

AB/SB x1 1 (as introduced) - Administration's Proposed Amendments
Side by Side Summary Version: 5-1-13

Sec.	Page	Code	Statute	Description of AB/SB x1 1 Language	Administration's Proposed Changes	Regulation Requirement
1	1	Uncodified	Uncodified	Findings and declarations of the Legislature.		
2	1-2	INS	12698.30	Specifies that mothers enrolled in the Access for Infants and Mothers (AIM) program receive coverage through the end of the month in which the 60th day after the last day of pregnancy occurs, effective January 1, 2014.	Pending further analysis	
XX	2	WIC	11026		Technical amendments to correctly reference DHCS and to correct a reference to an obsolete section in Revenue and Taxation Code.	
XX	2-3	WIC	14000.7		Add language that requires DHCS to provide assistance to any applicant or beneficiary requesting assistance with their application or redetermination free of charge consistent with federal requirements.	Beneficiary Assistance (DHCS requirements). Recommend implementing emergency regulations to be promulgated by July 1, 2015 and followed up by non-emergency regulations in a timely fashion as required by the APA.
3	3	WIC	14005.18	Sunsets existing pregnancy-only Medi-Cal benefit during 60 day period immediately following birth on January 1,	Delete proposed sunset date. Note pregnancy only is addressed in Section 14148.65 on Page 79.	

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				2014.		
4	3	WIC	14005.18	Reenact section effective January 1, 2014 with language relating to pregnancy services and the provision full scope Medi-Cal services for this population.	Delete proposed section. Pregnancy only is addressed in Section 14148.65 on Page 79.	
5	4	WIC	14005.28	Sunsets existing section related to the coverage of foster youth January 1, 2014.	Delete the provision that requires DHCS to identify and track all former independent foster care adolescents who, on or after January 1, 2013, lose coverage as a result of attaining 21 years of age.	
6	4-5	WIC	14005.28	Reenacts section effective January 1, 2014, to expand Former Foster Care Children's Medi-Cal linkage and to establish a redetermination policy for this population.	Amend to give DHCS authority to provide a simplified redetermination process for this population of Medi-Cal beneficiaries consistent with federal requirements. Allow DHCS to move former foster care children to the Medi-Cal Fee-For-Service delivery system if there is loss of contact; must seek federal approval.	MAGI. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed.
7	5-7	WIC	14005.30	Sunsets section 1931(b) program authorizing statute January 1, 2014.		
8	7-9	WIC	14005.30	Reenacts section to grant	Pending further analysis	MAGI.

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				DHCS the authority to determine individuals eligible for Medi-Cal benefits under this section by using the MAGI income eligibility standards.	Amend to conform to federal law and permit, once the MOE for adults expires, the income limit for the 1931(b) program to be reduced to a lower level including the minimum level as permitted by federal law and for the purposes of increasing the State's ability to claim enhanced federal funding for some individuals.	Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed.
9	9-10	WIC	14005.31	Amends section to eliminate the requirement that beneficiaries be informed of semiannual status report requirement effective January 1, 2014.	Sunset this section effective January 1, 2014. See new language, section 14005.31, Section XX (pgs. 11-12) reenacting statute.	
XX	11-12	WIC	14005.31		Reenact section and add new language to designate that redeterminations under this section comply with the amended redetermination processes in Section 12, section 14005.37 (pgs. 19-26) and delete the requirement that beneficiaries be informed of semiannual status report requirement effective January 1, 2014.	Redeterminations. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed.

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10	12-13	WIC	14005.32	Amends section to eliminate the requirement that beneficiaries be informed of semiannual status report requirement effective January 1, 2014.	Sunset this section January 1, 2014. See new language section 14005.32, Section XX (pgs. 14-15) reenacting statute.	
XX	13-15	WIC	14005.32		Reenact section and add new language to designate that redeterminations under this section comply with the amended redetermination processes in Section 12, section 14005.37 (pgs. 19-26) and eliminate the requirement that beneficiaries be informed of semiannual status report requirement effective January 1, 2014.	Redeterminations. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed
XX	15-16	WIC	14005.36		Amend existing law to facilitate efforts between managed care plans and the Department whereas managed care plans can report beneficiary contact changes (i.e. name, phone number and address changes) and for counties to use this information to update their case record.	Beneficiary Assistance (Managed care plan reporting changes to counties). Recommend implementing emergency regulations to be promulgated by July 1, 2015 and followed up by non-emergency regulations in a timely fashion as required by the APA.

