

AMENDED IN ASSEMBLY AUGUST 29, 2000

AMENDED IN ASSEMBLY AUGUST 25, 2000

AMENDED IN ASSEMBLY JUNE 8, 2000

AMENDED IN ASSEMBLY MAY 16, 2000

AMENDED IN ASSEMBLY JULY 8, 1999

AMENDED IN SENATE MAY 28, 1999

AMENDED IN SENATE MARCH 8, 1999

**SENATE BILL**

**No. 87**

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**Introduced by Senator Escutia**

December 7, 1998

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An act to amend Section 14005.81 of, and to add Sections 14005.31, 14005.32, 14005.33, 14005.34, 14005.35, 14005.36, 14005.37, ~~14005.39, and 14063.5~~ 14005.38, and 14005.39 to, the Welfare and Institutions Code, relating to health.

LEGISLATIVE COUNSEL'S DIGEST

SB 87, as amended, Escutia. Medi-Cal: eligibility.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Services, under which qualified low-income persons are provided with health care services.

Existing law creates various bases for the establishment of Medi-Cal eligibility.

This bill would make changes in Medi-Cal eligibility criteria and procedures in instances when eligibility on one basis has

terminated. The bill would provide for the transfer of a Medi-Cal beneficiary’s benefits to an appropriate transitional Medi-Cal program, under specified circumstances. It would also provide for eligibility redetermination procedures when a Medi-Cal beneficiary’s circumstances change so as to affect his or her eligibility generally, and specifically in cases in which the CalWORKs benefits of Medi-Cal beneficiaries have been terminated.

Because each county is required to administer Medi-Cal eligibility determination provisions, the bill would constitute a state-mandated local program.

The bill would require that the foregoing provisions be implemented not later than July 1, 2001, but only to the extent that federal financial participation is available.

The bill would require the department, in consultation with specified parties, to conduct a study of the feasibility of adopting a mechanism whereby, to the extent federal financial participation is available, a Medi-Cal managed care plan shall be notified whenever the eligibility of a Medi-Cal beneficiary is being redetermined.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

1 SECTION 1. Section 14005.31 is added to the Welfare  
 2 and Institutions Code, to read:  
 3 14005.31. (a) (1) Subject to paragraph (2), for any  
 4 person whose eligibility for benefits under Section



1 14005.30 has been determined with a concurrent  
2 determination of eligibility for cash aid under Chapter 2  
3 (commencing with Section 11200), loss of eligibility or  
4 termination of cash aid under Chapter 2 (commencing  
5 with Section 11200) shall not result in a loss of eligibility  
6 or termination of benefits under Section 14005.30 absent  
7 the existence of a factor that would result in loss of  
8 eligibility for benefits under Section 14005.30 for a person  
9 whose eligibility under Section 14005.30 was determined  
10 without a concurrent determination of eligibility for  
11 benefits under Chapter 2 (commencing with Section  
12 11200).

13 (2) Notwithstanding paragraph (1), a person whose  
14 eligibility would otherwise be terminated pursuant to  
15 that paragraph shall not have his or her eligibility  
16 terminated until the transfer procedures set forth in  
17 Section 14005.32 or the redetermination procedures set  
18 forth in Section 14005.37 and all due process requirements  
19 have been met.

20 (b) The department shall, in consultation with the  
21 counties and representatives of consumers, managed  
22 care plans, and Medi-Cal providers, prepare a simple,  
23 clear, consumer-friendly notice, which shall be used by  
24 the counties in order to inform Medi-Cal beneficiaries  
25 whose eligibility for cash aid under Chapter 2  
26 (commencing with Section 11200) has ended, but whose  
27 eligibility for benefits under Section 14005.30 continues  
28 pursuant to subdivision (a), that their benefits will  
29 continue. To the extent feasible, the notice shall be sent  
30 out at the same time as the notice of discontinuation of  
31 cash aid, and shall include all of the following:

32 (1) A statement that Medi-Cal benefits will continue  
33 even though cash aid under the CalWORKs program has  
34 been terminated.

