

# HEALTH CARE REFORM IMPLEMENTATION - ASSESSMENT OF LEGISLATIVE NEEDS

Please note: Some topics are addressed in more than one major subject area.

(\*\* Indicates Mandatory Requirements Pursuant to ACA and/or existing Medicaid Law)

SUBJECT	CURRENT LEGISLATION	CURRENT LAW (W&IC)	SSA (ACA if not codified in SSA), IRSC or CFR REFERENCE	DISCUSSION	OPTIONS FOR CONSIDERATION
<b>COVERAGE GROUPS</b>					
Redetermination of All Potential Current Eligibles to MAGI, Including LIHP**	AB 43 and AB 714	14012; 15910.1	Sec. 1902 (e) (14) (D) (III) (v) and (e)(14)(E)	AB 1296. Will need to develop a process to redetermine, consistent with federal guidance, individuals subject to MAGI income eligibility; LIHP participants to be reassessed in accordance with the federally approved transition plan.	
New Mandatory Coverage Group**	AB 43	None	Sec. 1902 (a)(10)(A)(i)(VIII)	Suggest modifications to existing statute to incorporate the new mandatory coverage groups.	
Individuals Excepted From MAGI, etc.**	None known	None	Sec. 1902(e)(14)(D)	Need to discuss how to handle excepted populations that may currently be in the coverage groups to which MAGI rules generally will apply and processes needed to transitioned to a different coverage group. Requested clarification in federal regulations for how state Medicaid programs are to handle MN populations who are MAGI exempt.	
New Optional Coverage Group	SB 703	None	Sec. 1902 (a) (10) (A) (ii) (XX)	This group includes individuals not eligible under other mandatory or	

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				optional groups, with incomes above 133 percent (with a 5 percent income disregard) and a higher limit to be established at the option of the State.	
Mandatory Coverage For Former Foster Care Children	SB 1487	None	Sec. 1902 (a) (10) (A) (i) (IX)	This group includes former foster care individuals who are under age 26, not described in or enrolled in Mandatory Categorically Needy Groups (I) – (VII), who were in foster care under the responsibility of the State on the date of attaining 18 years of age or such higher age as the State has elected under Sec. 475(8)(B)(iii) and who were enrolled in the State plan while in such foster care.	
Citizenship Status: Immigrants Under the 5-Year Bar /Undocumented Aliens/Unverified Citizens(**)	None known	11104, 14007.5 and 14007.65  Legal immigrants under the 5-year bar, amnesty aliens, lawful permanent residents and those permanently residing under color of law also go into	Title 8 USC, Secs. 1611-1641		

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		mandatory and optional groups; however, under federal law, they receive only emergency services, labor and delivery. In CA we have traditionally supplemented with full-scope services for some of these individuals.			
State-Only and County Programs	None known	Various sections in W&IC and Health and Safety Code	Sec. 1902(a)(10)(A)(i)(VIII)	Need to consider what modifications may be needed for these programs since individuals covered in these programs have historically had automatic Medi-Cal and some may now fall into either the MAGI Medi-Cal group or Exchange coverage.	
Reduced Cost Sharing for American Indians/Alaska Natives (**)	None	None	ACA Sect. 1402	Need to discuss best way to identify tribal members for purposes of reduced cost sharing and/or premiums, as required under Medi-Cal, HFP and the Exchange.	
<b>BENEFITS</b>					
Placeholder pending further research/guidance					
<b>INCOME AND</b>					

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<b>RESOURCES</b>					
Tax Filing Unit vs. MFBU/Sneede/Gamma**  (Gamma) Gamma v. Belshe lawsuit modified Sneede procedures	SB 677	14008 and 14010	IRSC, Sec. 36B(d); ACA, Sec. 1414 (a)(1)(A) Sec. 1902(e)(14) 1902(a)(17)	May need to reflect tax filing unit subject to final federal regulations/guidance for household income purposes	
Conversion to MAGI**	SB 677	None	IRSC, Sec. 36B(d)(B) ACA, Sec. 1414 (a)(1)(A) Sec. 1902(e)(14)(A)(B)(D)	<b>Future federal guidance forthcoming.</b> Will need to change statute to reflect MAGI requirements subject to final federal regulations and guidance.	
Eliminate Resources**	SB 677	14005.30	Sec. 1902 (e)(14)(C)	Will need to change statute, as appropriate, to eliminate resource eligibility for MAGI eligible populations.	
Establish Effective Income Thresholds**	SB 677	14005.1 14005.10 14005.23 14005.30 14148	Sec. 1902 (e)(14)(A)	Will need to amend statute to reflect the use of the new effective income thresholds for all groups subject to MAGI in accordance with final federal rules/guidance.	
Verification Plan	None		ACA, Sec. 435.945 (j)	State Medicaid programs are required to create a verification plan pursuant to 435.945 (j).	
<b>RESIDENCY</b>					
Residency was modified to eliminate "intent to remain" **	None	11100 & 11101	Sec. 1902(b) and 42 CFR, Sec. 435.403	Need to consider if any statute changes are warranted based on federal law eliminating	

