

SB 28 (as introduced) - Administration's Proposed Amendments
Side by Side Summary Version: 1-31-13

Sec.	Page	Code	Statute	Description of SB 28 Language	Proposed Changes
1	1	Uncodified	Uncodified	Findings and declarations of the Legislature.	Revised to reflect Administration's intent regarding ACA implementation.
2	1	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.	Delete this language as AIM does not fit with the intent of making changes consistent with MAGI Medicaid provisions.
XX	2	WIC	11026		Amend this section to expressly state requirement that the Franchise Tax Board supply DHCS and DSS with the name of applicant/beneficiary receiving unearned income, the payer's information, and the dollar amount and type of unearned income.
XX	2	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.
3	2-3	WIC	14005.18	Sunsets existing pregnancy-only Medi-Cal benefit during 60 day period immediately following birth on January 1, 2014.	Strike this language and maintain existing law regarding Medi-Cal pregnancy-only Medi-Cal benefits during 60 day period immediately following birth.
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.	Strike this language and maintain existing law regarding Medi-Cal pregnancy-only Medi-Cal benefits during 60 day period immediately following birth.
5	3-4	WIC	14005.28	Sunsets existing section related to the coverage of foster youth January 1, 2014.	

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6	4	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.	<i>The Administration's amendments show changes to current law and not SB 28 provisions</i> – the amendments give DHCS authority to provide a simplified redetermination process for this population of Medi-Cal beneficiaries consistent with federal requirements.
7	5-6	WIC	14005.30	Sunsets section 1931(b) program authorizing statute January 1, 2014.	
8	6-8	WIC	14005.30	Reenacts section to grant DHCS the authority to determine individuals eligible for Medi-Cal benefits under this section by using the MAGI income eligibility standards.	<i>The Administration's amendments show changes to current law and not SB 28 provisions</i> – the amendments 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.
9	8-10	WIC	14005.31	Amends section to eliminate the requirement that beneficiaries be informed of semiannual status report requirement effective January 1, 2014.	Revise to sunset this section effective January 1, 2014. See new language, section 14005.31, Section XX (pg. 10) reenacting statute.
XX	10-11	WIC	14005.31		Reenact section and add new language to designate that redeterminations under this section comply with the new redetermination process in Section 21, section 14012 (pgs. 35-38) and to delete the requirement that beneficiaries be informed of semiannual status report requirement effective January 1, 2014.

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					Note: The Administration's amendments show changes to current law.
10	11-12	WIC	14005.32	Amends section to eliminate the requirement that beneficiaries be informed of semiannual status report requirement effective January 1, 2014.	Revise to sunset this section January 1, 2014. See new language section 14005.32, Section XX (pgs.12-14) reenacting statute.
XX	12-14	WIC	14005.32		Reenact section and add new language to designate that redeterminations under this section comply with the new redetermination process in Section 21, section 14012 (pgs. 35-38) and eliminate the requirement that beneficiaries be informed of semiannual status report requirement effective January 1, 2014. Note: The Administration's amendments show changes to current law.
XX	14	WIC	14005.36		Revise to sunset January 1, 2014. See new language section 14005.36, Section XX (pgs. 15) reenacting statute.
XX	15	WIC	14005.36		Reenact this section 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. Note: The Administration's amendments show changes to current law.
11	15-18	WIC	14005.37	Commencing January 1, 2014 sunsets this section regarding Medi-Cal eligibility redetermination process upon a	

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				beneficiary's change in information. (SB 87 Redetermination Process for Change in Circumstances).	
12	18-21	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).	Delete this section. Many of the provisions contained in this section do not conform with the ACA. This section is replaced with a newly developed global redetermination process for all types of redeterminations. See Section 21, section 14012 (pgs. 35-38)
XX	21	WIC	14005.38		Sunset this section effective January 1, 2014. This section does not comply with the ACA and is being replaced with newly developed global redetermination process for all types of redeterminations. See Section 21, section 14012 (pgs. 35-38).
XX	21-22	WIC	14005.39		Sunset this section effective January 1, 2014.
XX	22	WIC	14005.39		Reenact section and add new language to designate that redeterminations under this section comply with the new redetermination process. See Section 21, section 14012 (pgs. 35-38). Note, the Administration's amendments show changes to current law.
13	22-23	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	Delete this section as it pertains to the optional Medicaid expansion.

