.org</a></td>
</tr>
<tr>
<td>West Oakland Health</td>
<td>Cassandra Carminer, Social Worker/Clinic Liaison</td>
<td>510-613-2200 Ext.2256</td>
<td><a href="mailto:Cassandrac@wohc.org">Cassandrac@wohc.org</a></td>
</tr>
</tbody>
</table>
Health Center Networks

Community Health Center Network (CHCN)

Request Support:
- Verify member eligibility
- Specialty Care referral network
- Update member contact information

Provider Relations Manager
Ph: (510) 297-0265

Shawna La Chapelle, Eligibility/Member Services Manager
Community Health Center Network
Ph: (510) 297-0262
Email: SLaChapelle@chcnetwork.org
Health Center Networks

Alameda Health Consortium (AHC)

Request Support:
- Medi-Cal Overview training
- CalFresh Eligibility training
- CalWIN case look-up for program M/C members
- Monthly member eligibility and retention reports (Medi-Cal and CalFresh)
Questions...Thank You

Njeri McGee-Tyner
Chief Eligibility & Enrollment Officer
Phone: (510) 297-0234
Email: ntyner@alamedahealthconsortium.org
## Upcoming Trainings

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<tr>
<th>September</th>
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<th>10:30-12:00pm</th>
<th>Webinar</th>
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<tbody>
<tr>
<td>1-Sep</td>
<td>Group Facilitation (Utilizing Online Platforms)</td>
<td>10:00-11:30am</td>
<td>Webinar</td>
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<tr>
<td>14-Sep</td>
<td>Behavioral Crisis Response</td>
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<td>15-Sep</td>
<td>Empathy Effect: Premise 1-3 (Part 1)</td>
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<td>Empathy Effect: IN GEAR (Part 2)</td>
<td>10:00-12:00pm</td>
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<tr>
<td>23-Sep</td>
<td>Motivational Interviewing (Session 1)</td>
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Coordination and online platform support provided by:

AC Care Connect Skills Development Unit

For more information on future trainings and supportive resources find us on Groupsite:

accareconnect.groupsite.com