



Senate Bill 75
Full Scope Medi-Cal for All Children
Eligibility and Enrollment Plan

Senate Bill 75, Section 35
Senate Bill 4, Section 1
Welfare and Institutions Code 14007.8

SB 75 Full Scope Medi-Cal for All Children Eligibility and Enrollment Plan

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Introduction

Pursuant to Senate Bill (SB) 75 (Chapter 18, Statutes of 2015), Section 14007.8 was added to the Welfare and Institutions Code and amended by SB 4 (Chapter 709, Statutes of 2015) to provide individuals under age 19 and who do not have satisfactory immigration status or are unable to establish satisfactory immigration status with full scope Medi-Cal benefits. The provisions will be implemented no sooner than May 1, 2016, upon written communication by the Director of the Department of Health Care Services (DHCS) to the Department of Finance of systems readiness to enroll such individuals into full scope Medi-Cal coverage pursuant to Welfare and Institutions Code section 14007.8(a).

DHCS is working collaboratively with all program areas internally and externally with interested stakeholders, including, but not limited to, counties, Medi-Cal managed care health plans, consumer advocates, community based organizations and the Legislature on efforts outlined in the SB 75 Implementation Overview (<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/SB75/ImplementationOverview.pdf>) released by DHCS on October 13, 2015. In addition, DHCS has worked with internal programs to discuss the impacts of providing full scope coverage for this population. DHCS discussions included programs such as the California Children's Services, Dental, Mental Health, and Substance Use Disorder.

The purpose of this Eligibility and Enrollment Plan is to describe to interested stakeholders, including, but not limited to counties, Medi-Cal managed care plans, consumer-advocates, and the Legislature, the process by which the new enrollee population (individuals under the age of 19 who meet all eligibility requirements and apply for Medi-Cal after the implementation of SB 75) and the transition population (individuals under the age of 19 who are currently enrolled in restricted scope Medi-Cal with unsatisfactory immigration status as of the implementation of SB 75) will receive full scope Medi-Cal under SB 75. This plan provides an overview of SB75 Children's Expansion once the system changes have occurred and it includes the following:

1. Application process for the new enrollee population (not currently enrolled in restricted Medi-Cal);
2. Transition process for the existing restricted Medi-Cal population including how and when the transition population is identified; when they will receive notices; when and how their aid code will change; and
3. Managed care health plan enrollment process for both new enrollee and transition populations.

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Populations Impacted by SB 75

There are two populations of children impacted by this change in Medi-Cal coverage.

- **New Enrollee Population**: Individuals under the age of 19 who meet all eligibility requirements for SB 75 but are not enrolled in the Medi-Cal program at the implementation of SB 75. These individuals will need to apply for Medi-Cal through the current application process. It is estimated that approximately 55,000 undocumented children under the age of 19 are currently eligible but not enrolled, DHCS estimates 50 percent will take up coverage over a 12-month period, once the program is operational.
- **Transition Population**: Individuals under the age of 19 who are currently enrolled in restricted scope Medi-Cal with unsatisfactory immigration status.

Systems Readiness

DHCS' goal is to complete and implement all system changes no sooner than May 16, 2016. DHCS has finalized the design of system changes in the California Healthcare Enrollment, Eligibility and Retention System (CalHEERS) to create new functionalities to determine full scope Medi-Cal eligibility for individuals under the age of 19 who do not have satisfactory immigration status or have failed verification of citizenship or satisfactory immigration status. Although CalHEERS system changes are scheduled for May 16, 2016 implementation, the eligibility effective date (when the system changes and transition plan are implemented) will be May 1, 2016. Medi-Cal is based on full month eligibility, so if an individual is eligible for one day of a given month, they are eligible for the entire month.

- **Contingency Planning**: If the system implementation date is delayed, then the eligibility effective date will change also. For example, if system implementation is delayed into the month of June, the eligibility effective date would shift from May 1, 2016 to June 1, 2016.

DHCS is also working with the State Automated Welfare System (SAWS) and counties to ensure SB 75 systems functionalities are implemented in SAWS, including the release of applicable Notices of Action (NOA). Pursuant to SB 1341 (Chapter 846, Statutes of 2014), NOA functionality is to move from CalHEERS to the SAWS. This functionality became operational on March 7, 2016, per CalHEERS Release 16.2. As such, this functionality will be operational in SAWS for purposes of the transition.