35 (2) *A statement that continued receipt of Medi-Cal*  
36 *benefits will not be counted against any time limits in*  
37 *existence for receipt of cash aid under the CalWORKs*  
38 *program.*

39 (3) A statement that the Medi-Cal beneficiary does not  
40 need to fill out monthly or quarterly status reports in



1 order to remain eligible for Medi-Cal, but shall be  
2 required to submit a *an annual* reaffirmation form. The  
3 notice shall remind individuals whose cash aid ended  
4 under the CalWORKs program as a result of not  
5 submitting a status report that he or she should review his  
6 or her circumstances to determine if changes have  
7 occurred that should be reported to the Medi-Cal  
8 eligibility worker.

9 ~~(3)~~

10 (4) A statement describing the responsibility of the  
11 Medi-Cal beneficiary to report to the county, within 10  
12 days, significant changes that may affect eligibility.

13 ~~(4)~~

14 (5) A telephone number to call for more information.

15 ~~(5)~~

16 (6) A statement that the Medi-Cal beneficiary's  
17 eligibility worker will not change, or, if the case has been  
18 reassigned, the new worker's name, address, and  
19 telephone number, and the hours during which the  
20 county's eligibility workers can be contacted.

21 (c) This section shall be implemented on or before July  
22 1, 2001, but only to the extent that federal financial  
23 participation under Title XIX of the federal Social  
24 Security Act (Title 42 U.S.C. Sec. 1396 and following) is  
25 available.

26 (d) Notwithstanding Chapter 3.5 (commencing with  
27 Section 11340) of Part 1 of Division 3 of Title 2 of the  
28 Government Code, the department shall, without taking  
29 any regulatory action, implement this section by means  
30 of all county letters or similar instructions. Thereafter, the  
31 department shall adopt regulations in accordance with  
32 the requirements of Chapter 3.5 (commencing with  
33 Section 11340) of Part 1 of Division 3 of Title 2 of the  
34 Government Code. Comprehensive implementing  
35 instructions shall be issued to the counties no later than  
36 March 1, 2001.

37 SEC. 2. Section 14005.32 is added to the Welfare and  
38 Institutions Code, to read:

39 14005.32. (a) (1) If the county has evidence clearly  
40 demonstrating that a beneficiary is not eligible for



1 benefits under this chapter pursuant to Section 14005.30  
2 ~~or subdivision (a) of Section 14005.31~~, but is eligible for  
3 benefits under this chapter pursuant to other provisions  
4 of law, the county shall transfer the individual to the  
5 corresponding Medi-Cal program. Eligibility under  
6 Section 14005.30 shall continue until the transfer is  
7 complete.

8 (2) The department, in consultation with the counties  
9 and representatives of consumers, managed care plans,  
10 and Medi-Cal providers, shall prepare a simple, clear,  
11 consumer-friendly notice to be used by the counties, to  
12 inform beneficiaries that their Medi-Cal benefits have  
13 been transferred pursuant to paragraph (1) and to inform  
14 them about the program to which they have been  
15 transferred. To the extent feasible, the notice shall be  
16 issued with the notice of discontinuance from cash aid,  
17 and shall include all of the following:

18 (A) A statement that Medi-Cal benefits will continue  
19 under another program, even though aid under Chapter  
20 2 (commencing with Section 11200) has been terminated.

21 (B) The name of the program under which benefits  
22 will continue, and an explanation of that program.

23 (C) A statement that continued receipt of Medi-Cal  
24 benefits will not be counted against any time limits in  
25 existence for receipt of cash aid under the CalWORKs  
26 program.

27 (D) A statement that the Medi-Cal beneficiary does  
28 not need to fill out monthly or quarterly status reports in  
29 order to remain eligible for Medi-Cal, but shall be  
30 required to submit an annual reaffirmation form. In  
31 addition, if the person or persons to whom the notice is  
32 directed has been found eligible for transitional Medi-Cal  
33 as described in Section 14005.8, 14005.81, or 14005.85, the  
34 statement shall explain the reporting requirements and  
35 duration of benefits under those programs, and shall  
36 further explain that, at the end of the duration of these  
37 benefits, a redetermination, as provided for in Section  
38 14005.37 shall be conducted to determine whether  
39 benefits are available under any other provision of law.



