

AMENDED IN SENATE APRIL 5, 1999

SENATE BILL

No. 1258

Introduced by Senator Polanco

February 26, 1999

An act to add ~~Section 14005.22~~ *Sections 14005.22 and 14005.23* to the Welfare and Institutions Code, relating to human services.

LEGISLATIVE COUNSEL'S DIGEST

SB 1258, as amended, Polanco. Medi-Cal: HIV infected persons: *plan enrollment eligibility.*

Existing law provides for the Medi-Cal program, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons. The Medi-Cal program is funded by federal and state funds, and is administered by the State Department of Health Services. Federal financial participation, through the federal medicaid program, is contingent upon approval of the state plan for the provision of health services through the Medi-Cal program.

Existing law requires a Medi-Cal beneficiary to pay a share of costs related to the provision of benefits and services under the program under certain conditions.

This bill would require the department to undertake efforts to provide opportunities for voluntary enrollment in managed care plans and primary care case management plans to any individual who is eligible for benefits under the Medi-Cal program and who has an obligation to pay a share of the cost of the benefits. The bill would require the department to pursue all federal waivers and state medicaid

plan amendments necessary to implement the plan, and, upon creation of an option for those beneficiaries to enroll in managed care plans, to take all necessary actions to inform beneficiaries of their right to enroll in managed care plans.

This bill would also require the State Department of Health Services to solicit approval from the federal Health Care Financing Administration to obtain waivers or amend existing waivers to provide Medi-Cal coverage for individuals who have tested positive for the human immunodeficiency virus (HIV), but who are not otherwise eligible because they are not disabled.

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

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

1 SECTION 1. Section 14005.22 is added to the Welfare
2 and Institutions Code, to read:

3 14005.22. (a) *Notwithstanding any other provision of*
4 *law, the department shall undertake efforts to provide*
5 *opportunities for voluntary enrollment in managed care*
6 *plans and primary care case management plans to any*
7 *individual who is eligible to receive health benefits and*
8 *services pursuant to Section 14005 and who has an*
9 *obligation to pay a share of costs pursuant to Section*
10 *14005.9.*

11 (b) *The department shall pursue all federal waivers or*
12 *state plan amendments it deems necessary to allow*
13 *beneficiaries with a share of costs to enroll in managed*
14 *care plans. However, inclusion of these beneficiaries in*
15 *managed care plans shall not increase the cost the state*
16 *would otherwise incur for those beneficiaries under fee*
17 *for service or otherwise affect the level of federal*
18 *financial participation.*

19 (c) *Upon creation of an option for share of costs*
20 *beneficiaries to enroll in managed care plans, the*
21 *department shall take all necessary actions to inform*
22 *beneficiaries of their right to enroll in managed care*
23 *plans.*



1 *(d) Nothing in this section shall affect the inclusion of*
2 *Medi-Cal recipients in county-organized health systems.*

3 *SEC. 2. Section 14005.23 is added to the Welfare and*
4 *Institutions Code, to read:*

5 14005.23. (a) The Legislature finds and declares the
6 following: The federal Health Care Financing
7 Administration (HCFA) allows states to expand coverage
8 within their medicaid programs through waiver
9 programs. Individuals who have tested positive for the
10 human immunodeficiency virus (HIV) and who meet
11 applicable financial eligibility requirements are ineligible
12 for benefits if they are not considered disabled. These
13 individuals must rely on county and state programs to
14 provide medical treatment of HIV. Federal financial
15 participation in the care of these individuals through
16 medicaid could relieve significant pressure on
17 California's AIDS Drug Assistance Program and county
18 safety net programs that currently provide care to these
19 individuals. Through existing waiver mechanisms,
20 California can seek to avail itself of federal assistance in
21 providing medical care to uninsured local residents who
22 would otherwise qualify for medicaid but for inability to
23 demonstrate disability.

24 (b) By April 1, 2000, the department shall solicit
25 approval from the HCFA to obtain waivers or amend
26 existing waivers in order to provide coverage within
27 Medi-Cal for individuals with HIV that meet income
28 eligibility requirements, but for whom coverage is not
29 currently available because the individual is not disabled.

30 (c) For purposes of this section, the term "solicit" shall
31 include pursuing opportunities to submit an amendment
32 to the state medicaid plan or to participate in a
33 demonstration project for Medi-Cal coverage of the
34 individuals described in subdivision (b).