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Application Process

No sooner than May 16, 2016, new applicants will be able to submit an application through CalHEERS or the County to be determined eligible for full scope Medi-Cal benefits under the provisions of SB 75. The methods of applying include online, by mail, by telephone or in person. If the applicant qualifies for full-scope Medi-Cal pursuant to the requirements of SB 75, they will receive the appropriate NOA notifying them of such eligibility.

New enrollees can request retroactive Medi-Cal coverage up to three months prior to the month of application; however, under the provisions of SB 75, full scope retroactive coverage will be available no sooner than the month of implementation. Requests for retroactive coverage for any month(s) prior to the month of SB 75 implementation can be granted limited scope Medi-Cal coverage for those months, if determined eligible. The current Conlan reimbursement process is in place to handle the retroactive claims.

New Enrollee - Managed Care Enrollment Process

DHCS will use the current managed care enrollment process for new enrollees as follows:

1. For the new enrollees living in a County Organized Health System (COHS) county, they will be automatically enrolled in the COHS plan on the first of the month following their eligibility determination. The plan will mail a Welcome Packet within a week of enrollment.
2. For the new enrollees living in a non-COHS county, they will receive a Health Care Options choice packet, which provides information about Medi-Cal Managed Care Plans (MCPs) in the county and their providers. They will have 30 days to choose a plan; if no plan choice is made, DHCS will assign them to a plan in their county.

Transition Process

DHCS will implement the transition of individuals from restricted scope Medi-Cal to full scope Medi-Cal at the same time CalHEERS is ready to enroll newly eligible individuals into full scope aid codes. This will occur no sooner than May 16, 2016. The transition process will be transparent to these individuals and no action is required on their part. However, if these individuals receive a renewal packet for their restricted scope Medi-Cal, they must renew their restricted scope Medi-Cal and provide the county with any

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requested information. Individuals must have restricted scope Medi-Cal on the implementation date in order to transition to full scope coverage.

Once systems (CalHEERS and SAWS) are determined ready, but no sooner than May 16, 2016, SAWS will:

1. Identify eligible individuals under the age of 19 enrolled in restricted scope, Modified Adjusted Gross Income (MAGI) aid codes and process the transition into full scope aid codes via CalHEERS (using Attachment A - Aid Code Crosswalk).
2. Identify eligible individuals under the age of 19 enrolled in restricted scope, Non-MAGI aid codes and process the transition to full scope aid codes via SAWS (using Attachment A – Aid Code Crosswalk).
3. Generate and send the NOA letter notifying the beneficiary of their increased benefits from restricted to full scope coverage.

SAWS will use a batch process to identify the eligible individuals related to steps 1 and 2 described above. The batch processes will likely occur over a few days because of the various steps in the process that must be completed by the SAWS (CalWIN, C-IV, and LEADER/LRS).

Age Policy – New Enrollee and Transition Populations

Assuming an implementation date of no sooner than May 16, 2016, SAWS will use the following age policy to determine who is eligible for SB 75:

- Individuals who turn age 19 between May 2, 2016 through May 31, 2016 are considered to be age 18 for the month of May and will be transitioned to full scope Medi-Cal effective May 1, 2016.
 - As these children turn age 19, and SB 75 eligibility no longer applies, notification will be sent to the county for review and redetermination of Medi-Cal eligibility. These children will remain eligible to full scope benefits while they are assessed for other Medi-Cal programs. A timely NOA is required for any redetermination of eligibility that results in a benefit decrease.
- Individuals who turn age 19 on or before May 1, 2016 will be considered to be age 19 for the month of May and will not be eligible for full scope coverage under SB 75. These individuals will not be included as part of the transition population.

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Transition Population - Managed Care Enrollment Process

DHCS will implement a managed care enrollment process for the transition population. The details of the process are listed below based on an implementation date of no sooner than May 16, 2016:

COHS Counties

- Fee-for-service (FFS) full scope Medi-Cal coverage during the transition month.
- Notices sent to beneficiaries following the SB 75 full scope determination will identify their COHS plan.
- Managed care enrollment to begin the first of the month following the full scope determination, for all transition beneficiaries in COHS counties.

Non-COHS Counties

- FFS full scope Medi-Cal coverage during the transition month and possibly up to the following two months.
- Managed care enrollment process begins the month of the SB 75 full scope determination.
- Notices sent to beneficiaries following the full scope determination will inform them of managed care enrollment and will include Health Care Options contact information. MCP enrollment can be done over the phone.
- Managed care Health Care Options choice packets will be mailed to beneficiaries. MCP enrollment can be done over the phone or after receiving back completed choice packets.
- MCP enrollment will be effective on the first day of the next month of enrollment, but no later than the month of enrollment that falls 60 days after full scope determination, depending on when the choice was made. All remaining beneficiaries who have not made a plan choice will be assigned to a plan in their county, effective the first of the month of enrollment that follows this 60 day time frame.