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11	16-18	WIC	14005.37	Commencing January 1, 2014 sunsets this section regarding Medi-Cal eligibility redetermination process upon a beneficiary's change in information. (SB 87 Redetermination Process for Change in Circumstances).		
12	18-25	WIC	14005.37	Commencing January 1, 2014, implements this section regarding Medi-Cal eligibility redetermination upon a beneficiary's change in information with amendments that do not conform to federal law. (SB 87 Redetermination Process for Change in Circumstances).	Amend existing law to establish redetermination processes for all types of Medi-Cal redeterminations and/or changes in circumstances and to fully comply with federal law. Also adds provisions to revert to mid-year status reporting and current eligibility and redetermination processes if ACA Medicaid eligibility and redetermination processes are no longer required. Includes provision stating implementation will be January 1, 2014 or whenever all necessary federal approvals are obtained, whichever is later.	Redeterminations. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed
XX	25	WIC	14005.38		Sunset this section effective January 1, 2014. This section does not comply with the ACA	

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					and is being replaced with the amended redetermination processes for all types of redeterminations and/or changes in circumstances. See Section 12, section 14005.37 (pgs. 19-26)	
XX	25-26	WIC	14005.39		Amend to reflect technical corrections for changes in circumstances; implementation contingent if there is a need for federal approvals.	Redeterminations. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed
13	26-27	WIC	14005.60	Expands Medi-Cal eligibility to childless adults up to 138 percent of the federal poverty level. Requires Medi-Cal eligible LIHP enrollees to be transitioned into Medi-Cal and supplies notification standards pertaining to this transition. Requires DHCS to establish a benchmark benefit package equivalent to full-scope Medi-Cal benefits and supplemented by any additional benefits included in the essential health benefits package	Pending further analysis	

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				adopted by the State.		
14	27	WIC	14005.62	Requires DHCS to accept self-attestation for eligibility information including age, date of birth, family size, household income, state residence, pregnancy, etc. and verify pursuant to new section 15926.2 which does not require any verification.	Delete this section since self-attestation will not be accepted for all application data elements. See amendments to section 14007.1, Section XX (pgs. 32-37), whereby paper verification will be needed to establish residency and to section 14013.3, Section XX (pgs. 43-46), requiring verification of all necessary information in conformity with federal law during eligibility determination process.	
15	27-28	WIC	14005.63	Establishes who may assist, accompany, and represent a Medi-Cal applicant in the application and appeals process.	Amend to reflect new language regarding establishing a Medi-Cal authorized representative. See section 14014.5, Section XX (pgs. 46-48). Includes provision stating implementation will be October 1, 2013 or whenever all necessary federal approvals are obtained, whichever is later.	Authorized Representative. Recommend implementing emergency regulations to be promulgated by July 1, 2015 and followed up by non-emergency regulations in a timely fashion as required by the APA.
16	28-30	WIC	14005.64	Implements the use of MAGI income methodologies.	Amend this section to implement MAGI income methodologies consistent with federal requirements.	MAGI. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to

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						Legislature until regulations are developed
17	30-31	WIC	14005.65	Establishes the state options to use projected annual income to establish Medi-Cal eligibility.	Pending further analysis	
18	31	WIC	14007.1	Sunset existing state residency verification requirements effective January 1, 2014.		
19	32-36	WIC	14007.1		Amend to add language establishing new state residency verification requirements to conform to new federal definition of state residency.	Residency (Verification). Recommend implementing emergency regulations to be promulgated by July 1, 2015 and followed up by non-emergency regulations in a timely fashion as required by the APA.
XX	36-38	WIC	14007.15		Add new section establishing new state residency requirements to conform to new federal definition of state residency.	Residency (Establishing). Recommend implementing emergency regulations to be promulgated by July 1, 2015 and followed up by non-emergency regulations in a timely fashion as required by the APA.
20	39	WIC	14007.6	Sunset this residency policy effective January 1, 2014.		

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21	39-40	WIC	14007.6		Amend to add language to reflect new residency requirements for individuals who move into California. See section 14007.1, Section XX (pgs. 32-37).	Residency (New State Residents). Recommend implementing emergency regulations to be promulgated by July 1, 2015 and followed up by non-emergency regulations in a timely fashion as required by the APA.
22	40	WIC	14008.85	Eliminates Medi-Cal deprivation requirements effective January 1, 2014.	Pending further analysis	
23	40-41	WIC	14011.16	Eliminates semiannual status report requirement for adults (MAGI and non-MAGI) effective January 1, 2014.		
24	41-42	WIC	14011.17	Eliminates semiannual status report exemptions for specified individuals effective January 1, 2014.		
25	42	WIC	14012	Sunsets annual reaffirmation of eligibility requirement and that reaffirmation may be required at other times.		
26	42	WIC	14012	Reenacts section to implement annual reaffirmation of eligibility requirement for populations subject to the use of MAGI	Deletes this provision. See Section 12, section 14005.37 (pgs. 19-26).	

