

Notice of Additional Information (NOAI)

Mandatory enrollment for foster youth in Single Plan Counties Your rights and benefits as you move to a Medi-Cal health plan

Single Plan Counties are counties in which the California Department of Health Care Services (DHCS) contracts with a Managed Care Plan (MCP) that operates under the authorization and sponsorship of a county or local authority. Foster youth in Single Plan Counties will be required to join a Medi-Cal health plan starting **January 1, 2025**. If you are a current or former foster child or youth and are in Fee-for-Service (FFS) Medi-Cal (Regular Medi-Cal), you will be required to join a Medi-Cal health plan. If you are currently enrolled in a Medi-Cal health plan and want to stay in that plan, you do not have to do anything. The change to a Medi-Cal health plan does not affect your Medi-Cal eligibility or benefits. Read below for answers to questions about the change.

Questions about the change

1. Can I keep my provider if they are not in my new Medi-Cal health plan network (group)?

If you have gone to a Medi-Cal provider in the past 12 months who is not in your Medi-Cal health plan, you might be able to keep your provider if you ask your Medi-Cal health plan for “continuity of care.”

Continuity of care means you may be able to keep a Medi-Cal provider, with whom you have a pre-existing relationship, for up to 12 months after you join a new Medi-Cal health plan. This includes your primary care doctor (PCP), specialists, physical and occupational therapists, and more.

Your provider may agree to work with your new Medi-Cal health plan. This can last up to 12 months or, in some cases, longer. If you want continuity of care, call your Medi-Cal health plan’s member services once you join the Medi-Cal health plan. If your provider does not agree to work with your Medi-Cal health plan, your Medi-Cal health plan will help you find a new provider.

To learn more about your Medi-Cal health plan choices and providers who work with Medi-Cal health plans, go to **www.healthcareoptions.dhcs.ca.gov**.

2. What if I already have appointments for January 1, 2025, or after?

You may be able to keep the appointment you have. Ask your Medi-Cal health plan about visits with the provider you have now. Your provider may need to ask your Medi-Cal health plan for approval before you can have new visits or services.

3. Can I keep appointments I have with a Medi-Cal specialist?

If you made an appointment with a Medi-Cal specialist before you joined a Medi-Cal health plan, you may be able to keep your appointment.

Call your Medi-Cal health plan's member services once you join your Medi-Cal health plan and ask if you can keep the appointment. The specialist may already work with your Medi-Cal health plan, or if not, they may agree to work with your Medi-Cal health plan in the future. If your provider does not agree to work with your Medi-Cal health plan, your Medi-Cal health plan will help you find a new provider.

To learn more about your Medi-Cal health plan choices and providers who work with Medi-Cal health plans, go to www.healthcareoptions.dhcs.ca.gov.

4. Will my California Children's Services (CCS) services change?

No, your CCS services will not change. They will remain the same. You can keep going to your CCS-paneled provider.

5. Will my prescriptions and pharmacies change?

No. Your prescriptions and pharmacies should **not** change when you join a Medi-Cal health plan. If you have a new PCP, make sure they know what prescriptions you get now. Tell them if you need a refill.

6. If I have durable medical equipment (DME), can I keep it when I join a Medi-Cal health plan?

You will be able to keep the DME rentals and medical supplies from your DME providers for 180 days and until your Medi-Cal health plan does a reassessment.

Once you join your Medi-Cal health plan, call their member services, and tell them you have durable medical equipment.

7. If Medi-Cal pays for my transportation, can I keep my scheduled rides?

If you need Non-Emergency Medical Transportation (NEMT) or Non-Medical Transportation (NMT) to get to your Medi-Cal covered service, your Medi-Cal health plan can keep providing those services. Once you join your Medi-Cal health plan, call their member services. You can ask questions and find out if your NEMT or NMT provider is in your Medi-Cal health plan and whether you can keep your scheduled rides.

8. When I join a new Medi-Cal health plan, will I need a new authorization for a Medi-Cal service I get now?

No. If you have an authorization from your current provider for a Medi-Cal service, you can keep using that authorization for now. If your authorization goes beyond June 30, 2025, call your Medi-Cal health plan's member services once you join your Medi-Cal health plan. You may need to go to your provider and ask for a new treatment plan to keep the service after June 30, 2025.

If you get a Medi-Cal service or treatment that does not require authorization from your Medi-Cal health plan, you can keep getting that service or treatment when you

join your Medi-Cal health plan. If you need to keep the service or treatment after June 30, 2025, call your Medi-Cal health plan's member services once you join the Medi-Cal health plan. Ask them if you need an authorization to keep getting that service or treatment.

9. What if I get a bill?

If you get a bill from a provider, call your Medi-Cal health plan or Medi-Cal Fee-for-Service (FFS) Monday – Friday, 8 a.m. to 5 p.m. at 1-800-541-5555. They will tell you if you need to pay the bill.

If you got care without your Medi-Cal health plan's authorization for out-of-network doctors, you may have to pay the bill.