Transition Population - Fee-For-Service Enrollment Process

- Individuals turning 19 within six months of the transition date and who live in non-COHS counties will be enrolled into FFS full scope Medi-Cal. These individuals are not required to enroll into a managed care health plan but will receive voluntary enrollment information as is our current process, and may enroll voluntarily.

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- Individuals who live in non-COHS counties and have a share of cost or other health coverage will be enrolled into FFS full scope Medi-Cal. Other health coverage is either employer sponsored insurance or an individual insurance plan.

Quality Assurance and Reporting Requirements

To ensure individuals under age 19 transition smoothly to full scope Medi-Cal, DHCS is developing tracking data reports from the Medi-Cal Eligibility Data System (MEDS) as follows:

- The month prior to the implementation date, DHCS will compile a data report identifying eligible individuals under the age of 19 in restricted aid codes in MEDS.
- After SAWS complete their batch process in the implementation month, DHCS will compile another data report identifying eligible individuals under the age of 19 that transitioned into full scope aid codes in MEDS.
- DHCS will reconcile these data reports to ensure that identified individuals properly transitioned into full scope Medi-Cal. DHCS will provide SAWS the MEDS exception reports and evaluate if individuals did not transition into full scope Medi-Cal.
- DHCS will run monthly MEDS exception reports identifying eligible individuals under the age of 19 who are in restricted aid codes. DHCS will provide SAWS the MEDS exception reports to review the accuracy of the restricted aid code eligibility determination for these individuals.

Notices to New Enrollee and Transition Populations

For the implementation of SB 75, DHCS has developed the following three notices and they will all be translated into the Medi-Cal 12 threshold languages:

First Notice (General Information Notice) – Transition Population

All individuals in the transition population will be sent the first notice with information about the SB 75 full scope expansion and general information on benefits, including mandatory enrollment into Medi-Cal managed care health plans and frequently asked questions. Approximately 60 days prior to the SB 75 implementation date, DHCS will identify all active restricted scope individuals under the age of 19 who do not have satisfactory immigration status in MEDS.

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DHCS will send the first notice to this identified population approximately 30 days prior to their transition to full-scope benefits.

For individuals who apply for Medi-Cal within the month of implementation of SB 75, counties will include the first notice in the materials provided at application for insurance affordability programs. See Attachment B for English versions.

Second Notice (Notice of Action) – New Enrollee and Transition Populations

DHCS has developed new Notice of Action (NOA) snippets for SB 75. These NOA snippets will be used for both the new enrollee and the transition populations:

- When an application is submitted and the new enrollee is determined eligible for Medi-Cal under SB 75 rules, SAWS will generate the NOA letter. This letter will be sent to those determined SB 75 eligible from both MAGI and non-MAGI determinations.
- For the transition population, SAWS will generate the NOA letter, notifying the individual of the benefit increase into full scope Medi-Cal once the transition from restricted scope to full scope coverage has occurred.

See Attachment C for the English version of NOA letter snippets.

Third Notice (Enrollment Notice) – Transition Population

Soon after the transition implementation date, DHCS will mail out the third notice, also known as the enrollment notice. The enrollment notice provides information for transition population individuals who are subject to required enrollment into Medi-Cal managed care health plans and will be sent to beneficiaries who have transitioned to full scope coverage. Individuals identified in the Eligibility and Enrollment Plan (section ***Transition Population - Fee-For-Service Enrollment Process***) as remaining in FFS after the transition will not receive this enrollment notice. Described below are the differences between the COHS counties' and non-COHS counties' enrollment notices:

- COHS counties: The enrollment notice will be addressed to the household and include all affected beneficiaries. It will explain what a Medi-Cal MCP is, that their county has only one MCP, will provide the name of the MCP the beneficiary will be enrolled in, and the MCP contact information.

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- Non-COHS counties: The enrollment notice will be addressed to the household and include all affected beneficiaries. It will explain what a MCP is, that they will receive a Health Care Options choice packet with their MCP options, that if they don't choose a MCP then DHCS will assign them to one by a certain date and which MCP that will be, and that the beneficiary can choose a MCP (either the same one assigned or a different one) and enroll in the plan before the final date listed. DHCS will not split households and all beneficiaries in a family will be assigned to the same plan unless there is an affirmative choice otherwise.
- Information about dental services is contained in both the COHS and non-COHS enrollment notices. Managed Care dental is available in Sacramento and Los Angeles counties only.