1 (E) A statement describing the beneficiary's  
2 responsibility to report to the county, within 10 days,  
3 significant changes that may affect eligibility or share of  
4 cost.

5 (F) A telephone number to call for more information.

6 (G) A statement that the beneficiary's eligibility  
7 worker will not change, or, if the case has been  
8 reassigned, the new worker's name, address, and  
9 telephone number, and the hours during which the  
10 county's Medi-Cal eligibility workers can be contacted.

11 (b) No later than September 1, 2001, the department  
12 shall submit a federal waiver application seeking  
13 authority to eliminate the reporting requirements  
14 imposed by transitional medicaid under Section 1925 of  
15 the federal Social Security Act (Title 42 U.S.C. Sec.  
16 1396r-6).

17 (c) This section shall be implemented on or before July  
18 1, 2001, but only to the extent that federal financial  
19 participation under Title XIX of the federal Social  
20 Security Act (Title 42 U.S.C. Sec. 1396 and following) is  
21 available.

22 (d) Notwithstanding Chapter 3.5 (commencing with  
23 Section 11340) of Part 1 of Division 3 of Title 2 of the  
24 Government Code, the department shall, without taking  
25 any regulatory action, implement this section by means  
26 of all county letters or similar instructions. Thereafter, the  
27 department shall adopt regulations in accordance with  
28 the requirements of Chapter 3.5 (commencing with  
29 Section 11340) of Part 1 of Division 3 of Title 2 of the  
30 Government Code. Comprehensive implementing  
31 instructions shall be issued to the counties no later than  
32 March 1, 2001.

33 SEC. 3. Section 14005.33 is added to the Welfare and  
34 Institutions Code, to read:

35 14005.33. (a) If a Medi-Cal beneficiary's Medi-Cal  
36 eligibility worker is changed, notice shall be sent to the  
37 beneficiary within 10 days of the change. This notice shall  
38 include the worker's name, address, and telephone  
39 number, and the beneficiary's Medi-Cal case number,



1 and hours during which the county's Medi-Cal eligibility  
2 workers may be contacted by the beneficiary.

3 (b) This section shall be implemented on or before  
4 July 1, 2001.

5 SEC. 4. Section 14005.34 is added to the Welfare and  
6 Institutions Code, to read:

7 14005.34. (a) For an individual whose cash aid was  
8 terminated pursuant to Chapter 2 (commencing with  
9 Section 11200), but whose Medi-Cal eligibility was  
10 continued either pursuant to subdivision (a) of Section  
11 14005.31 or pursuant to a transfer of eligibility under  
12 Section 14005.32, the Medi-Cal beneficiary's annual  
13 reaffirmation date under Section 14012 shall be no earlier  
14 than 12 months from the date on which the most recent  
15 annual CalWORKs cash aid eligibility determination was  
16 conducted, or, if no such determination was conducted,  
17 12 months from the date cash aid was granted.

18 (b) This section shall be implemented on or before  
19 July 1, 2001, but only to the extent that federal financial  
20 participation under Title XIX of the federal Social  
21 Security Act (Title 42 U.S.C. Sec. 1396 and following) is  
22 available.

23 (c) Notwithstanding Chapter 3.5 (commencing with  
24 Section 11340) of Part 1 of Division 3 of Title 2 of the  
25 Government Code, the department shall, without taking  
26 any regulatory action, implement this section by means  
27 of all county letters or similar instructions. Thereafter, the  
28 department shall adopt regulations in accordance with  
29 the requirements of Chapter 3.5 (commencing with  
30 Section 11340) of Part 1 of Division 3 of Title 2 of the  
31 Government Code. Comprehensive implementing  
32 instructions shall be issued to the counties no later than  
33 March 1, 2001.

34 SEC. 5. Section 14005.35 is added to the Welfare and  
35 Institutions Code, to read:

36 14005.35. (a) The department, in consultation with  
37 the counties and representatives of consumers, managed  
38 care plans, and Medi-Cal providers, shall study the  
39 feasibility of adopting a mechanism whereby, to the  
40 extent federal financial participation is available, a



1 Medi-Cal managed care plan shall be notified whenever  
2 the eligibility of a Medi-Cal beneficiary enrolled in that  
3 plan is being redetermined, including notice of the date  
4 upon which any forms must be submitted to the county  
5 by the beneficiary.