General questions about your Medi-Cal health plan options

10. What is the difference between Fee-For-Service (Regular) Medi-Cal and a Medi-Cal Managed Care Plan?

Fee-For-Service (FFS) Medi-Cal is also called "Regular" Medi-Cal.

If you have FFS Medi-Cal, you can go to any Medi-Cal provider who takes FFS, usually, without coordination across Medi-Cal benefits.

With Medi-Cal Managed Care, your health plan **coordinates** your Medi-Cal benefits and has a network of Medi-Cal providers. Also, Medi-Cal health plans offer services called Community Supports that are not offered in FFS Medi-Cal. To learn more, go to the [Community Supports Fact Sheet](#) on the DHCS website.

11. What is a Medi-Cal health plan?

A Medi-Cal health plan is a health plan that:

- Works with providers, hospitals, and other health care providers in your service area to give you health care services.
- Gives you the medically necessary Medi-Cal services you need.
- Works with you and your providers to coordinate and manage your care.

When you are in a Medi-Cal health plan, you may still get some services through Fee-For-Service (FFS) Medi-Cal instead of through your Medi-Cal health plan. In most counties, these include:

- Certain home and community-based services
- Most Medi-Cal pharmacy services
- Specialty mental health services
- Substance use disorder (SUD) treatment services
- Dental services

If you have Medicare, your Medi-Cal health plan can also give you more benefits that Medicare may not cover such as:

- Transportation to medical appointments
- Durable medical equipment
- Medical supplies
- Community Supports

To learn more about Medi-Cal health plan benefits, go to www.healthcareoptions.dhcs.ca.gov.

12. What is Medi-Cal Health Care Options?

Medi-Cal Health Care Options (HCO) is a service that helps members learn about Medi-Cal health plans. It helps members make the right choices about Medi-Cal. The Medi-Cal HCO website is www.healthcareoptions.dhcs.ca.gov.

To learn more, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

13. Do I have a choice in my Medi-Cal health plan?

To find out if you have more than one plan choice in your county, go to www.healthcareoptions.dhcs.ca.gov.

14. If I move to a different county, do I have to be enrolled in a Medi-Cal health plan?

You may not have to join a Medi-Cal health plan if you live a non-County Organized Health Systems (COHS) or non-Single Plan County.

To find out if you have to join a Medi-Cal health plan if you move to a different county, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

15. Can I enroll in Kaiser Permanente?

As a current or former foster youth, you may join Kaiser Permanente if you live in one of the counties that has Kaiser Permanente as a Medi-Cal health plan option. To find out if you have more than one plan choice in your county, go to www.healthcareoptions.dhcs.ca.gov.

To learn how to enroll in Kaiser Permanente, call Medi-Cal HCO Monday – Friday, 8 a.m. to 6 p.m. at 1-800-430-4263 (TTY: 1-800-430-7077).

16. What if I am an American Indian or Alaska Native Member?

If you are an American Indian or Alaska Native member enrolled in a Medi-Cal health plan, you may get services from an Indian Health Care Provider of your choice. If you have questions about your benefits, call your Medi-Cal health plan. Ask to speak to your Tribal Liaison. You can also call the Medi-Cal Ombudsman at 1-888-452-8609 for help.

17. Can I get a medical exemption from joining a Medi-Cal health plan?

Members that live in a Single Plan County do not qualify for a medical exemption.

18. What other services can I get through Medi-Cal?

California Children's Services (CCS) program

CCS is a state program. It is run as a partnership between county health departments and the California Department of Health Care Services. The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under the age of 21 who have a CCS-eligible medical condition. The CCS program will connect a child or youth with doctors and trained health care providers who know how to care for CCS-related health care needs.

A child or youth may qualify for the CCS program if the child or youth:

- Is under 21 years old,
- Has a **CCS-eligible medical condition**,
- Lives in California, and
- Has a family income under \$40,000

To learn more, go to www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx.

Dental services

You can get dental services through Medi-Cal. Your dental benefits do not change when you enroll in a Medi-Cal health plan.

- For **Single Plan Counties**, you get FFS Medi-Cal dental services through **Medi-Cal Dental**. You must go to a dental provider who takes Medi-Cal Dental. To find a dental provider, you can call the Medi-Cal Dental Customer Service Center at 1-800-322-6384 (TTY: 1-800-735-2922), Monday – Friday, 8 a.m. to 5 p.m. You can also find a dental provider and learn more about Medi-Cal dental services on the "Smile, California" website at www.smilecalifornia.org.

In-Home Supportive Services (IHSS) Program

The IHSS program helps pay for services that help you stay safely in your own home. IHSS is an alternative to out-of-home care such as nursing homes or board and care facilities. IHSS can authorize these types of services:

- Housecleaning
- Meal preparation
- Laundry
- Grocery shopping

- Personal care services, such as bowel and bladder care, bathing, grooming, and paramedical services
- Accompaniment to medical appointments
- Protective supervision for the mentally impaired

To apply for IHSS, contact your local county social services agency. To find your local county services agency go to www.cdss.ca.gov. A county social worker will interview you at your home to find if you qualify for and need IHSS. Based on your ability to safely perform certain tasks for yourself, the social worker will assess the types of services you need and the number of hours the county may authorize for those services.