Please see Attachment D English versions.

Health Care Options Choice Packets – New Enrollee and Transition Populations

Medi-Cal Health Care Options choice packets will be mailed to beneficiaries living in non-COHS counties and in their threshold languages. The Health Care Options choice packets include: an Enrollment Choice Form; self-addressed stamped envelope to return the completed form; an MCP enrollment choice booklet that provides MCP information; guidance on how to enroll in a MCP or change plans; a Health Information Form where beneficiaries can self-report their current health; the Health Care Options presentation schedule; a summary list of MCP benefits, instructions and forms for the Medical Exemption Request/Waiver; and MCP provider directories for that county. Health Care Options choice packets will be mailed out after the enrollment notice for the transition population. New enrollees will receive the packets after applying and being determined eligible for full scope Medi-Cal.

Provider and Health Plan Updates

DHCS will post a provider bulletin approximately 45 days prior to the transition date on the Medi-Cal Provider website. This bulletin will serve as a reminder to providers of the implementation of SB 75 and contact information for any provider questions. The posted bulletin is available to FFS providers and will be shared with MCPs.

DHCS will continue to update the MCPs through conference calls, webinars, and All Plan Letters. Managed care staff also provides updates to the MCPs through routine meetings and daily operations, as well as sharing SB 75 materials.

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Outreach with Foundations and Stakeholders

DHCS has met with California Coverage & Health Initiatives (CCHI) and philanthropic foundations to discuss coordinated outreach and enrollment efforts at the local levels. The CCHI and the foundations, in collaboration with DHCS, are implementing an outreach strategy to encourage enrollment into restricted Medi-Cal for eligible children that are currently in local children's coverage programs. Enrollment prior to the transition will ensure that these children will receive full scope benefits as soon as SB 75 is implemented.

CCHI and the foundations, in collaboration with DHCS, have also worked on developing a coordinated outreach message for SB 75. Consistent outreach messaging will ensure that eligible children and their families hear the same message from various sources and in the language that they understand. DHCS continues its collaboration with the foundations to identify other areas where their support can help ensure the success of the expansion and help the newly enrolled in understanding how to use their new full scope Medi-Cal benefits. Many families may not have been previously covered and will benefit from guidance and assistance on how to navigate their Medi-Cal managed care health plan.

Other SB 75 Resources

The DHCS SB 75 webpage provides SB 75 publications and information, including frequently asked questions: <http://dhcs.ca.gov/SB75>

Please submit questions and/or feedback regarding SB 75 to the following:

- SB75EligibilityandEnrollment@dhcs.ca.gov

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Attachment A - Aid Code Crosswalk

SB 75 Full Scope Aid Code List - with Restricted Aid Code Crosswalk

The chart below shows the full scope aid codes that will be used for the implementation of SB 75. The right side of the chart shows the corresponding restricted scope aid codes that beneficiaries under 19 are currently eligible for when they do not have satisfactory immigration status. CalHEERS and SAWS will use this chart to ensure the proper full scope aid code is programmed into their eligibility systems.

	Coverage Group	Full Scope Aid Code	Description	Restricted Scope Aid Code	Description
Pre ACA **	Parents/Caretaker Relative	3N	1931(b)	3V	1931(b) parents/caretaker relative
	Percent Programs Children	47	200% Infant Citizen	69	200% Infant OBRA
		72	Citizen/Lawful Permanent Resident/PRUCOL/Conditional Status (Age 1-6) 133%	74	Undocumented Temporary VISA (OBRA) FPL 133%
		7A	Citizen Child FPL 100% (Ages 6-19)	7C	OBRA Child FPL 100%
	Property Disregard	8P	Excess Property Child FPL 133% (Ages 1-6)	8N	Excess Property Child – ESO FPL 133%
		8R	Excess Property Child FPL 100% (Ages 6-19)	8T	Excess Property Child –Pregnancy + ESO FPL 100%
	Pregnant Women	44	Pregnant Citizen FPL 200%	48	Pregnant OBRA FPL 200%
		3N	1931(b)	5F	OBRA Alien – Pregnant Woman
	Consumer Protection Program	7J	CEC	7K	CEC -Undocumented
		39	Initial TMC	3T	Initial TMC -ESO
		59	Continuing TMC	5T	Continuing TMC - ESO
		54	Four Month Continuing	5W	Four Month Continuing – Pregnancy + ESO
	Bridge Program	7X	Medi-Cal to Healthy Families Bridge	E1	Medi-Cal to Health Families Bridge - Unverified Citizen
	MAGI	ACA Child	P5	ACA Child 6-19 Yrs: Citizen FPL 0 -133%	P6
P7			ACA Child 1-6 Yrs: Citizen FPL 0-142%	P8	ACA Child 1-6 Yrs: Undocumented
P9			ACA Infant 0-1 Yrs: Citizen FPL 0-208%	P0	ACA Infant 0-1 Yrs: Undocumented
OTLIC		T1	Child 6-19 Yrs: Citizen (OTLIC Premium) FPL 160-266%	T6	Child 6 -19 Yrs: Undocumented (OTLIC Premium) FPL 160-266%
		T2	Child 6-19 Yrs: Citizen (OTLIC) FPL 133-160%	T7	Child 6 -19 Yrs: Undocumented (OTLIC) FPL 133-160%
		T3	Child 1-6 Yrs: Citizen (OTLIC Premium) FPL 160-266%	T8	Child 1-6 Yrs: Undocumented (OTLIC Premium) FPL 160-266%