6 SEC. 6. Section 14005.36 is added to the Welfare and  
7 Institutions Code, to read:

8 14005.36. (a) The county shall undertake outreach  
9 efforts to beneficiaries receiving benefits under this  
10 chapter, in order to maintain the most up-to-date home  
11 addresses, telephone numbers, and other necessary  
12 contact information, and to encourage and assist with  
13 timely submission of the annual reaffirmation form, and,  
14 when applicable, transitional Medi-Cal program  
15 reporting forms and to facilitate the Medi-Cal  
16 redetermination process when one is required as  
17 provided in Section 14005.37. In implementing this  
18 subdivision, a county may collaborate with  
19 community-based organizations, provided that  
20 confidentiality is protected.

21 (b) The department shall encourage and facilitate  
22 efforts by managed care plans to report updated  
23 beneficiary contact information to counties.

24 (c) The department and each county shall  
25 incorporate, in a timely manner, updated contact  
26 information received from managed care plans pursuant  
27 to subdivision (b) into the beneficiary's Medi-Cal case file  
28 and into all systems used to inform plans of their  
29 beneficiaries' enrollee status. Updated Medi-Cal  
30 beneficiary contact information shall be limited to the  
31 beneficiary's telephone number, change of address  
32 information, and change of name. The county may  
33 attempt to verify that the information it receives from the  
34 plan is accurate before updating the beneficiary's case  
35 file. The department shall develop a consent form that  
36 may be used by the counties to record the beneficiary's  
37 consent to use the information received from a managed  
38 care plan to update the beneficiary's file.

39 (d) This section shall be implemented on or before  
40 July 1, 2001, but only to the extent that federal financial



1 participation under Title XIX of the federal Social  
2 Security Act (Title 42 U.S.C. Sec. 1396 and following) is  
3 available.

4 (e) Notwithstanding Chapter 3.5 (commencing with  
5 Section 11340) of Part 1 of Division 3 of Title 2 of the  
6 Government Code, the department shall, without taking  
7 any regulatory action, implement this section by means  
8 of all county letters or similar instructions. Thereafter, the  
9 department shall adopt regulations in accordance with  
10 the requirements of Chapter 3.5 (commencing with  
11 Section 11340) of Part 1 of Division 3 of Title 2 of the  
12 Government Code. Comprehensive implementing  
13 instructions shall be issued to the counties no later than  
14 March 1, 2001.

15 SEC. 7. Section 14005.37 is added to the Welfare and  
16 Institutions Code, to read:

17 14005.37. (a) Except as provided in Section 14005.39,  
18 whenever a county receives information about changes  
19 in a beneficiary's circumstances that may affect eligibility  
20 for Medi-Cal benefits, the county shall promptly  
21 redetermine eligibility. The procedures for  
22 redetermining Medi-Cal eligibility described in this  
23 section shall apply to all Medi-Cal beneficiaries.

24 ~~(b) Information received by the CalWORKs program~~  
25 ~~that results in a loss~~ *Loss of eligibility for cash aid under*  
26 *that program shall not result in a redetermination under*  
27 ~~this section unless that information is the type of~~  
28 ~~information~~ *section unless the reason for the loss of*  
29 *eligibility is one* that would result in the need for a  
30 redetermination for a person whose eligibility for  
31 Medi-Cal under Section 14005.30 was determined  
32 without a concurrent determination of eligibility for cash  
33 aid under the CalWORKs program.

34 (c) A loss of contact, as evidenced by the return of mail  
35 marked in such a way as to indicate that it could not be  
36 delivered to the intended recipient or that there was no  
37 forwarding address, shall require a prompt  
38 redetermination according to the procedures set forth in  
39 this section.

