At-a-Glance Selected Eligibility Requirements and Benefits⁺ for <u>Adults</u> (age 21 and older) 10/2010

	Full Scope Medi-Cal	The Medi-Cal TB Program	Emergency Medi-Cal
BENEFITS	Inpatient and outpatient hospital services, nursing facility care, and prescription drugs, directly observed therapy^ (DOT) for tuberculosis (TB) patients.	<u>Outpatient</u> diagnosis and treatment of TB, including directly observed therapy^ (DOT) and medications.	Inpatient and outpatient services related to resolving an emergency condition.
	Some beneficiaries may have a share of cost due to income and assets.	No share of cost. NOTE: TB patients enrolled in full scope Medi-Cal with a share of cost may be able to also enroll in this program to avoid share of cost for TB-related services.	Some beneficiaries may have a share of cost due to income and assets.
ELIGIBILITY	Full Scope Medi-Cal	The Medi-Cal TB Program	Emergency Medi-Cal
Categorical Linkage	Must be one of the following: Pregnant TANF (CalWORKs) recipient or TANF-linked* 65 or over Blind Disabled (Social Security rules) 	Must be receiving treatment for TB infection or disease. 3 month retroactive eligibility for TB-related medical services. Important: Unlike full scope Medi-Cal, single individuals, ages 21 through 64, are eligible for this benefit program.	Must be one of the following: • TANF (CalWORKs) linked* • 65 or over • Blind • Disabled (Social Security rules)
Means Test	 Income doesn't exceed the levels set by the federal government based on Federal Poverty Limits Real property, motor vehicle, and personal property values do not exceed the designated limits 	Income and resources cannot exceed the maximum amount for a disabled individual under the Supplemental Security Income (SSI) program	Must meet income and resource requirements that are used to determine full- scope eligibility
Citizenship or Immigration Status	 Must be a U.S. citizen, national, or have satisfactory immigration status including but not limited to: Lawful permanent resident (LPR)** Amnesty immigrant with temporary resident card (I-688) "Persons Residing in the U.S. Under Color of Law" (PRUCOL) 	Must be a U.S. citizen, national, or have satisfactory immigration status including but not limited to: Lawful permanent resident (LPR)** Amnesty immigrant with temporary resident card (I-688) "Persons Residing in the U.S. Under Color of Law" (PRUCOL)	 Undocumented Lawfully admitted for temporary residence
	(Reference: Form "MC 13 Statement of Citizenship, Alienage and Immigration Status" Link: MC 13 form.)	(Reference: Form "MC 13 Statement of Citizenship, Alienage and Immigration Status" Link: MC 13 form.)	(Reference: Form "MC 13 Statement of Citizenship, Alienage and Immigration Status" Link: <u>MC 13 form</u> .)
CA Residency	Required	Required	Required
Social Security Number	Required	Required	Not Required

^ Medi-Cal doesn't distinguish between DOT and directly observed preventive therapy (DOPT) for reimbursement purposes.

* Temporary Assistance to Needy Families (TANF), a federally funded program, is called "CalWORKs" in California. **"TANF-linked"** means being eligible for the program, but not receiving benefits. Eligible low-income families are those with children in the home who have been deprived of parental support or care due to the absence, disability or death of either parent; or those with children when both parents are in the home but the principal earner is unemployed; or needy caretaker relatives of a foster child. Families must also meet the other requirements of citizenship or immigration status, age, and the "means test."

** Lawful Permanent Resident: Any person not a citizen of the U.S who is residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant (U.S. Citizenship and Immigration Services [USCIS], formerly the Immigration and Naturalization Services [INS]). For example, refugees, or those persons with a "green card."

⁺ This grid is only an overview. Actual eligibility criteria and benefits vary, as there over 150 different benefits categories. See Medi-Cal Information Notice 002, "Summary Medi-Cal Eligibility" for additional information. Locate the document on the Medical Care Services website: <u>www.dhcs.ca.gov</u>. Select the "Forms, Laws and Publications" tab. Click "Forms." Under the heading "All Forms" ⇒ "By Program" ⇒ "Medi-Cal." Under the heading "Individuals" ⇒ "Medi-Cal Eligibility Forms" ⇒ "Forms Listed by Number." Scroll down to find "Medi-Cal Information Notice 002."

This fact sheet was prepared by the California Department of Public Health (CDPH), Tuberculosis Control Branch (TBCB) as an educational tool for staff of local health departments' TB control programs and the TBCB. This is not an official Medi-Cal document.