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		T4	Child 1-6 Yrs: Citizen (OTLIC) FPL 142-160%	T9	Child 1-6 Yrs: Undocumented (OTLIC) FPL 142-160%
		T5	Infant up to 1 Yr: Citizen (OTLIC) FPL 208-266%	T0	Infant up to 1 Yr: Undocumented (OTLIC) FPL 208-266%
	Pregnant Women	M7	Pregnant Women Citizen FPL 0- 60%	M8	Pregnant Women Undocumented FPL 0- 60%
		M9	Pregnant Women Citizen FPL 60-213%	M0	Pregnant Women Undocumented FPL 60-213%
	Expansion Child	M5	Expansion Child 6-19 Yrs: Citizen/Lawful Presence FPL 108-133%	M6	Expansion Child 6-19 Yrs: Undocumented FPL 108-133%
	Parent/Caretaker Relative	M3	Parent/Caretaker Relative FPL <109%	M4	Parent/Caretaker Relative FPL <109%
Non-MAGI Share of Cost	Medically Needy: AFCD/Blind/Disabled	27	Blind Medically Needy - SOC	C4	Blind Medically Needy - SOC
		37	AFDC Medically Needy - SOC	C6	AFDC Medically Needy - SOC
		67	Disabled - Medically Needy - SOC	C8	Disabled - Medically Needy - SOC
		TBD	See Chart #2 below	58	OBRA Aliens
	Medically Indigent	83	Medically Indigent Child - SOC	D1	Medically Indigent Child - SOC
	LTC	63	Disabled LTC - SOC	D7	OBRA Aliens not PRUCOL: Disabled LTC - SOC
	Inmate	G7	County Juvenile Inmate -SOC	G8	County Juvenile Inmate -SOC
		J2	Compassionate Release/County Medical Probation - SOC	J4	Compassionate Release/County Medical Probation Undocumented - SOC
		J7	County Compassionate Release - SOC	J8	County Compassionate Release Undocumented SOC
	Non-MAGI No Share of Cost	Medically Needy: AFCD/Blind/Disabled	24	Blind Medically Needy	C3
34			AFDC Medically Needy	C5	AFDC Medically Needy
64			Disabled - Medically Needy	C7	Disabled - Medically Needy
82			Medically Indigent Child	C9	Medically Indigent Child
Blind/Disabled FPL		2H	Blind FPL	N/A	No Restricted Undocumented Aid Code
		6H	Disabled FPL	6U	Disabled FPL
		TBD	See Chart #2 below	58	OBRA Aliens
LTC		23	Blind LTC	D4	OBRA Aliens not PRUCOL: Blind LTC
		63	Disabled LTC	D6	OBRA Aliens not PRUCOL: Disabled LTC
Inmate		G1	State Juvenile Inmate	G2	State Juvenile Inmate
		G5	County Juvenile Inmate	G6	County Juvenile Inmate Undocumented
		G0	State Parolee Inmate	G9	State Medical Parolee
		J1	Compassionate Release/County Medical Probation	J3	Compassionate Release /County Medical Probation Undocumented
		J7	County Compassionate Release	J8	County Compassionate Release Undocumented

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Restricted Scope Aid Code 58

