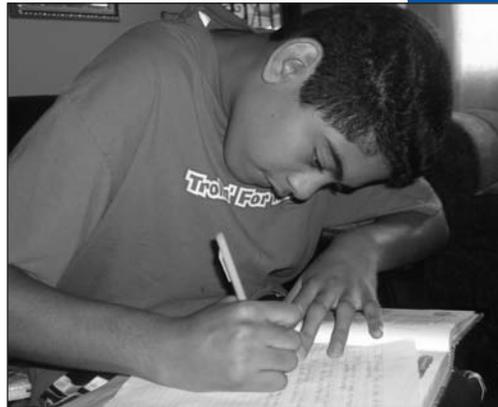


Making it happen



WHAT IS MEDI-CAL?
A BOOKLET FOR
FAMILIES OF REGIONAL
CENTER CLIENTS



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Introduction

This booklet contains information about the Medi-Cal program for families of regional center clients. It answers a series of questions that will help you decide whether your son or daughter might be eligible for Medi-Cal and where to go to get additional information or an application for the program. The booklet provides a general overview of the program as it applies to people of all ages. It also addresses issues separately when program conditions or requirements differ for children and adults.



SECTION 1

What is

WHAT IS MEDI-CAL? Medi-Cal is California's version of Medicaid, a health benefits program for people with limited income that is funded jointly by the federal and state governments. Medi-Cal pays for health care for eligible adults and children who live in California, and it is the principal source of health support for most adults and many children who are regional center clients.

WHO IS ELIGIBLE FOR MEDI-CAL? For an adult, the primary way to become eligible for Medi-Cal is if his income and other resources – such as personal savings – are below a certain limit. An adult who receives Supplemental Security Income, or SSI, automatically qualifies for Medi-Cal. For this reason, a majority of adult clients of the regional center receive Medi-Cal.

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For a child, the primary way to become eligible is if his family's income and other resources – such as personal savings – are below a certain limit. A child who receives Supplemental Security Income automatically qualifies for Medi-Cal.

A child who is a regional center client and whose family income and resources are above the limit might also be eligible for Medi-Cal under a special program. This could occur if the child has disabilities that would otherwise qualify him to live in a licensed health facility.

In this case the child is eligible under a program called “institutional deeming.” Further, if the child is covered under a private insurance plan (for example, through a parent's employer), that plan will continue to be the child's primary coverage and Medi-Cal will act as a secondary payer. This means that all services will be billed to the private insurance first. If payment is denied by the private insurance, then a claim can be submitted to Medi-Cal.

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WHAT DOES MEDI-CAL PAY FOR? Medi-Cal pays for “medically necessary” health care, such as physician visits, X-ray and laboratory tests, hospital care, home health care, prescription drugs, dental care, prosthetic and orthopedic devices, eyeglasses, hearing aids, and medical equipment. It also pays for mental health care. In order for Medi-Cal to cover these costs and services, the patient must use providers that accept Medi-Cal.

People who are eligible for the full range of services described above are said to have “full-scope” Medi-Cal. Some people, however, may be eligible only for “restricted services.” For example, a person who is not a documented resident may not be eligible for full-scope Medi-Cal, but may be eligible to receive emergency care under this program.

HOW ARE MEDI-CAL SERVICES DELIVERED?

Medi-Cal may be provided through a fee-for-service plan or through a managed care plan. In a fee-for-service plan the patient may be treated by any medical provider who accepts Medi-Cal. Under a managed care plan, the patient must use a restricted group of medical providers who belong to that particular plan (HMO).

Each California county decides how its services will be delivered. In Los Angeles County, Medi-Cal managed care services are offered by HealthNet and LA Care, but most beneficiaries may also choose to receive services under the fee-for-service

option. (Some categories of beneficiaries – such as TANF recipients or children of a single parent – are required to enroll in the managed care option.) In contrast, in Orange County all Medi-Cal is provided through a managed plan.



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While some people prefer fee-for-service Medi-Cal because it offers the patient a choice of providers, it is sometimes difficult to find a particular type of medical provider (particularly a specialist) who accepts Medi-Cal. The managed care plan offers less choice, but the plan has an obligation to find a provider of the type needed by the patient even if it does not have such a provider in its network.

IS THERE A COST FOR MEDI-CAL? Some beneficiaries

receive services for free while some may have to pay a “share of cost.” This is some portion of the cost of the service.

For a child, the amount of the share of cost depends upon the family’s income and is paid only during months when the child has medical (including prescription) expenses.

For an adult, the amount of the share of cost depends upon the income of the person himself.

As with children, the share of cost for an adult is paid only during months when he has medical expenses. Regional center clients who work or have other sources of income in addition to SSI may have a share of cost.

If a person loses his SSI, he may also lose eligibility for Medi-Cal, although there are some exceptions to this for people receiving SSA benefits in addition to SSI.