1 (d) *Except as otherwise provided in this section,*  
2 Medi-Cal eligibility shall continue during the  
3 redetermination process described in this section. A  
4 Medi-Cal beneficiary's eligibility shall not be ~~transferred~~  
5 ~~or~~ terminated under this section until the county makes  
6 a specific determination based on facts clearly  
7 demonstrating that the beneficiary is no longer eligible  
8 for Medi-Cal under any basis and due process rights  
9 guaranteed under this division have been met.

10 (e) For purposes of acquiring information necessary to  
11 conduct the eligibility determinations described in  
12 subdivisions (a) to (d), inclusive, a county shall make  
13 every reasonable effort to gather information available to  
14 the county that is relevant to the beneficiary's Medi-Cal  
15 eligibility prior to contacting the beneficiary. Sources for  
16 these efforts shall include, but are not limited to,  
17 Medi-Cal, CalWORKs, and Food Stamp Program case  
18 files of the beneficiary or of any of his or her immediate  
19 family members, which are open or were closed within  
20 the last 45 days, and wherever feasible, other sources of  
21 relevant information reasonably available to the counties.

22 (f) If a county cannot obtain information necessary to  
23 redetermine eligibility pursuant to subdivision (e), the  
24 county shall attempt to reach the beneficiary by  
25 telephone in order to obtain this information, either  
26 directly or in collaboration with community-based  
27 organizations so long as confidentiality is protected.

28 (g) If a county's efforts pursuant to subdivisions (e)  
29 and (f) to obtain the information necessary to  
30 redetermine eligibility have failed, the county shall send  
31 to the beneficiary a form ~~developed by the department,~~  
32 which shall highlight the information needed to complete  
33 the eligibility determination. The county shall not  
34 request information or documentation that has been  
35 previously provided by the beneficiary, that is not  
36 absolutely necessary to complete the eligibility  
37 determination, or that is not subject to change. The form  
38 shall be accompanied by a simple, clear,  
39 consumer-friendly cover letter ~~developed by the~~  
40 ~~department in consultation with the counties and~~



1 ~~representatives of consumers, managed care plans, and~~  
2 ~~Medi-Cal providers,~~ which shall explain why the form is  
3 necessary, the fact that it is not necessary to be receiving  
4 CalWORKs benefits to be receiving Medi-Cal benefits,  
5 the fact that receipt of Medi-Cal benefits does not count  
6 toward any time limits imposed by the CalWORKs  
7 program, the various bases for Medi-Cal eligibility,  
8 including disability, and the fact that even persons who  
9 are employed can receive Medi-Cal benefits. The cover  
10 letter shall include a telephone number to call in order to  
11 obtain more information. *The form and the cover letter*  
12 *shall be developed by the department in consultation*  
13 *with the counties and representatives of consumers,*  
14 *managed care plans, and Medi-Cal providers.* A Medi-Cal  
15 beneficiary shall have no less than 20 days from the date  
16 the form is mailed pursuant to this subdivision to respond.  
17 Except as provided in subdivision (h), failure to respond  
18 prior to the end of this 20-day period shall not impact his  
19 or her Medi-Cal eligibility.

20 (h) If the purpose for a redetermination under this  
21 section is a loss of contact with the Medi-Cal beneficiary,  
22 as evidenced by the return of mail marked in such a way  
23 as to indicate that it could not be delivered to the  
24 intended recipient or that there was no forwarding  
25 address, a return of the form described in subdivision (g)  
26 marked as undeliverable shall result in an immediate  
27 notice of action terminating Medi-Cal eligibility.

28 (i) If, within 20 days of the date of mailing of a form to  
29 the Medi-Cal beneficiary pursuant to subdivision (g), a  
30 beneficiary does not submit the completed form to the  
31 county, the county shall send the beneficiary a written  
32 notice of action stating that his or her eligibility shall be  
33 terminated 10 days from the date of the notice and the  
34 reasons for that determination, unless the beneficiary  
35 submits a completed form prior to the end of the 10-day  
36 period.

37 (j) If, within 20 days of the date of mailing of a form to  
38 the Medi-Cal beneficiary pursuant to subdivision (g), the  
39 beneficiary submits an incomplete form, the county shall  
40 attempt to contact the beneficiary by telephone and in



1 writing to request the necessary information. If the  
2 beneficiary does not supply the necessary information to  
3 the county within 10 days from the date the county  
4 contacts the beneficiary in regard to the incomplete  
5 form, a 10-day notice of termination of Medi-Cal  
6 eligibility shall be sent.