	Coverage Group	Full Scope Aid Code	Description	Restricted Scope Aid Code	Description
Non-MAGI No Share of Cost/ Share of Cost	Medically Needy/ Medically Indigent	24	Blind Medically Needy (No-SOC)	58	OBRA Aliens (Blind Medically Needy (No-SOC))
		27	Blind Medically Needy (SOC)	58	OBRA Aliens (Blind Medically Needy (SOC))
		34	AFDC Medically Needy (No-SOC)	58	OBRA Aliens (AFDC Medically Needy (No-SOC))
		37	AFDC Medically Needy (SOC)	58	OBRA Aliens (AFDC Medically Needy (SOC))
		64	Disabled Medically Needy (No-SOC)	58	OBRA Aliens (Disabled Medically Needy (No-SOC))
		67	Disabled Medically Needy (SOC)	58	OBRA Aliens (Disabled Medically Needy (SOC))
		82	Medically Indigent Child (No-SOC)	58	OBRA Aliens (Medically Indigent Child (No-SOC))
		83	Medically Indigent Child (SOC)	58	OBRA Aliens (Medically Indigent Child (SOC))

** Starting January 2016, the children in the Pre-ACA restricted aid codes should be transitioned into MAGI restricted aid codes due to completion of 2015 renewals

Attachment B - First Notice (General Information Notice)

Non-COHS County

Date

[Beneficiary Information]

Important news about your health coverage

Dear [Beneficiary]

Good news! A new California law, Senate Bill (SB) 75, means you get more Medi-Cal benefits. Some children, under the age of 19, may be able to get full scope benefits. If you qualify, your restricted scope Medi-Cal benefits will change to full scope benefits.

What is the new law?

SB 75 is a new law in California. It gives full scope Medi-Cal to children under the age of 19. And your immigration status does not matter. You still have to meet all other Medi-Cal eligibility rules. SB 75 will begin on or after May 1, 2016.

What is full scope Medi-Cal?

Medi-Cal provides free or low-cost health care for some people who live in California. Full scope Medi-Cal covers more than just care when you have an emergency. It provides medical, dental, mental health, and vision (eye) care. It also covers alcohol and drug use treatment, drugs your doctor orders, and more. You can learn more about Medi-Cal at www.dhcs.ca.gov.

How will I know if I can get full scope Medi-Cal?

You will get a notice in the mail. It will tell you if you can get full scope Medi-Cal benefits.

What do I do now?

There will be no changes to your Medi-Cal benefits right now. So don't do anything yet. Since you have Medi-Cal, you don't need to fill out a new Medi-Cal application. But if you get a renewal packet in the mail, you should fill it out. Then you can still get your restricted scope benefits, before the new law starts. On or after May 1, 2016, you will be able to change to full scope benefits. The county may ask you for your renewal information. Any time there are changes to your information, be sure to tell your county office.

COHS County

Date

[*Beneficiary Information*]

Important news about your health coverage

Dear [*Beneficiary*]

Good news! A new California law, Senate Bill (SB) 75, means you get more Medi-Cal benefits. Some children, under the age of 19, may be able to get full scope benefits. If you qualify, your restricted scope Medi-Cal benefits will change to full scope benefits.

What is the new law?

SB 75 is a new law in California. It gives full scope Medi-Cal to children under the age of 19. And your immigration status does not matter. You still have to meet all other Medi-Cal eligibility rules. SB 75 will begin on or after May 1, 2016.

What is full scope Medi-Cal?

Medi-Cal provides free or low-cost health care for some people who live in California. Full scope Medi-Cal covers more than just care when you have an emergency. It provides medical, dental, mental health, and vision (eye) care. It also covers alcohol and drug use treatment, drugs your doctor orders, and more. You can learn more about Medi-Cal at www.dhcs.ca.gov.

How will I know if I can get full scope Medi-Cal?

You will get a notice in the mail. It will tell you if you can get full scope Medi-Cal benefits.

What do I do now?

There will be no changes to your Medi-Cal benefits right now. So don't do anything yet. Since you have Medi-Cal, you don't need to fill out a new Medi-Cal application. But if you get a renewal packet in the mail, you should fill it out. Then you can still get your restricted scope benefits, before the new law starts. On or after May 1, 2016, you will be able to change to full scope benefits. The county may ask you for your renewal information. Any time there are changes to your information, be sure to tell your county office.