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				the "intent to remain" provisions.	
<b>APPLICATION</b>					
Single Application for All Programs OR One for MAGI and One for MAGI-Excepted Groups (**)	None	14011.15 14011.1	ACA, Sec, 1413(b) and 1413(c); Sec, 1902(a)(8) Sec. 1943 (b) (1) (C)	<b>Future federal guidance forthcoming.</b> AB 1296Need discussion as to whether or not the State will use the federal application or develop a State application and how such an application can be simplified using an online and paper format. Will need to ensure any state developed application contains the requirements as specified in the federal regulation, section 435.907. Also need to discuss the extent to which the application can be used for all avenues of eligibility – MAGI, non-MAGI (collection of asset information) and public health programs. Need to also consider the use of one application with supplemental questions/forms for additional information once a person is determined to be non-MAGI.	

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Only Questions Necessary for Eligibility and Enrollment(**)	None	14011.15 14011.1	Sec. 1943; ACA, Sec. 1413(b)	Need to review AB 1296 Based on outcome of RAND study on FMAP methodologies and MAGI income conversion, may need to modify application for purposes of separating those in the new VIII group (newly eligible) from those who would have been eligible under the old eligibility rules for FMAP claiming purposes. Need to also give consideration as to how additional information can be requested with changes in circumstances, how to address reasonable compatibility clarifications/verifications and adherence to the federal regulations, section 435.907.	
Data Collection for Reporting and FMAP methodology(**)	None	14011.15 14011.1	Sec. 1902 (a) (6) and (75), Sec. 1905 (y); ACA, Sec. 1413(c)	<b>Future federal guidance forthcoming.</b> Need to discuss most appropriate means of validating reported information provided by the applicant, beneficiary or their representative on the application for purposes of quality	

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				control and FMAP methodology used – one FMAP methodology requires a dual eligibility determination based on existing rules as a person excepted from MAGI. Need to consider best means in which to collect the information needed from the beneficiary or risk the ability to claim the enhanced FMAP for a person who may be newly eligible.	
Language/Readability/LEP(**)	None	15926(a)2 15926(k)	ACA Sec. 1413 (b) (1) (A) (iv) Title VI of the Civil Rights Act 42 USC, Sec 2000d ACA, Sec. 1557	AB 1296. Need to ensure compliance with this provision based on federal requirements and application development.	
Must meet the ADA requirements and ACA requirements for ensuring success in completing the application for all populations that may attempt to apply. (**)	None	15926(k)	ACA, Sec. 1413 (b) (1) (A) (iv); Sec. 1943 (b)(1)(F); Sec. 508 of the Rehabilitation Act ACA, Sec. 1557	AB 1296.	.
<b>PROCESS</b>					
Ensure that the process for application, the movement of cases through the health subsidy programs and the interactions between agencies as depicted in state law is consistent with federal law and maximizes FMAP(**)	None	Government Code, Sec. 100503	ACA, Sec. 1413; SSA, Sections 1902(a)(10), 1931(b), 1905(a) 1920 and 1943	AB 1296. Given the interconnectedness of Medi-Cal, HFP and Exchange coverage, consideration should be given to ensuring the respective business rules	

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				for each program are clearly articulated and governed by the administering entity (DHCS, MRMIB and HBEX) as required by federal statute and regulations.	
Single Point of Entry	None	14011.6 and 14011.65	As defined in 1920A(b)(3)(A) Title XXI		
Flexibility for Program Administration(**)	AB 1602 SB 900	Government Code, Sec. 100503; W&IC, Sec. 10001, 10002, 10020, 10051, 10058, 10062, 10080-10093, 10221, 10600.1, 10618.5, 10740, 10744, 10800, 10806, 10809, 10810, 10812, 10823, 10851, 14016, 14100.1 and 14100.2 (DHCS Designated in State Plan as Single State Agency)	Sec. 1902(a)(5) ACA, Sec. 1413(d)(2)	Need to ensure that statute clearly supports the applicable entity (HBEX, DHCS, MRMIB) for control of applicable business rules for program eligibility requirements.	
No Wrong Door(**)	None	Secs. 15926(b) and (c)(1) 14011.15 14011.1	Sec. 1943; ACA, Sec. 1413	AB 1296. Need to consider to what extent existing statute needs to be modified to reflect the single application and no-wrong	

