HEALTH SERVICES FOR IMMIGRANTS AND LOW INCOME FAMILIES

INTRODUCTION

- FRESNO COUNTY DEPARTMENT OF SOCIAL SERVICES IS COMMITTED TO ENSURING INDIVIDUALS, FAMILIES, AND CHILDREN ARE SAFE AND HEALTHY BY PROMOTING SERVICES AND PROGRAMS THAT OFFER ASSISTANCE WITH PUBLIC HEALTH INSURANCE. WE ARE RESPONSIBLE FOR PROVIDING AND MAINTAINING THE MEDI-CAL PROGRAMS.

MEDI-CAL (MEDICAID) PROGRAM ELIGIBILITY REQUIREMENTS

- INCOME
  - ADULTS 19-64 YEARS OF AGE UNDER 138% OF THE FPL BASED ON HOUSEHOLD SIZE
  - ADULTS 65 YEARS AND OLDER FPL IS UNDER 100% OF THE FPL BASED ON HOUSEHOLD SIZE PLUS STANDARD DEDUCTION
  - CHILDREN UNDER 19 YEARS OF AGE UP TO 266% OF THE FPL BASED ON HOUSEHOLD SIZE

ELIGIBILITY REQUIREMENTS CONTINUED

- CITIZENSHIP AND IMMIGRATION STATUS
  - TO BE ELIGIBLE FOR MED-CAL AND COVERED CALIFORNIA INSURANCE AFFORDABILITY PROGRAMS AN INDIVIDUAL MUST BE A CITIZEN OF THE UNITED STATES, A LEGAL PERMANENT RESIDENT OR HAVE SATISFACTORY IMMIGRATION STATUS
  - FOR THOSE WHO DO NOT MEET THE CITIZENSHIP AND IMMIGRATION STATUS REQUIREMENT BUT MEET THE OTHER MEDI-CAL REQUIREMENTS, THEY MAY STILL BE GRANTED EMERGENCY RELATED SERVICES MEDI-CAL

ADDITIONAL REQUIREMENTS

- CALIFORNIA RESIDENT
- PROPERTY LIMITS

MEDI-CAL PROGRAMS

- MODIFIED ADJUSTED GROSS INCOME (MAGI) MEDI-CAL
  - INCLUDES CHILDREN'S PROGRAMS SUCH AS TLIC

MEDI-CAL PROGRAMS CONTINUED

- NON MAGI
  - AGED, BLIND OR DISABLED FEDERAL POVERTY LEVEL PROGRAM
  - 250 PERCENT WORKING DISABLED PROGRAM

FULL SCOPE VS RESTRICTED SCOPE MEDI-CAL

- FULL SCOPE WITH OR WITHOUT SHARE OF COST – COVERAGE
- RESTRICTED SCOPE COVERAGE
  - EMERGENCY SERVICES
  - PREGNANCY RELATED SERVICES

COVERED CALIFORNIA HEALTH CARE PLANS

- FOR INDIVIDUALS BETWEEN 0-64 YEARS OF AGE FOUND INELIGIBLE TO MEDI-CAL DUE TO INCOME AND WHO MEET CERTAIN REQUIREMENTS, COVERED CA OFFERS HEALTH INSURANCE PLANS WITH FEDERAL PREMIUM SUBSIDIES.

WAYS TO APPLY

- ONLINE AT WWW.MYBENEFITSCALWIN.ORG (MYBCW) OR WWW.COVEREDCA.COM (COVERED CA) WEBSITES
- MAIL : AN APPLICANT CAN OBTAIN A PAPER APPLICATION FROM THE INTERNET, A DOCTOR'S OFFICE, ANY COMMUNITY BASED ORGANIZATION (CBO), ANY DEPARTMENT OF SOCIAL SERVICES (DSS) LOBBY, OR THEY CAN CALL THE DSS SERVICE CALL CENTER AT 1-855-832-8082 TO REQUEST A MAILING OF THE PAPER APPLICATION

FEDERAL SHUT DOWN IMPACTS TO MEDI-CAL

- MEDICARE AND MEDICAID ARE FULLY FUNDED FOR THE YEAR.

FRESNO COUNTY RESOURCE PROVIDED BY DEPARTMENT OF PUBLIC HEALTH

THE DEPARTMENT OF PUBLIC HEALTH OFFERS AND MANAGES A COUNTY FUNDED PROGRAM THAT MAY ASSIST NON CITIZEN INDIVIDUALS OBTAIN MEDICAL CARE FOR A MEDICAL NEED

- NON RESIDENT SPECIALTY CARE

NON RESIDENT SPECIALTY CARE

ASSIST WITH OBTAINING SPECIALTY HEALTH CARE AT NO COST FOR INDIVIDUALS WHO HAVE STARTED HEALTH CARE AT ANOTHER APPROVED FEDERALLY QUALIFIED HEALTH CENTER OR AT THE COMMUNITY MEDICAL CENTER EMERGENCY DEPARTMENT AND HAVE BEEN REFERRED TO SEEK SPECIALIST SERVICES THAT ARE NOT COVERED BY RESTRICTED SCOPE (EMERGENCY) MEDI-CAL.

REQUIREMENTS:

- INDIVIDUAL MUST BE APPROVED FOR RESTRICTED MEDI-CAL
- INDIVIDUAL MUST BE A FRESNO COUNTY RESIDENT

Questions