If you are approved for IHSS in most counties, you must hire someone (your individual provider) to perform the authorized services. Your county IHSS Public Authority can help connect you with qualified IHSS providers.

Mental health services

If you need mental health services, talk to your new Medi-Cal health plan member services. Or talk to your PCP or your county mental health plan. You may get mental health services through your Medicare or Medi-Cal health plan's network. You may also qualify for specialty mental health services from your county mental health plan.

Your Medi-Cal health plan and your county mental health plan **must** help you with your mental health care needs. They must help you find a provider. For your county mental health plan contact information, go to www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. No matter which one you contact, you should get services right away. You do not need a diagnosis to get care.

Alcohol and substance use disorder treatment services

If you need help with alcohol or other substance use disorder (SUD) treatment services, you can get an assessment from your Medi-Cal health plan. You can also call your county for SUD treatment services. To find your local county SUD program go to www.dhcs.ca.gov/provgovpart/Pages/sud-directories.aspx. Or call your Medi-Cal health plan member services for help to get SUD treatment.

Pharmacy services

Medi-Cal Rx covers prescription drugs that your provider prescribes for you to get from a pharmacy. Your Medi-Cal health plan covers the drugs your provider gives you in person, such as at the doctor's office or clinic.

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to www.medi-calrx.dhcs.ca.gov. Or call the Medi-Cal Rx Customer Service Center at 1-800-977-2273 (TTY: State Relay at 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call. If you have questions after you are enrolled in your Medi-Cal health plan, call your Medi-Cal health plan's member services.

If you qualify for Medicare, Medicare Part D will cover most prescriptions. You must pay any co-pays. Medi-Cal will only pay for a few medications not in your Part D plan.

Transportation

If you do not have a way to get to doctor, clinic, dentist, mental health, or substance use disorder treatment services appointments, or to pick up medicine or for other Medi-Cal covered services, you may qualify for free transportation services. You can get these services, called "Non-Medical Transportation (NMT)" by car, taxi, bus, or other public or private vehicle. NMT is available for appointments covered by your Medi-Cal health plan as well as services covered by Medi-Cal but not through the Medi-Cal health plan, such as substance use disorder treatment services.

If you cannot use a car, bus, taxi, or other public or private vehicle to get to your appointments due to your health conditions, you may be able to get Non-Emergency Medical Transportation (NEMT). NEMT takes you to your appointments by ambulance, wheelchair van, or litter van. To get NEMT, you need a prescription from a licensed provider. NEMT is for people who cannot use public or private transportation. Your primary care provider, dentist, podiatrist, mental health, or substance use disorder provider can prescribe NEMT.

Your Medi-Cal health plan can help you schedule your transportation. Call the Medi-Cal health plan's member services to ask for a ride.

When asking for transportation, you must contact your Medi-Cal health plan as soon as you can before an appointment. If you have many appointments, you can also ask for transportation to those appointments.

19. Where can I learn more or get help?

Questions about Medi-Cal:

Medi-Cal County Office

To update your personal information.

- Contact your local Medi-Cal county office or visit the Update My Information page at www.dhcs.ca.gov/keep-your-Medi-Cal/Pages/Update-my-information.aspx if you need to update your personal information or have changes to report, including your address, phone number or email address.
- You can find a list of county offices at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.
- Your local Medi-Cal county office will help with Medi-Cal, health coverage and other benefits.

DHCS Medi-Cal Helpline

To learn about Medi-Cal and what services you can get through Medi-Cal.

- **Phone:** 1-800-541-5555. The call is free.

- **Hours:** Monday – Friday 8 a.m. to 5 p.m.
- **Website:** www.dhcs.ca.gov

For questions about why your Medi-Cal is changing:

Medi-Cal Ombudsman Office

Help with Medi-Cal benefits and understanding your rights and responsibilities.

- **Phone:** 1-888-452-8609 (TTY: California State Relay at 711). The call is free.
- **Hours:** Monday – Friday, 8 a.m. to 5 p.m.
- **Email:** MMCDOmbudsmanOffice@dhcs.ca.gov

Medicare Medi-Cal Ombudsman Program

Help for people who have both Medicare and Medi-Cal with complaints and problems.

- **Phone:** 1-855-501-3077. The call is free.

To learn more about health plan and provider (doctor, clinic) choices:

Medi-Cal HCO

- **Phone:** 1-800-430-4263 (TTY: 1-800-430-7077). The call is free.
- **Hours:** Monday – Friday, 8 a.m. to 6 p.m.
- **Website:** www.healthcareoptions.dhcs.ca.gov