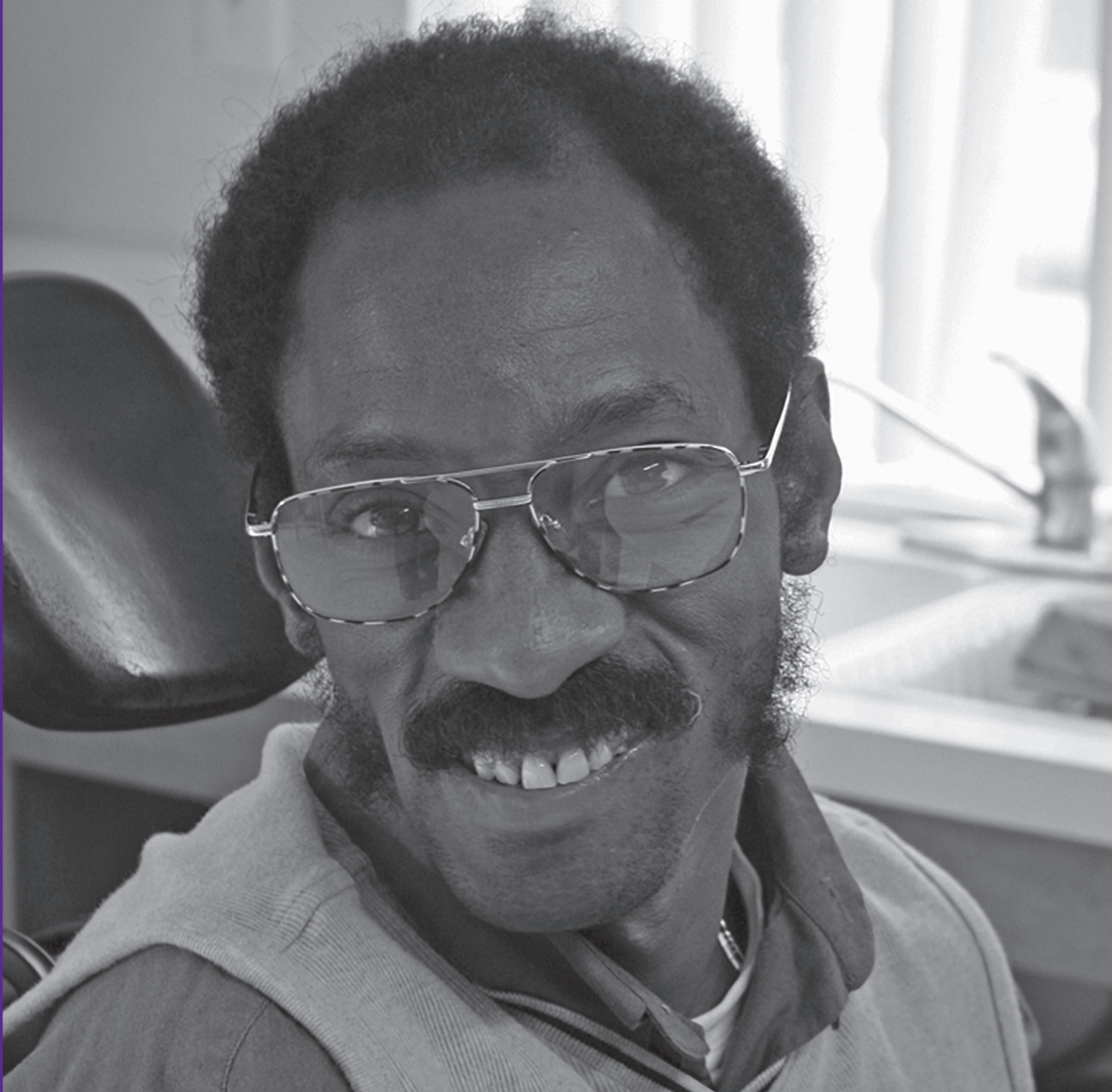


# MAKING IT HAPPEN

**WHAT IS MEDI-CAL?  
A Booklet for Regional Center  
Clients and Families**





# INTRODUCTION

This booklet contains information about the Medi-Cal program. It provides a general overview of the program and outlines how you can obtain additional information and assistance.