WHAT ELSE SHOULD I KNOW ABOUT MEDI-CAL?

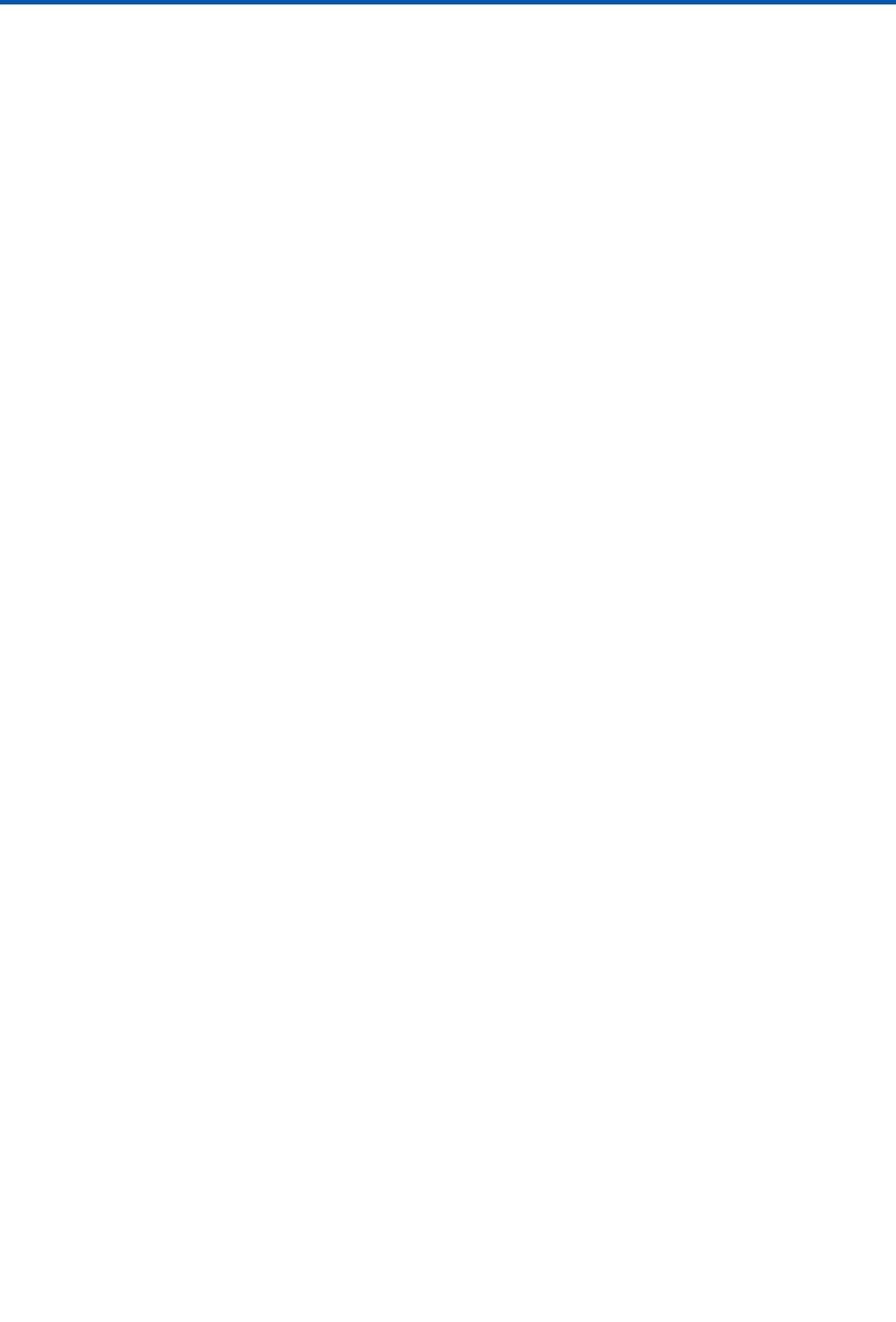
Under this program, your Medi-Cal provider may need to get advance approval for certain services or supplies. This is called “prior authorization.” Under fee-for-service Medi-Cal, authorization is requested using a Treatment Authorization Request form, or TAR. Managed care plans have their own processes for pre-authorizing treatment.

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HOW CAN I ENROLL MY FAMILY MEMBER IN

MEDI-CAL? If you believe your son or daughter may be eligible for Medi-Cal, you can go to the Internet (<http://www.dhs.ca.gov/mcs/med-calhome/MC210.htm>) and download a mail-in application. (If a person applies for SSI, that application also serves as the Medi-Cal application, so he need not apply separately for Medi-Cal.) For in-person help applying, you can visit your local office of the Department of Public Social Services (DPSS). If you have problems or questions, talk to your regional center Counselor or visit the HRC Resource Center.





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