7 (k) If, within 30 days of termination of a Medi-Cal  
8 beneficiary's eligibility pursuant to ~~subdivisions (h) and~~  
9 ~~(i) subdivision (h), (i), or (j)~~, the beneficiary submits to  
10 the county a completed form, ~~the termination shall be~~  
11 ~~rescinded and eligibility shall be determined as though~~  
12 ~~the form was submitted in a timely manner.~~

13 ~~(l) Whenever an eligibility determination is required~~  
14 ~~under this section and a beneficiary has fully complied~~  
15 ~~with county requests for additional information pursuant~~  
16 ~~to subdivision (g), there shall be no termination of, or~~  
17 ~~break in, the period of eligibility until the county has~~  
18 ~~determined that the beneficiary is not eligible for benefits~~  
19 ~~under any provision of this chapter, including benefits~~  
20 ~~based upon a claim of disability if the beneficiary has~~  
21 ~~indicated that he or she is disabled.~~

22 ~~(m) In consultation with the counties and~~  
23 ~~representative of consumers and Medi-Cal providers, the~~  
24 ~~department shall develop a timeframe for~~  
25 ~~redeterminations of Medi-Cal eligibility based upon~~  
26 ~~disability, including the ex parte review and the specific~~  
27 ~~simplified forms and procedures to be used by consumers,~~  
28 ~~their representatives, and providers to present~~  
29 ~~information. form, eligibility shall be determined as~~  
30 ~~though the form was submitted in a timely manner and~~  
31 ~~if a beneficiary is found eligible, the termination under~~  
32 ~~subdivision (h), (I), or (j) shall be rescinded.~~

33 ~~(l) If the information reasonably available to the~~  
34 ~~county pursuant to the redetermination procedures of~~  
35 ~~subdivisions (d), (e), (g), and (m) does not indicate a~~  
36 ~~basis of eligibility, Medi-Cal benefits may be terminated~~  
37 ~~so long as due process requirements have otherwise been~~  
38 ~~met.~~

39 ~~(m) The department shall, with the counties and~~  
40 ~~representatives of consumers, including those with~~



1 *disabilities, and Medi-Cal providers, develop a timeframe*  
2 *for redetermination of Medi-Cal eligibility based upon*  
3 *disability, including ex parte review, the redetermination*  
4 *form described in subdivision (g), timeframes for*  
5 *responding to county or state requests for additional*  
6 *information, and the forms and procedures to be used.*  
7 *The forms and procedures shall be as consumer-friendly*  
8 *as possible for people with disabilities. The timeframe*  
9 *shall provide a reasonable and adequate opportunity for*  
10 *the Medi-Cal beneficiary to obtain and submit medical*  
11 *records and other information needed to establish*  
12 *eligibility for Medi-Cal based upon disability.*

13 (n) This section shall be implemented on or before  
14 July 1, 2001, but only to the extent that federal financial  
15 participation under Title XIX of the federal Social  
16 Security Act (Title 42 U.S.C. Sec. 1396 and following) is  
17 available.

18 (o) Notwithstanding Chapter 3.5 (commencing with  
19 Section 11340) of Part 1 of Division 3 of Title 2 of the  
20 Government Code, the department shall, without taking  
21 any regulatory action, implement this Section by means  
22 of all county letters or similar instructions. Thereafter, the  
23 department shall adopt regulations in accordance with  
24 the requirements of Chapter 3.5 (commencing with  
25 Section 11340) of Part 1 of Division 3 of Title 2 of the  
26 Government Code. Comprehensive implementing  
27 instructions shall be issued to the counties no later than  
28 March 1, 2001.