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				door concept	
Security(**)	None	Sec. 15926(m)	Sec. 1902(a) (7), 1942 and 1943; ACA, Secs. 1411,1413(c) and (d) and 1414; IRSC, Sec. 6103 (l) (21)	AB 1296.	
On-Line Help/Call Center	None	Sec. 15926(b) and (g)	None	AB 1296.	
Authorized Representative	None	None	435.908	Medi-Cal does not currently have legislation or regulation that defines authorized representatives. Federal regulations stipulate that the authorized representative may act in full capacity for the applicant.	
Assisters, Navigators, CAAs	None	None		Will need legislation that permits the contracting of these individuals to help people enroll into subsidized coverage.	
Ability for Client to Update/Change Demographics/Change in Circumstances/Plans On-Line(**)	None	Sec. 15926(f)(5), (h) and (i)	Sec. 1943; ACA, Sec. 1413(c)(3)	AB 1296. May need to modify to address changes in circumstances involving transfer from county non-MAGI to CalHEERS MAGI	
RV/Redeterminations On-Line(**)	None	14012,15926(h)	Sec. 1943; ACA, Sec. 1413(c)(3)	AB 1296. May need to modify to address changes in circumstances involving transfer from county non-MAGI to CalHEERS MAGI	

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Self-Attestation/Verification/Data Matching**	None	15926(f)(2) 14011.15 14011.1	Sec, 1943; ACA, Secs, 1411(c), 1413(b), 1413(c) and 1414; IRSC, Sec. 6103 (l) (21)	AB 1296. May need to modify 14011.15 and 14011.1 to allow for self-attestation, verification and data matching for the single application and CalHEERS	
The process must be ADA compliant**	None	15926(g) and 15926(k)	Sec. 1413 (b) (1) (A) (iv) Sec. 508 of the Rehabilitation Act ACA, Sec. 1557	AB 1296. Need to ensure the application process is ADA compliant.	
Due Process/Appeals**	None	10950-10967	Sec, 1902(a)(3)	<b>Future federal guidance forthcoming.</b>	
Presumptive Eligibility	None	11110 14005.41 Express Lane Eligibility 14007.45 (a) AE for Foster Care Sec 14011.6 AE at SPE 14011.65 AE Medi-Cal to HF 14011.7 CHDP Pre-enrollment to MC or HF	Secs, 1920 and 1902(a)(47)	<b>Future federal guidance forthcoming.</b> Clarification has been requested as to whether 1902(a)(47)(B) regarding hospitals providing PE supersedes the state electing the option to provide PE to the newly eligible and 1931(b) eligible individuals.  Based on the outcomes of federal guidance, need to discuss the use of PE given the new timeliness requirements for eligibility determinations for MAGI eligible individuals; may also want to discuss, to the extent addressed under federal guidance,	

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				how PE may factor into eligibility decisions when electronic verification is not “reasonably compatible” with self-attestations and further verifications are needed.	
Notices of Action (NOA)**	None	14005.31, 14005.32, 14005.37, 14005.8 15926(k)	ACA, Sec. 1413	AB 1296. Need to discuss how NOAs will be addressed for Medi-Cal MAGI cases residing in CalHEERS and for those cases with mixed households of Medi-Cal MAGI/non-MAGI cases.	
Data Collection/Reporting**	None	14011.1 14011.15 15926(c)(3)(C)	Sec. 1902 (a) (6) and (75), Sec. 1905 (y); ACA, Sec. 1413(c)	AB 1296. Need to discuss what modifications may be needed to obtain authority to ask questions, obtain/retain data, require (or not) applicant/beneficiary participation for purposes of complying with federal data collection/reporting requirements.	
Quality Control/Quality Assurance/FMAP validation**	None	14016 (b), 15926(c)(3)(C)	Sec. 1905(y) Sec. 1902(a)(6), 1903(u) and Improper Payments Act of 2002 42 CFR Secs.,431.988, 431.992, 431.1002	AB 1296. Need to discuss what modifications may be needed to require applicant/beneficiary participation to maximize FMAP and to satisfy FMAP validation	