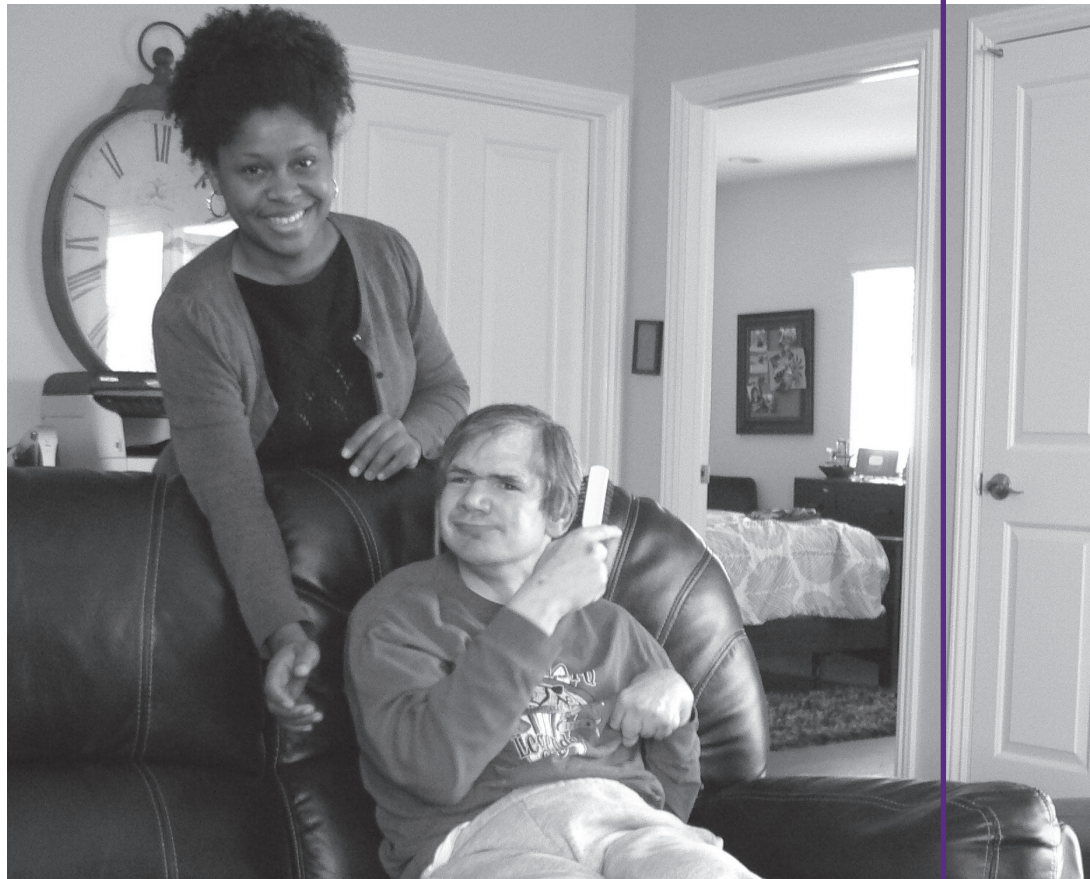
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## SECTION 1

### What is Medi-Cal?

Medi-Cal is California's version of Medicaid, a federal health benefits program for people with limited income and resources. Medi-Cal provides health care services for eligible adults and children who live in California, including many regional center clients.



## SECTION 2

### Who is eligible for Medi-Cal?

If you receive Supplemental Security Income (SSI), you will automatically qualify for Medi-Cal. However, we want you to know that people with developmental disabilities who have been found eligible for regional center services are not automatically eligible for SSI or Medi-Cal. If you do not already have SSI, please refer to our booklet on that topic for more information about applying for that benefit.

Additionally:

- **If you are an adult**, your income and resources – such as personal savings – must be below certain limits. Currently the maximum amount a person is allowed to have in countable resources is \$2000, excluding monies which are in a Special Needs Trust or a qualified ABLE account. Your home is also excluded, if you are living in it, and one car for transportation purposes.
- **For your child**, Medi-Cal will review your family income to determine if your child meets the financial requirements. If your family income and/or resources are above the established limits, your child may still be eligible under a program called “**institutional deeming**.” Ask your Service Coordinator for more information or a referral for this program.

## SECTION 3

### What does Medi-Cal pay for?

Medi-Cal pays for for “medically necessary” health care. This includes:

- Basic medical, dental and specialty services
- Emergency care and hospitalization
- Prescription medications
- Medical equipment and supplies
- Rehabilitation services
- Long term care in a health facility

Medi-Cal also pays for mental health care, and recently added coverage for **Behavioral Health Treatment**, including Applied Behavioral Analysis (ABA).

