



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

April 10, 2012

CMS Information Notice 12-01

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, CHILD HEALTH AND DISABILITY PREVENTION
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL
CONSULTANTS AND SYSTEMS OF CARE DIVISION STAFF

SUBJECT: Mandatory Enrollment of Seniors and Persons With Disabilities (SPDs) In
Medi-Cal Managed Care

Medi-Cal beneficiaries who are SPDs, including CCS clients with full scope, no share of cost Medi-Cal, who reside in counties with County Organized Health System (COHS) Medi-Cal managed care plans have long been subject to mandatory enrollment in the COHS health plans. In 2011, pursuant to provisions in the Bridge to Reform (BTR) 1115 Medi-Cal Demonstration Waiver, mandatory enrollment of SPD Medi-Cal beneficiaries in Medi-Cal managed care in Two Plan Model (TPM) and Geographic Managed Care (GMC) counties was initiated.

However, mandatory enrollment for SPD CCS clients with full scope, no share of cost Medi-Cal in Medi-Cal managed care in the TPM and GMC counties was postponed pending the procurement of contractors to conduct CCS Demonstration Projects pursuant to the BRT Demonstration Waiver. Contractors have now been selected to conduct the CCS Demonstration Projects in San Mateo, Alameda, Los Angeles, Orange, and San Diego Counties. We have been advised that Medi-Cal has initiated the process for mandatory enrollment of CCS clients with full scope, no share of cost Medi-Cal linked to their status as an SPD (aid codes 20, 24, 26, 2E, 2H, 36, 60, 64, 66, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 10,14, 16, 1E, 1H) in the remaining TPM and GMC counties in which CCS Demonstration Projects will not be conducted (Contra Costa, Fresno, Kern, Kings, Madera, Riverside, Sacramento, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare Counties).

In early January 2012, Medi-Cal Managed Care Health Care Options (HCO) began distributing the attached notice to these SPD CCS clients to advise them that prospectively they would be required to enroll in a Medi-Cal Managed Care Plan. In early February these clients received an enrollment packet from HCO which enables them to select a Medi-Cal managed care plan in which they will be enrolled effective May 1, 2012.

If a client does not select a plan by mid April 2012, the client will be automatically enrolled in a Medi-Cal managed care plan assigned to them by HCO on May 1, 2012. The following beneficiaries will not be mandatorily enrolled into managed care in the TPM and GMC counties:

- Dual Eligibles, or those with Medicare
- Foster Children
- Identified as Long Term Care (LTC)
- Those with Other Health Insurance
- Share of Cost (SOC) Medi-Cal

This transition should not interfere with continuity of any CCS clients' CCS services as CCS services are carved-out of the coverage of the TPM and GMC medical managed care plans. Certain exemptions from plan enrollment are provided for, such as medical exemptions for certain medical conditions and exemptions for persons receiving health care through an Indian Health Services Facility. Eligibility for CCS services, in itself, is not a basis for a medical exemption from plan enrollment. If a CCS family wishes to explore seeking such an exemption, the family should contact HCO at 1-800-430-4263 or at the following link:

<http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Default.aspx>

Original Signed By Louis R. Rico

Louis R. Rico, Chief
Systems of Care Division

Attachment



Important Medi-Cal Changes For People with Disabilities and Seniors

Most people with disabilities and seniors who have Medi-Cal only must enroll in a Medi-Cal Health Plan.

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You can choose which Medi-Cal Health Plan in your county you want to enroll in.

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What is a Medi-Cal Health Plan?

In a Medi-Cal Health Plan, you get care from the doctors, hospitals, and providers in your Plan. You do not pay anything to join or be in a Medi-Cal Health Plan. You are still on Medi-Cal.

Do I need to change doctors and hospitals?

Maybe. You might be able to stay with both. Ask your doctors and hospitals which Plans they take. Or call the Plans and ask. When you enroll, choose the Plan that your doctors and hospitals work with. Even if your doctor is not in your Plan, you may be able to keep seeing that doctor.

When do I need to enroll in a Medi-Cal Health Plan?

We will mail you more information to choose a Medi-Cal Health Plan. Your membership starts May 1, 2012.

What about the care I get through a special Medi-Cal program?

If you get care through a special Medi-Cal program (like CCS, GHPP, or Waiver) your care for those conditions will not change. But, you will get other care through a Medi-Cal Health Plan.

What if I don't do anything?

If you do not enroll in a Medi-Cal Health Plan, we will choose one for you. Then, your new Medi-Cal Health Plan will send you a membership card.

I'm already in a Medi-Cal Health Plan. Do I need to do anything?

No, you do not need to do anything. Your health care will stay the same.

What if I have a problem with Medi-Cal, my Plan, or getting the care I need?

- Call the **Help Center: 1-888-466-2219**
- Call the **Medi-Cal Managed Care Ombudsman: 1-888-452-8609**
- Ask for a **Medi-Cal State Hearing: 1-800-952-5253**

For more information or to enroll in a
Medi-Cal Health Plan call:
Health Care Options: 1-800-430-4263