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				requirements by CMS	
<b>WHO DOES THE DETERMINATION?</b>					
Gateway Providers	None	14011.7 CHDP 15926(d)	Sec. 1920	AB 1296. See discussion on PE (pg. 8); also need to discuss if modifications needed to reflect new eligibility determination processes.	
Counties	None	Government Code, Sec. 100503; W&IC, Sec. 10001, 10002, 10020, 10051, 10058, 10062, 10080-10093, 10221, 10600.1, 10618.5, 10740, 10744, 10800, 10806, 10809, 10810, 10812, 10823, 10851, 14016, 14100.1 and 14100.2	Sec. 1902(a)(5)	Need to discuss what changes are needed to reflect Exchange eligibility determinations for MAGI Medi-Cal cases.	
Tribal Entities	None	None	Sec. 1902(a)(5) Sec. 2105(c)(3)	Tribal entities currently do not have the authority to determine full Medicaid eligibility determinations but do have the ability to conduct AE activities. Inquiries have been requested this authority. May need to add a new section if CMS decides to give Tribal entities the	

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				authority to determine full Medicaid eligibility.	
Single State Agency**	None	10722, 10740, 14100.1, and regulatory authority 10725, 14105, 14124.5 Government Code, Sec. 100503 15926(c)(1)	Sec. 1905(a)(5); ACA, Sec. 1413(d)(2)	AB 1296. Need to discuss the extent to which additional delegation is needed by DHCS to administer the Medi-Cal program in terms of entities conducting eligibility determinations (Exchange) given the “no wrong door concept” .	
Exchange**	None	Government Code, Sec. 100503 W&IC, Section 15926(c)(1)	Sec. 1413	AB 1296. Need to discuss the need for statutory authority for interagency agreements between DHCS and the Exchange pertaining to program administration and to identify agency controlling statutes, if any inconsistencies exist.	
Providers for PE	None	14011.7 CHDP 14007.71 BCCTP 15926(d)	Sec. 1902(a)(47)	AB 1296. See prior discussion on PE (pg.9).	
Deemed Newborn	None	14011.4 15926(c)(3)(E)	Secs. 1920 and 1902(a)(47)	AB 1296. Need to discuss processes regarding deemed infants and roles of hospitals.	
PE		14011.6 15926(f)(6)		See prior discussion on PE (pg.9).	
BCCTP	None	14007.71	Secs. 1902(a)(10)(A)(ii)(XVIII)	Need to discuss impacts with previously eligible	

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			1902(aa)	individuals and the new eligibility requirements.	
HCBS Waivers	None	14132 – 14132.275	ACA, Sec. 1413	HCBS waivers are currently administered by various departments including DHCS. The processes that are depicted in statute may need amending to reflect new eligibility determination processes since some waiver enrollees are excepted from MAGI.	
Exchange Eligibility and Enrollment System (CalHEERS) **	None	Government Code, Sec. 100503 15926(c)(1)	Sec. 1943; ACA, Sec. 1413	AB 1296. See discussion under the Exchange (pg. 12).	
Family Planning	None	14500, 14132	Secs. 1902(A)(10)(a)(ii)(XXI) 1902(ii) and 1920C; ACA, Sec. and 1413, 2303	Need to discuss the need for possibly amending or adding a new section to implement the new family planning optional coverage group and assess the extent to which PE may or may not be used for this group, given the new eligibility requirements and federal guidance pertaining to PE.	
<b>PUBLICATION OF RULES</b>					
CalHEERS Operational Letters and All County Welfare Directors Letter Authority vs. Regulations Prior to Implementation	None	10203 14100.2(f) 14182.9 14005.24 14005.25	42 CFR, Sections 431.10(a)(2)(ii) and 431.18	Need to discuss feasible options for how policy guidance will be effectuated in order to meet pre-	

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		14005.28 14005.30 14005.31 14005.32 14005.34 14005.36 14005.37 14005.39 14005.41 14007.45 14007.71 14008.85 14011.15 14011.16 14011.6 14011.7 14011.9		enrollment/enrollment timelines. May want to consider an initial exemptions from Government Code, Sec. 6253.4 to incorporate CalHEERS Operational Letters where ACWDL authority currently exists for timeliness followed by the need to promulgate state regulations.	
<b>TRAINING FOR IMPLEMENTATION AND ON-GOING</b>					
Training for Implementation and On-Going(**)  Navigators DSS Administrative Law Judges Public Inquiry and Response Unit IHSS Call Center Exchange Providers Plans	None	None	42 CFR, Sections 431.10, 431.11, 431.15, 431.17 and 431.18	This is a placeholder for purposes of discussion.	