## SECTION 4

### **What is Full-Scope versus Restricted Medi-Cal benefits?**

Most individuals will have “full-scope” benefits, meaning they are eligible for the full range of benefits under the Medi-Cal program.

However, some adults will be eligible only for “Restricted” Medi-Cal, also known as “Emergency” Medi-Cal, depending upon their immigration status.

Restricted Medi-Cal typically covers emergency services, dialysis and long-term care in a health facility.

If you do not have full-scope Medi-Cal, ask your Service Coordinator for a review of your case or for information about other county-based programs available for individuals who are uninsured.



## SECTION 5

### How are Medi-Cal services delivered?

Medi-Cal may be provided through a fee-for-service model or through a managed care plan (MCP).

- Under the fee-for-service model you may go to any medical provider who accepts Medi-Cal.
- If you are enrolled in a managed care plan, you must use the group of medical providers who are in-network with that particular plan.

Most adults and children are now required to join a managed care plan, including regional center clients.



You will need to choose a Medi-Cal managed care health plan. In Los Angeles County, Medi-Cal managed care services are offered by the following health plans:

- L.A. Care, which contracts with plan partners Anthem Blue Cross, Kaiser and Care 1st
- Health Net, which contracts with plan partner, Molina.

Some exemptions to Medi-Cal managed care plan enrollment include the following:

- If you reside in an ICF-DD.
- If you have private health insurance.
- If you have an approved Medical Exemption Request (MER) from the state.

If you want to switch managed care plans or enroll in/ disenroll from a plan, you or your Medi-Cal “Authorized Representative” may call Health Care Options (HCO) at 1-800-430-4263.

## SECTION 6

### **Is there a cost for Medi-Cal?**

Many individuals receive Medi-Cal services for free, however certain individuals are assessed a small monthly premium or a share of cost.

Children under the “Medi-Cal for Families” program are billed a small monthly premium (\$13 per month per child, up to \$39) which is paid to Medi-Cal.

Additionally, some adults and children are assessed a “share of cost.” The share of cost is like a deductible and must be paid before Medi-Cal will pay for services, however, it is only paid during a month when medical services are received.

If you are assessed a Medi-Cal share of cost, contact your Service Coordinator for a review of your case. It may be possible for us to work with Medi-Cal for a reassessment of the share of cost.

## SECTION 7

### What else should I know about Medi-Cal?

Your Medi-Cal provider may need to get prior approval for certain services or medical supplies, such as durable medical equipment or incontinence supplies. This is called a Treatment Authorization Request (TAR), and for continuing services it typically needs to be renewed every few months.



## SECTION 8

### **How can I enroll my family member in Medi-Cal?**

If your family member does not already have Medi-Cal, you can apply for benefits.

To apply for Medi-Cal you may:

- Walk in to your local Department of Public Social Services (DPSS) office.
- Mail in the application. Keep a copy and send by Certified Mail for your records.
- Apply online at the Covered California web site, [www.coveredca.com](http://www.coveredca.com).

For additional information, you may go online to the Medi-Cal web site at, <http://www.dhcs.ca.gov/services/medi-cal/pages/applyformedi-cal.aspx>.

## SECTION 9

### **Does Medi-Cal eligibility need to be renewed?**

All recipients must recertify eligibility for Medi-Cal each year. You/your family member should receive redetermination forms in the mail and will need to return these along with any requested documentation, including household financials (this also applies to children with Medi-Cal via institutional deeming).

If you do not receive redetermination paperwork from Medi-Cal, contact your Medi-Cal worker.

If you have problems or questions about this process, contact your Service Coordinator.





## SECTION 10

### **What about Private Health Insurance?**

If your child is covered under a private health insurance plan, for example, through your employer, that plan will be the child's primary coverage and Medi-Cal will be the secondary payer. This means that all services must be billed to the private insurance first. If payment is denied by the private insurance, then a claim can be submitted to Medi-Cal by the provider of services.

Medi-Cal or the Managed Care Plan may be able to pay co-payments or co-insurance for services paid for by your private insurance plan. Ask the provider of services to submit a claim on your behalf, even if they are not in the plan's network.

If you have questions about Medi-Cal, co-payments, co-insurance or deductibles, contact your Service Coordinator or Client Services Manager.



HARBOR DEVELOPMENTAL DISABILITIES FOUNDATION, INC.  
21231 Hawthorne Boulevard, Torrance, CA 90503 • 310.540.1711 • [www.harborrc.org](http://www.harborrc.org)

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