29 *SEC. 8. Section 14005.38 is added to the Welfare and*  
30 *Institutions Code, to read:*

31 *14005.38. To the extent feasible, the department shall*  
32 *use the redetermination form required by subdivision (g)*  
33 *of Section 14005.37 as the annual reaffirmation form.*

34 *SEC. 9. Section 14005.39 is added to the Welfare and*  
35 *Institutions Code, to read:*

36 *14005.39. (a) If a county has ~~evidence~~ facts clearly*  
37 *demonstrating that a Medi-Cal beneficiary cannot be*  
38 *eligible for Medi-Cal due to an event, such as death or*  
39 *change of state residency, Medi-Cal benefits shall be*



1 terminated without a redetermination under Section  
2 14005.37.

3 (b) Whenever Medi-Cal eligibility is terminated  
4 without a redetermination, as provided in subdivision  
5 (a), the Medi-Cal eligibility worker shall document that  
6 fact or event causing the eligibility termination in the  
7 beneficiary's file, along with a written certification that a  
8 full redetermination could not result in a finding of  
9 Medi-Cal eligibility. Following this written certification,  
10 a notice of action specifying the basis for termination of  
11 Medi-Cal eligibility shall be sent to the beneficiary.

12 (c) This section shall be implemented on or before July  
13 1, 2001, but only to the extent that federal financial  
14 participation under Title XIX of the federal Social  
15 Security Act (Title 42 U.S.C. Sec. 1396 and following) is  
16 available.

17 (d) Notwithstanding Chapter 3.5 (commencing with  
18 Section 11340) of Part 1 of Division 3 of Title 2 of the  
19 Government Code, the department shall, without taking  
20 any regulatory action, implement this section by means  
21 of all county letters or similar instructions. Thereafter, the  
22 department shall adopt regulations in accordance with  
23 the requirements of Chapter 3.5 (commencing with  
24 Section 11340) of Part 1 of Division 3 of Title 2 of the  
25 Government Code. Comprehensive implementing  
26 instructions shall be issued to the counties no later than  
27 March 1, 2001.

28 SEC. 10. Section 14005.81 of the Welfare and  
29 Institutions Code is amended to read:

30 14005.81. (a) Effective October 1, 1998, in addition to  
31 the two six-month periods of transitional Medi-Cal  
32 benefits provided in Section 14005.8, the state shall fund  
33 and provide one additional 12-month period of  
34 transitional Medi-Cal to persons age 19 years and older  
35 who have received 12 months of transitional Medi-Cal  
36 under Section 14005.8 and who continue to meet the  
37 requirements applicable to the additional six-month  
38 extension period provided for in Section 14005.8, except  
39 that once a beneficiary has been determined eligible for  
40 an additional 12 months of Medi-Cal benefits under this



1 section, the beneficiary shall not be required to submit  
2 the status reports imposed by federal law . The benefits  
3 provided under this section shall commence on the day  
4 following the last day of receipt of benefits under Section  
5 14005.8.

6 (b) In the case of an alien who has received 12 months  
7 of transitional Medi-Cal under Section 14005.8, the  
8 benefits provided under this section shall be limited to  
9 those benefits that would be available to that person  
10 under Section 14005.8.

11 (c) It is the intent of the Legislature that the  
12 department seek a mechanism for securing federal  
13 financial participation in connection with  
14 pregnancy-related benefits provided under this section.

15 ~~SEC. 11. Section 14063.5 is added to the Welfare and  
16 Institutions Code, to read:~~

17 ~~14063.5. For purposes of benefits under the Medi-Cal  
18 program:~~

19 ~~(a) "Annual reaffirmation" refers to the 12-month  
20 review under Section 14012.~~

21 ~~(b) "Redetermination" refers to the review for any  
22 possible alternative basis of Medi-Cal eligibility when  
23 eligibility on one basis ends between annual reaffirmation  
24 dates.~~

25 ~~SEC. 12.—~~

26 *SEC. 11.* Notwithstanding Section 17610 of the  
27 Government Code, if the Commission on State Mandates  
28 determines that this act contains costs mandated by the  
29 state, reimbursement to local agencies and school  
30 districts for those costs shall be made pursuant to Part 7  
31 (commencing with Section 17500) of Division 4 of Title  
32 2 of the Government Code. If the statewide cost of the  
33 claim for reimbursement does not exceed one million  
34 dollars (\$1,000,000), reimbursement shall be made from  
35 the State Mandates Claims Fund.