Since you get Medi-Cal services now, you should have a Medi-Cal ID card. This is called a Benefits Identification Card (BIC). The BIC is a white plastic card, with blue

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Attachment C - Second Notice (Notice of Action Letter Snippets)

Notice Type	Notice of Action snippet language specific to the transition population for SB 75
<p>Restricted-Scope Retro Approval</p>	<p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted-scope Medi-Cal in <MONTH YYYY> because you are 19 or older and you did not send us proof of satisfactory immigration status or U.S. Citizenship for Medi-Cal purposes. Restricted-scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, postpartum care, and long-term care service. If you are not sure if a service is covered, ask your medical provider. You may get or may have already received other notices about your eligibility for other time periods. This notice is only telling you that you got Medi-Cal coverage for <MONTH YYYY>.</p> <p>If you have proof of your citizenship and immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted-scope to full-scope when you provide us with your documents. Full-scope benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <MAGI_SIZE> and your monthly household income is \$<MAGI_INCOME>. The monthly Medi-Cal income limit for your household size is \$<MAGI_INCOME_LIMIT>. Your income is below this limit, so you qualify for Medi-Cal.</p> <p><REGULATION> is the regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See ""Your Hearing Rights"" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Restricted-Scope Approval</p>	<p>You qualify for only restricted-scope Medi-Cal because you are 19 or older and you did not send us proof of satisfactory immigration status or U.S. Citizenship for Medi-Cal purposes. Restricted-scope Medical only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, postpartum care,</p>

SB 75 Full Scope Medi-Cal for All Children Eligibility and Enrollment Plan

Attachment D - Third Notice (Draft Enrollment Notice)

Non-COHS County

Date

[*Beneficiary Information*]

Important Information About your Child's Medi-Cal Benefits

Dear Parent/Guardian:

Please read this letter for important information about your child's health benefits.

Your child's health coverage changed to full scope Medi-Cal benefits. This means your child will have more benefits. It also means your child will get care through a Medi-Cal managed care health plan (also called a Medi-Cal health plan). Now that your child has full scope Medi-Cal, you can keep getting your health care through fee-for-service Medi-Cal until you enroll in a Medi-Cal health plan.

You need to choose a Medi-Cal health plan for your child. Your child will become a member of a Medi-Cal health plan on 0/00/0000.

A Medi-Cal health plan is a health plan that covers Medi-Cal benefits. When your child becomes a member of a Medi-Cal health plan, he or she will get most of their Medi-Cal services from that plan.

You will get an Enrollment Choice packet in the mail. It will have information to help you choose a Medi-Cal health plan for your child. You can fill out the Medi-Cal Choice Form in the packet to enroll, or you can call Health Care Options (HCO) to enroll over the phone. **If you do not choose a Medi-Cal health plan, one will be chosen for your child.** You can always change your child's plan or doctor at a later date.

Your child will get **dental** coverage from the Medi-Cal dental program called Denti-Cal. You can find information on dental services in the "Frequently Asked Questions" (FAQ) page that came with this notice. Your child will need to go to a dentist that accepts Denti-Cal. To find a dentist, please call the **Denti-Cal Beneficiary Customer Service line at 1-800-322-6384**, Monday to Friday, 8 a.m. to 5 p.m. A representative will help you find a dentist near you.

The FAQ page also has details on other Medi-Cal services. These services include mental health services, alcohol and drug treatment services, and vision (eye) care.

SB 75 Full Scope Medi-Cal for All Children Eligibility and Enrollment Plan

COHS County

Date

[*Beneficiary Information*]

Important Information About your Child's Medi-Cal Benefits

Dear Parent/Guardian:

Please read this letter for important information about your child's health benefits.

Your child's health coverage changed to full scope Medi-Cal benefits. This means your child will have more benefits. It also means your child will get care through a Medi-Cal managed care health plan (also called a Medi-Cal health plan). Now that your child has full scope Medi-Cal, you can keep get your health care through fee-for-service Medi-Cal until you enroll into your Medi-Cal health plan.

Your child will become a member of your county's Medi-Cal health plan by 0/00/0000.

A Medi-Cal health plan is a health plan that covers Medi-Cal benefits. When your child becomes a member of a Medi-Cal health plan, he or she will get most of their Medi-Cal services from that plan. The Medi-Cal plan in your county is <insert COHS Plan Name>.

Your child will also get **dental** coverage from the Medi-Cal dental program called Denti-Cal. You will find information on dental services in the "Frequently Asked Questions" (FAQ) page that came with this notice. Your child will need to go to a dentist that accepts Denti-Cal. To find a dentist, please call the **Denti-Cal Beneficiary Customer Service line at 1-800-322-6384**, Monday to Friday, 8 a.m. to 5 p.m. A representative will help you find a dentist near you.