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				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 adopted by the State.	
14	23	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. 27-30), whereby paper verification will be needed to establish residency and to section 14013.3, Section XX (pgs. 38-40), requiring verification of all necessary information in conformity with federal law during eligibility determination process.
15	23-24	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. 40-42).
16	24-26	WIC	14005.64	Implements the use of MAGI income methodologies.	Amend this section to implement MAGI income methodologies consistent with federal requirements.
XX	26-27	WIC	14007.1		Sunset existing state residency verification requirements effective January 1, 2014.
XX	27-30	WIC	14007.1		Reenact section and add language establishing new state residency verification requirements to conform to new federal definition of state residency. Note: The Administration's

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					<i>amendments show changes to current law.</i>
XX	30-32	WIC	14007.15		Add new section establishing new state residency requirements to conform to new federal definition of state residency.
XX	32	WIC	14007.6		Sunsets this residency policy effective January 1, 2014.
XX	32-33	WIC	14007.6		Reenact section and add language to reflect new residency requirements for individuals who move into California. See section 14007.1, Section XX (pgs. 27-30). <i>Note: The Administration's amendments show changes to current law.</i>
17	33-34	WIC	14008.85	Eliminates Medi-Cal deprivation requirements effective January 1, 2014.	Delete changes and maintain existing law regarding Medi-Cal deprivation requirements.
18	34-35	WIC	14011.16	Eliminates semiannual status report requirement for adults (MAGI and non-MAGI) effective January 1, 2014.	
19	35	WIC	14011.17	Eliminates semiannual status report exemptions for specified individuals effective January 1, 2014.	
20	35	WIC	14012	Sunsets annual reaffirmation of eligibility requirement and that reaffirmation may be required at other times.	
21	35-38	WIC	14012	Reenacts section to implement annual reaffirmation of eligibility requirement for MAGI population and to delete language that reaffirmation may be required at other times.	<i>The Administration's amendments show changes to current law and not SB 28 provisions</i> – the amendments establish a global redetermination process for all types of Medi-Cal redeterminations and to fully comply with federal law. Also adds provisions to revert to mid-year

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					status reporting and current eligibility and redetermination processes if ACA Medicaid eligibility and redetermination processes are no longer required.
XX	38-40	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.
XX	40-42	WIC	14014.5		Add this section to establish new policies regarding the appointment of authorized representatives that conform to federal law.
XX	42-43	WIC	14015.5		Add this section to delegate authority to the Exchange to make MAGI Medi-Cal eligibility determinations under limited circumstances.
XX	43-44	WIC	14016.6		Sunsets the provisions to establish a program to provide information and assistance to beneficiaries enrolling in managed care plans January 1, 2014.
XX	44-46	WIC	14016.6		Reenacts the provisions to establish a program to provide information and assistance to beneficiaries enrolling in managed care plans January 1, 2014 to comply with new federal requirements and includes authority for counties to assist with health plan selection via CalHEERS. Note: The Administration's amendments show changes to current law.

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XX	46	WIC	14055		Add the definition of "caretaker relative" consistent with current policy in accordance with ACWDLs, specifically 94-66 and 99-56.
XX	46	WIC	14057		Add the definition of "insurance affordability program".
XX	46-47	WIC	14102		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.
XX	48	WIC	14102.5		Add reporting requirements for DHCS and the Exchange regarding the collection of information on enrollment into insurance affordability programs.
XX	48-49	WIC	14103		Provides authority to cease implementation in the event that 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.
22	49-59	WIC	14132	Amends Medi-Cal benefits statute to include requirement that Medi-Cal benefits	Delete this section as it pertains to the optional Medicaid expansion.

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				include all benefits included in the essential health benefits package adopted by the State.	
23	59	WIC	14132.02	Creation of benchmark benefits and includes in those benefits all full scope Medi-Cal benefits.	Delete this section as it pertains to the optional Medicaid expansion.
24	59-63	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.
25	63	WIC	15926.2	Require that all state health subsidy programs accept self-attestation without any documentation from the applicant.	Delete since self-attestation will not be accepted for every application data element.
26	63			Mandate provisions.	
XX	63	Uncodified	Uncodified		Add this section to give DHCS authority to begin implementing the legislation before January 1, 2014.