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				which shall be renewed once every 12 months and no more frequently than every 12 months.		
XX	42-44	WIC	14013.3		Add this section to establish new policies regarding verification requirements, including establishing a reasonable compatibility standard, and granting DHCS the authority to establish and implement a verification plan.	Verification Plan Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed
XX	44-47	WIC	14014.5		Add this section to establish new policies regarding the appointment of authorized representatives that conform to federal law. Includes provision stating implementation will be October 1, 2013 or whenever all necessary federal approvals are obtained, whichever is later.	Authorized Representative. Recommend implementing emergency regulations to be promulgated by July 1, 2015 and followed up by non-emergency regulations in a timely fashion as required by the APA.
XX	47-48	WIC	14015.5		Add this section to delegate authority to the Exchange to make MAGI Medi-Cal eligibility determinations under limited circumstances.	Exchange Delegation/Service Center. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed

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XX	48-51	WIC	14015.7		Add this section to establish the implementation of the workflow transfer protocols to be used by the Exchange Service Center staff when phone inquiries are received from individuals who may be potentially MAGI Medi-Cal eligible.	Exchange Delegation/Service Center. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed
XX	51-52	WIC	14016.6		Sunsets existing law that establishes a program to provide information and assistance to beneficiaries enrolling in managed care plans effective January 1, 2014.	
XX	52-54	WIC	14016.6		Reenacts the provisions to establish a program to provide information and assistance to beneficiaries enrolling in managed care plans effective January 1, 2014, to comply with new federal requirements and includes authority for counties to assist with health plan selection via CalHEERS.	Beneficiary Assistance (Use of CalHEERS for Medi-Cal Plan enrollment) Recommend implementing emergency regulations to be promulgated by July 1, 2015 and followed up by non-emergency regulations in a timely fashion as required by the APA.
XX	54	WIC	14055		Add the definition of "caretaker relative" consistent with current policy in accordance with ACWDLs, specifically 94-66 and 99-56.	

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XX	54	WIC	14057		Add the definition of "insurance affordability program".	
XX	55-56	WIC	14102		Pending further analysis Administration amendments add language stating individuals over the age of 21, applying for state only funded programs or state only benefits due to the 5-year bar shall only be enrolled in those programs or receive such benefits to the extent they are not eligible during applicable enrollment periods for enrollment into insurance affordability programs under the Exchange. Individuals enrolled in the state only funded programs or receiving state only benefits as of December 31, 2013 are exempt from this provision.	Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed
XX	56-57	WIC	14102.5		Add reporting requirements for DHCS and the Exchange regarding the collection of information on enrollment into insurance affordability programs.	Data Collection. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed
XX	57-58	WIC	14103		Pending further analysis. Provides authority to cease implementation in the event that	

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					federal ACA statutes and regulations reduce or eliminate the level of enhanced federal medical assistance percentage or if there are changes to mandatory Medicaid provisions resulting in fiscal impacts to the State.	
27	58-68	WIC	14132	Amends Medi-Cal benefits statute to include requirement that Medi-Cal benefits include all benefits included in the essential health benefits package adopted by the State.	Pending further analysis.	
28	68	WIC	14132.02	Creation of benchmark benefits and includes in those benefits all full scope Medi-Cal benefits.	Pending further analysis.	
XX	68-69	WIC	14148.65		Add provisions to establish a premium assistance and benefit wrap program for pregnant women who are otherwise eligible for pregnancy-related and post-partum services under Medi-Cal, which are not considered minimum essential coverage under the mandate.	Premium Assistance. Provide authority to implement through all county letter, or similar instruction, followed by semi-annual status reporting to Legislature until regulations are developed

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29	69-73	WIC	15926	Revise this section included in the Establishment of the Health Care Eligibility, Enrollment, and Retention Planning Act to require that all state health subsidy programs accept self-attestation for all eligibility information.	Add cleanup language to comply with federal law and to eliminate the requirement that all state health subsidy programs accept self-attestation for all eligibility information.	
30	73			Mandate provisions.		
XX	73	Uncodified	Uncodified		Add this section to give DHCS authority to begin implementing the legislation, for sections specified, before January 1, 2014.	