You can find details on other Medi-Cal services, like mental health services, alcohol and drug treatment services, and vision services in the FAQ included with this notice.

How can I contact my Medi-Cal Health Plan?

To contact <COHS Plan Name>

you can call them at <insert Member Services number here>

or visit them online at <insert web address>

SB 75 Full Scope Medi-Cal for All Children Eligibility and Enrollment Plan

Sacramento County

Date

[*Beneficiary Information*]

Important Information About your Child's Medi-Cal Benefits

Dear Parent/Guardian:

Please read this letter for important information about your child's health benefits.

Your child's health coverage changed to full scope Medi-Cal benefits. This means your child will have more benefits. It also means your child will get care through a Medi-Cal managed care health plan (also called a Medi-Cal health plan). Now that your child has full scope Medi-Cal, you can keep getting your health care through fee-for-service Medi-Cal until you enroll in a Medi-Cal health plan.

You need to choose a Medi-Cal health plan for your child. Your child will become a member of a Medi-Cal health plan on 0/00/000.

A Medi-Cal health plan is a health plan that covers Medi-Cal benefits. When your child becomes a member of a Medi-Cal health plan, he or she will get most of their Medi-Cal services from that plan.

You will get an Enrollment Choice packet in the mail. It will have information to help you choose a Medi-Cal health plan for your child. You can fill out the Medi-Cal Choice Form in the packet to enroll, or you can call Health Care Options (HCO) to enroll over the phone. **If you do not choose a Medi-Cal health plan, one will be chosen for your child.** You can always change your child's plan or doctor at a later date.

Your child will get **dental** services through a Medi-Cal dental plan. For more information, you can call **HCO at 1-800-430-4263 (TTY: 1-800-430-7077)** or you can fill out a Dental Choice Form which you will get with your Enrollment Choice Packet. **Please be sure to choose a Medi-Cal dental plan before 0/00/0000.**

The FAQ page also has details on other Medi-Cal services. These services include mental health services, alcohol and drug treatment services, and vision (eye) care.

What are my choices?

- 1. You can choose your child's Medi-Cal health plan. You can either mail in your choice or enroll your child over the phone.**

Mail: Choose a Medi-Cal health plan for your child, then fill out the Choice Form and return it in the pre-paid envelope. You must mail it in by 0/00/0000.

SB 75 Full Scope Medi-Cal for All Children Eligibility and Enrollment Plan

Los Angeles County

Date

[*Beneficiary Information*]

Important Information About your Child's Medi-Cal Benefits

Dear Parent/Guardian:

Please read this letter for important information about your child's health benefits.

Your child's health coverage changed to full scope Medi-Cal benefits. This means your child will have more benefits. It also means your child will get care through a Medi-Cal managed care health plan (also called a Medi-Cal health plan). Now that your child has full scope Medi-Cal, you can keep getting your health care through fee-for-service Medi-Cal until you enroll in a Medi-Cal health plan.

You need to choose a Medi-Cal health plan for your child. Your child will become a member of a Medi-Cal health plan on 0/00/0000.

A Medi-Cal health plan is a health plan that covers Medi-Cal benefits. When your child becomes a member of a Medi-Cal health plan, he or she will get most of their Medi-Cal services from that plan.

You will get an Enrollment Choice packet in the mail. It will have information to help you choose a Medi-Cal health plan for your child. You can fill out the Medi-Cal Choice Form in the packet to enroll, or you can call Health Care Options (HCO) to enroll over the phone. **If you do not choose a Medi-Cal health plan, one will be chosen for your child.** You can always change your child's plan or doctor at a later date.

Your child can get **dental** services through Denti-Cal (regular Medi-Cal for dental services) or a Medi-Cal dental plan. For more information, you can call **HCO at 1-800-430-4263 (TTY: 1-800-430-7077)** or you can fill out a Dental Choice Form which is included with your Enrollment Choice packet. **Please be sure to choose a Medi-Cal dental plan or Denti-Cal before 0/00/0000.**

The FAQ page also has details on other Medi-Cal services. These services include mental health services, alcohol and drug treatment services, and vision (eye) care.

What are my choices?

- 1. You can choose your child's Medi-Cal health plan. You can either mail in your choice or enroll your child over the phone.**

SB 75 Full Scope Medi-Cal for All Children Eligibility and Enrollment Plan

Please check to the following DHCS website for more information on changes from SB 75:
www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB-75.aspx