



Legislation Details (With Board Report)

**File #:** 13-0204      **Name:** State Based Program Expansion of Medicaid  
**Type:** General Agenda Item      **Status:** Passed  
**File created:** 2/22/2013      **In control:** Board of Supervisors  
**On agenda:** 2/26/2013      **Final action:** 2/26/2013  
**Title:** Adopt a position of support for state based program expansion of Medicaid in California. (ADDED VIA ADDENDUM)  
**Sponsors:** Ray Bullick  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. Completed Board Order

Date	Ver.	Action By	Action	Result
2/26/2013	1	Board of Supervisors	approved	

Adopt a position of support for state based program expansion of Medicaid in California. (ADDED VIA ADDENDUM)

RECOMMENDATION:

It is recommended that the Board of Supervisors:  
Adopt a position of support for state based program expansion of Medicaid in California.

SUMMARY/DISCUSSION:

In 2010 the Federal Government enacted the Affordable Care Act as a means to provide better access to health care for all persons. In this legislation and subsequent court rulings, the states have the option to enact the Medicaid expansion to most adults with incomes at or below 133% of the Federal Poverty Level. In Monterey County it is estimated that approximately 27,000 persons will qualify for the expanded MediCal coverage.

Governor Brown has set forth two distinct options for implementation. The state-based approach in which the program will be an expansion of the current MediCal program administered by the State. The county based option will have counties responsible for the operation and fiscal responsibilities for implementing. This latter approach would likely require Federal approval.

In recent discussions with the County Health Executive Association of California (CHEAC) and CSAC most counties are favoring the state-based approach for expansion. There is a belief that the State could leverage the existing Medi-Cal managed care system to implement timely and consistently in all counties. Some counties are not planning to implement Low Income Health Plans which makes it difficult to assure all counties could implement. There have been discussions about 1991 realignment take back to implement a state-based option. For the first three years there will be no cost to the States for the expansion as it is to be 100% funded with Federal funds. We believe it is reasonable to implement the program for three years without any take back, allow counties to rebuild their public health infrastructure, quantify what the counties residual costs are for continuing to pay for uninsured and have the discussion about shared savings if any at that time.

OTHER AGENCY INVOLVEMENT:

Several Departments will be impacted with the implementation of ACA. Natividad Medical Center, Department of Social Services, Health Department, and Sheriff's Department.

FINANCING:

It is too early to determine any specifics on the actual impact financially; however the financial risk to counties is expected to be greater with the local option. As noted above there are discussions about 1991 realignment take back, transferring current state responsibilities to the counties, and potential expansion of benefits.

Prepared and Approved by: Ray Bullick, Director of Health, 4526