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<b>ELIGIBILITY FOR BENEFITS</b>					
Undocumented Aliens and Unverified Citizens**	None	11104, 14007.5 and 14007.65  Legal immigrants under the 5-year bar, amnesty aliens, lawful permanent residents and those permanently residing under color of law also go into our mandatory and optional groups; however, under federal law, they receive only emergency services, labor and delivery. In CA we have traditionally supplemented that with full-scope services for some of these individuals.	Title 8, USC, Secs. 1611-1641 IRSC, Sec. 36B(e) Sec, 1903(v)(1); PRWORA, Sec. 403		
Basic Health Plan	SB 703	None	42 USC, Sec. 1331(e)	This is a placeholder.	
MC/HF/Exchange**	None	15926(h)(1)	Sec. 1943 and ACA, Sec. 1413	AB 1296. Need to ensure process of continuity of care and seamless transition when moving into other coverage programs in accordance with federal and state law.	
Medically Needy vs. Exchange**	None	14005.1, 14005.7	Secs. 1902(a)(10)(C),	<b>Future federal guidance</b>	

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		and 14005.21	1905(a) and 1943; MN was not changed by ACA	<b>forthcoming.</b> Requested CMS guidance on treatment of MN and the extent to which they may be able to choose between the MN program or the Exchange. Based on federal guidance, will need to determine how these populations will be handled under Medi-Cal and the Exchange.	
<b>QUALITY ASSURANCE &amp; PROGRAM REVIEW</b>					
Quality Control/PERM(**)	None	14016	Sec. 1902(a)(6), 1903(u) and Improper Payments Act of 2002 42 CFR Secs.,431.988, 431.992, 431.1002	<b>Future federal guidance forthcoming.</b> Based on federal guidance may need to amend existing statute for quality control of CalHEERS MAGI Medi-Cal cases and to require beneficiary participation.	
FMAP/Validation/Verification Proxies(**)	None	None	Sec, 1905(y)	Based on FMAP validation option may need statute to require beneficiary participation; also see FMAP discussion, pgs. 5 and 9.	
Performance Standards/ Customer Satisfaction /Quality Assurance Monitoring / Reporting / Sanctions	None	14016, 15926(l)	Sec. 1902(a)(6), 1903(u) and Improper Payments Act of 2002 42 CFR Secs.,431.988,	AB 1296. Need to discuss applicability of performance	

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			431.992, 431.1002	standards/quality monitoring for Medi-Ca and the Exchange, based on anticipated federal guidance and existing Medicaid standards for QC/QA and performance requirements. May want to consider the extent to which beneficiary input can be included in such requirements.	
System Changes/Resources to Maximize Automation of QC/QA/PERM and FMAP Validation**	None	None	Sec. 1902(a)(6), 1903(u) and Improper Payments Act of 2002 42 CFR Secs.,431.988, 431.992, 431.1002		
<b>SYSTEM REQUIREMENTS</b>					
C-IV/Leader Eventually to One System	None	10823	ACA, Sec. 1413(c)		
Verification with IRS/CMS/HS via HUB**	None	15926(f)(3)	ACA, Sec, 1411(c) and 1413(c)	May need to amend based upon final federal regulations requiring use of federal hub for income and citizenship verifications.	
ADA**	None	15926(a)(2) 15926(k)	ACA, Sec. 1413 (b) (1) (A) (iv) Sec. 508 of the Rehabilitation Act ACA, Sec. 1557		
Data Collection, Reporting and Ad-Hoc Reporting**	None	14011.15 14011.1 15926(c)(3)(F)	Sec. 1902 (a) (6) and (75), Sec. 1905 (y); ACA, Sec. 1413(c)		

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SPE Coordination	None	14011.6	Title XXI		
Real-Time Data Matches(**)	None	15926(e)	ACA, Sec. 1561 and 1411(c)	AB 1296 May need to modify if federal hub is not available timely and permit use of other options if available	
Automatically Open/Close Access/Change Demographics/Change Plans based role base uses in CalHEERS(**)	None	15926(f)(4) and 15926(h)	Sec. 1943; ACA, Sec. 1561 and 1413(c)	AB 1296. Need to discuss what changes in statute are needed given the online capabilities of CalHEERS and the SAWS and the different users that may have access to a given account.	
<b>OUTREACH(**)</b>					
Request and Receive Grant Funds	None	14067, 14067.3 and 14148.5	None		
Coordination with Exchange/HF	AB 714 and 1602	Government Code, Sec.100503(k)	Sec. 1943		
ADA(**)	None	15926(k)	Sec. 1943; ACA, Sec. 1413 (b) (1) (A) (iv) and 1557 Sec. 508 of the Rehabilitation Act		
Comprehensive Campaign/Resources	AB 714 and 1602	14067, 14067.3 and 14148.5	Sec, 1943		
Customer Contact	None	14005.31, 14005.32, 14005.37, 14005.8 15926(k)	Sec, 1943		

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Please note: Some topics are addressed in more than one major subject area.

