

AMENDED IN ASSEMBLY MAY 27, 2011

AMENDED IN ASSEMBLY APRIL 25, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 43

Introduced by Assembly Member Monning
(Coauthor: Assembly Member Fuentes)

December 6, 2010

An act to add Section 14005.60 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 43, as amended, Monning. Medi-Cal: eligibility.

Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions.

Existing federal law requires states, beginning January 1, 2014, as a condition of receiving federal Medicaid funds, to provide health care services to persons who are under 65 years of age, not pregnant, not entitled to, or enrolled for, benefits under Medicare Part A, or enrolled for benefits under Medicare Part B, or as otherwise specified, and whose income does not exceed 133% of the poverty line, as defined.

This bill would require the department to establish, by January 1, 2014, eligibility for Medi-Cal benefits for any person who meets these eligibility requirements. This bill would permit the department, to the extent permitted by federal law, to phase in coverage for those individuals.

This bill would require the department to prepare and submit for approval to the federal Centers for Medicare and Medicaid Services an initial transition plan, as specified. This bill would also require the department to submit the initial transition plan to the appropriate policy and fiscal committees of the Legislature.

Because counties are required to make Medi-Cal eligibility determinations and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program.

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.

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 14005.60 is added to the Welfare and
2 Institutions Code, to read:

3 14005.60. (a) By January 1, 2014, the department shall
4 establish eligibility for Medi-Cal benefits for any person who meets
5 the eligibility requirements of subclause (VIII) of Section
6 1902(a)(10)(A)(i) and Section 1902(k)(2) of Title XIX of the
7 federal Social Security Act (42 U.S.C. Sec. 1396 et seq.).

8 (b) To the extent permitted by federal law, the department may
9 phase in coverage for persons described in subdivision (a).

10 (c) (1) The department shall, in accordance with the Special
11 Terms and Conditions ~~for~~ of California's Bridge to Reform Section
12 1115(a) Medicaid Demonstration (11-W-00193/9), prepare and
13 submit for approval to the federal Centers for Medicare and
14 Medicaid Services an initial transition plan that contains all of the
15 following:

16 (A) An outline of the process for determining eligibility for
17 persons described in subdivision (a), including, but not limited to,
18 the transition of enrollees in the demonstration project pursuant
19 to Part 3.6 (commencing with Section 15909) that does not require
20 the enrollees to submit a new application.

1 (B) A plan to manage the transition to new eligibility levels in
2 2014 by considering, reviewing, and preliminarily determining
3 new applications beginning as early as July 1, 2013, including in
4 a county that has not established a demonstration project pursuant
5 to Part 3.6 (commencing with Section 15909) or that has limited
6 enrollment in the demonstration project.

7 (C) Criteria for provider participation and the means of securing
8 provider agreements for the transition.

9 (D) The schedule of implementation activities for the state to
10 make the transition plan operational.

11 (E) The process the state will use to ensure adequate primary
12 care and specialty provider networks.

13 (2) The department shall also submit the initial transition plan
14 to the appropriate policy and fiscal committees of the Legislature.

15 (d) Nothing in this section shall be construed to limit eligibility
16 for Medi-Cal benefits as authorized by any other provision of law.

17 SEC. 2. If the Commission on State Mandates determines that
18 this act contains costs mandated by the state, reimbursement to
19 local agencies and school districts for those costs shall be made
20 pursuant to Part 7 (commencing with Section 17500) of Division
21 4 of Title 2 of the Government Code.