

AMENDED IN ASSEMBLY JULY 15, 1999

AMENDED IN SENATE APRIL 5, 1999

**SENATE BILL**

**No. 1258**

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**Introduced by Senator Polanco**

February 26, 1999

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An act to add Sections 14005.22 and 14005.23 to the Welfare and Institutions Code, relating to human services.

LEGISLATIVE COUNSEL'S DIGEST

SB 1258, as amended, Polanco. Medi-Cal: HIV infected persons: plan enrollment eligibility.

Existing law provides for the Medi-Cal program, pursuant to which medical benefits are provided to public assistance recipients and certain other low-income persons. The Medi-Cal program is funded by federal and state funds, and is administered by the State Department of Health Services. Federal financial participation, through the federal medicaid program, is contingent upon approval of the state plan for the provision of health services through the Medi-Cal program.

Existing law requires a Medi-Cal beneficiary to pay a share of costs related to the provision of benefits and services under the program under certain conditions.

This bill would require the department to undertake efforts to provide opportunities for voluntary enrollment in managed care plans and primary care case management plans to any individual who is eligible for benefits under the Medi-Cal program and who has an obligation to pay a share of the cost of the benefits. The bill would require the

department to pursue all federal waivers and state medicaid plan amendments necessary to implement the plan, and, upon creation of an option for those beneficiaries to enroll in managed care plans, to take all necessary actions to inform beneficiaries of their right to enroll in managed care plans.

This bill would also require the State Department of Health Services to solicit approval from the federal Health Care Financing Administration to obtain waivers or amend existing waivers to provide *statewide* Medi-Cal coverage for individuals who have tested positive for the human immunodeficiency virus (HIV), but who are not otherwise eligible because they are not disabled.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 14005.22 is added to the Welfare  
2 and Institutions Code, to read:

3 14005.22. (a) Notwithstanding any other provision of  
4 law, the department shall undertake efforts to provide  
5 opportunities for voluntary enrollment in managed care  
6 plans and primary care case management plans to any  
7 individual who is eligible to receive health benefits and  
8 services pursuant to Section 14005 and who has an  
9 obligation to pay a share of costs pursuant to Section  
10 14005.9.

11 (b) The department shall pursue all federal waivers or  
12 state plan amendments it deems necessary to allow  
13 beneficiaries with a share of costs to enroll in managed  
14 care plans. However, inclusion of these beneficiaries in  
15 managed care plans shall not increase the cost the state  
16 would otherwise incur for those beneficiaries under fee  
17 for service or otherwise affect the level of federal  
18 financial participation.

19 (c) Upon creation of an option for share of costs  
20 beneficiaries to enroll in managed care plans, the  
21 department shall take all necessary actions to inform  
22 beneficiaries of their right to enroll in managed care  
23 plans.



1 (d) Nothing in this section shall affect the inclusion of  
2 Medi-Cal recipients in county-organized health systems.

3 SEC. 2. Section 14005.23 is added to the Welfare and  
4 Institutions Code, to read:

5 14005.23. (a) The Legislature finds and declares the  
6 following: The federal Health Care Financing  
7 Administration (HCFA) allows states to expand coverage  
8 within their medicaid programs through waiver  
9 programs. Individuals who have tested positive for the  
10 human immunodeficiency virus (HIV) and who meet  
11 applicable financial eligibility requirements are ineligible  
12 for benefits if they are not considered disabled. These  
13 individuals must rely on county and state programs to  
14 provide medical treatment of HIV. Federal financial  
15 participation in the care of these individuals through  
16 medicaid could relieve significant pressure on  
17 California's AIDS Drug Assistance Program and county  
18 safety net programs that currently provide care to these  
19 individuals. Through existing waiver mechanisms,  
20 California can seek to avail itself of federal assistance in  
21 providing medical care to uninsured local residents who  
22 would otherwise qualify for medicaid but for inability to  
23 demonstrate disability.

24 (b) By April 1, 2000, the department shall solicit  
25 approval from the HCFA to obtain waivers or amend  
26 existing waivers in order to provide *statewide* coverage  
27 within Medi-Cal for individuals with HIV that meet  
28 income eligibility requirements, but for whom coverage  
29 is not currently available because the individual is not  
30 disabled.

31 (c) For purposes of this section, the term "solicit" shall  
32 include pursuing opportunities to submit an amendment  
33 to the state medicaid plan or to participate in a  
34 demonstration project for Medi-Cal coverage of the  
35 individuals described in subdivision (b).

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