(\*\* Indicates Mandatory Requirements Pursuant to ACA and/or existing Medicaid Law)

SUBJECT	CURRENT LEGISLATION	CURRENT LAW (W&IC)	SSA (ACA if not codified in SSA), IRSC or CFR REFERENCE	DISCUSSION	OPTIONS FOR CONSIDERATION
Training for Implementation and On-Going  Navigators DSS Administrative Law Judges Public Inquiry and Response Unit IHSS Call Center Exchange Providers Plans	None	None	42 CFR, Sections 431.10, 431.11, 431.15, 431.17 and 431.18	This is a placeholder for discussion for roles and responsibilities regarding training for the applicable health insurance subsidy program.	
<b>FMAP &amp; FUNDING</b>					
SB 24- Newborn Referral/ Deemed Infant Eligibility	None	14011.4	1902(e)(4)	Need to discuss to determine what changes, if any, are needed to reflect new processes.	
Outreach**	None	14067, 14067.3 and 14148.5	Sec, 1943		
Technology Grants	None	None	None		
FMAP Validation Automation/Bene Participation for FMAP Validation**	None	None	Sec, 1905(y) and Eligibility System Regs.		
<b>CONTRACTING</b>					
PCC Exemption for HCR Issues Listed Above	None	PCC, Secs. 10335 - 10381	N/A	Need to discuss to what extent initial exemptions may be needed to ensure implementation timelines are met with subsequent promulgation of regulations.	
<b>OPPORTUNITIES</b>					
De-Link MC From CalWORKs,	None known	12305,14005.30	Sec. 1931(b)	Federal guidance	

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IHSS and State-funded Programs: Foster Care, Aid to Adoption and KinGap		14011.2(e)(4) 14005.32		requested as to whether or not States are permitted to continue to provide Medicaid automatically to their TANF eligible individuals. Based on the federal guidance received consideration should be given to having a Medi-Cal eligibility determination made first since it may be faster than the more arduous CalWORKs, Aid to Adoption, Foster Care and KinGap processes. With the new ACA changes, States are no longer going to be permitted to use 1902(r) (2) (b) (2) more liberal income and resource methodologies to continue to join their TANF/Medicaid programs after January 1, 2014.	
Simplify and streamline the application, eligibility rules and processes for seniors and persons with disabilities	None	None	ACA, Sec. 1413	This is a placeholder for discussion purposes only. May want to explore possible opportunities to simplify the application, rules and process for all Medi-Cal programs, to the extent permissible by federal statute/regulation.	

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Consider applying use of MAGI methodology for Medi-Cal income eligibility for all Medi-Cal applicants/beneficiaries	None	None	Sec. 1902 (e)(14)(D) and 1902 (r)(2)(b)(2)	This has been posed to CMS and serves as a placeholder for discussion purposes only.	
Household Income Based Upon Tax Filing Unit vs. Current SneeDe/Gamma Configurations	None	14008 14010 14005.16 14005.17	1902(a)(17)	This is a placeholder for discussion purposes only. See discussion MAGI income eligibility.	
SSI Discontinuances to be assessed for MAGI Medi-Cal first before being placing in temporary Craig aid codes for eligibility under the mandatory coverage groups as parents/caretaker relatives/children/pregnant women under MAGI first	None	14005.37	Sec. 1902(a)(10) and 1931(b)	Discussion needed on the consideration for sending these cases through CalHEERS automatically before placing in Craig aid codes for a MAGI income eligibility determination.	
Pregnancy Related Services/Postpartum/Full Scope/Exchange	None	14148 et seq., 14005.18	Secs. 1902(a)(10)(A)(i)(III), 1905(n) and 1943 CFR 435.116 1902(a)(10)(A)(i)(III) and 1905(n) 1902(e)(5) 42 CFR 435.170	Placeholder to discuss if this meets the needs of women in CA.	