

**Assembly Bill No. 2612**

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Passed the Assembly August 27, 2014

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*Chief Clerk of the Assembly*

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Passed the Senate August 25, 2014

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*Secretary of the Senate*

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This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2014, at \_\_\_\_\_ o'clock \_\_\_\_M.

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*Private Secretary of the Governor*

CHAPTER \_\_\_\_\_

An act to add Section 14129 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL’S DIGEST

AB 2612, Dababneh. Medi-Cal.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law prohibits federal financial participation for care or services provided to inmates of a public institution.

Existing law authorizes the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed.

This bill would require the department, in implementing that program, to request a waiver of federal law to authorize the state to claim federal financial participation for health home services provided to individuals, who are otherwise eligible under the health home program and who are state or county inmates in their last 30 days in custody, by a provider or team of providers, as specified, to ensure coordination of care and reduce gaps in care.

*The people of the State of California do enact as follows:*

SECTION 1. (a) The Legislature finds and declares all of the following:

(1) The federal Patient Protection and Affordable Care Act, also known as health care reform, is designed to ensure every American has access to health care. Eligibility for the federal low-income health insurance program, which is Medi-Cal in California, was expanded to include childless adults earning less than 138 percent of the federal poverty level.

(2) The cost of the Medi-Cal expansion will be fully paid by the federal government until 2017, when the federal government

contribution will decline gradually to 90 percent, where it will remain in 2020 and each year thereafter.

(3) According to research done by the National Health Law Program, a large percentage of individuals in county jails, and those being released, are uninsured and may be eligible for Medi-Cal.

(4) According to a study published in the American Journal of Public Health, many individuals in county jails, and those being released, have higher rates of certain chronic diseases, including hypertension, diabetes, asthma, and untreated substance use disorders. They are also more likely to suffer from a serious mental illness.

(5) In implementing health care reform, California expanded existing health home pilot projects to help acutely ill individuals who frequently seek care in emergency rooms through coordinated care and intensive intervention.

(6) Placement in a health home can help to reduce recidivism associated with untreated primary care, mental health, and substance abuse issues, thereby reducing county jail and other criminal justice system costs.

(b) Therefore, it is the intent of the Legislature to encourage the appropriate use of health homes for people in the criminal justice system.

(c) It is further the intent of the Legislature, in order to increase access to primary care, mental health treatment, and substance use disorder treatment for individuals in the criminal justice system, that individuals who are otherwise eligible for Medi-Cal and who are not inmates of a public institution shall be eligible for Medi-Cal benefits. This includes, but is not limited to, individuals in formal or informal diversion or deferred entry of judgment programs; individuals on probation, as defined in Section 1203 of the Penal Code; individuals on parole, as described in Section 3000 of the Penal Code; individuals on postrelease community supervision, as described in Section 3451 of the Penal Code; and individuals on mandatory supervision as defined in clause (ii) of subparagraph (B) of paragraph (5) of subdivision (h) of Section 1170 of the Penal Code.

SEC. 2. Section 14129 is added to the Welfare and Institutions Code, immediately following Section 14128, to read:

14129. The department shall, in implementing this article, request a waiver of federal law to authorize the state to claim federal financial participation for health home services provided to individuals, who are otherwise eligible to receive health home services under this article and who are state or county inmates in their last 30 days in custody, by a provider or team of providers, as described in subdivision (c) of Section 14127, to ensure coordination of care and reduce gaps in care. Prerelease health home services shall be limited to services described in Section 14127.2 and shall not include health care services.







Approved \_\_\_\_\_, 2014

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*Governor*