



CWDA

Advancing Human Services
for the Welfare of *All* Californians

SB 75 – Full Scope Medi-Cal for All Children County Desk Aid

Background

Under the new state law enacted by Senate Bill (SB) 75, all children under 19 years old – who are eligible for Medi-Cal – are eligible to full scope Medi-Calⁱ. **Restricted scope eligibility no longer exists for children under 19**, regardless of:

- Immigration status, including undocumented children
- Whether or not the child has provided verification of their U.S. citizenship or Satisfactory Immigration Status (SIS)

Current full scope Medi-Cal aid-codes are used for children who qualify for SB 75, which allow for enrollment in Medi-Cal managed care plans.

MC 13

SB 75 has not made any changes to the requirements for the MC 13 form. MC 13 forms are required for individuals who are requesting Medi-Cal whoⁱⁱ:

- Are undocumented
- Claim U.S. citizenship and citizenship cannot be verified electronically or by paper
- Claim SIS and immigration status cannot be verified electronically or by paper

DRA/SIS

SB 75 has not changed verification requirements for the Deficit Reduction Act (DRA) for U.S. citizens and SIS for immigrants who attest to it.

Verification of DRA or SIS electronically or by paper is still required, as applicableⁱⁱⁱ.

The new process under SB 75 is that if verification is not obtained, the child will no longer be reduced to restricted scope benefits. Full scope eligibility will be granted to these children until they turn 19. Once the individual turns 19, if he or she remains eligible for Medi-Cal, benefits will be reduced to restricted-scope if verification of DRA or SIS was never provided.

Age-Out

Under SB 75, children are eligible to full scope benefits until the age of 19. For SB 75 purposes, an individual is considered to be 19:

- In the month of their 19th birthday, if their birthday falls on the 1st of the month
- In the month **after** their 19th birthday, if their birthday falls on the 2nd or later of the month

When an individual ages out of full scope eligibility, screen eligibility for all other Medi-Cal programs to determine if they qualify for restricted scope benefits. If an individual is reduced to restricted scope coverage or is discontinued, a timely and adequate 10-day Notice of Action (NOA) is required.^{iv} If the county cannot reestablish full scope eligibility in the prior aid code, then the county will manually use aid-code 38 to restore benefits if the individual is discontinued without a proper determination or timely NOA until eligibility for the appropriate aid-code has been determined.

ⁱ Welfare & Institutions Code §14007.8

ⁱⁱ Medi-Cal Eligibility Division Letter I 14-21

ⁱⁱⁱ Welfare & Institutions Code §§14011.2 & 14007.5

^{iv} ACWDL 16-12