



Aged, Blind, and Disabled Federal Poverty Level Program Expansion

Eligibility and Enrollment Plan

October 29, 2020

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Welfare and Institutions Code 14005.40*

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Introduction

Senate Bill (SB) 104 (Chapter 67, Statutes of 2019) expands the Aged, Blind, and Disabled Federal Poverty Level (ABD FPL) program to increase the income threshold of the program from 100 percent of the federal poverty level (FPL) to 138 percent of the FPL. This program expansion will increase the number of people who are eligible for Medi-Cal without a share of cost (SOC). The Department of Health Care Services (DHCS) has set an implementation date of December 1, 2020, for the ABD FPL program expansion. DHCS is working collaboratively with counties, Medi-Cal managed care plans, Statewide Automated Welfare Systems (SAWS), consumer advocates, the Legislature, and others to implement the ABD FPL program expansion.

The purpose of this Eligibility and Enrollment Plan is to describe the process for expanding the ABD FPL program. Individuals/couples who may be affected include applicants who are aged, blind, or disabled, or beneficiaries who are currently enrolled in a Medi-Cal program that requires additional out-of-pocket costs. This plan provides an overview of the ABD FPL Expansion activities that will occur during the implementation process, including:

1. The transition process for currently-enrolled individuals/couples who will automatically be moving into the free Medi-Cal program
2. The notification and enrollment process for currently-enrolled individuals who *may* be transitioning into the free Medi-Cal program

Impacted Population for Transition

DHCS has identified two populations currently in other Medi-Cal programs that DHCS will target for transition into the ABD FPL program based on the expansion. The identified populations include the following:

- Initial Transition Population: The initial transition population consists of beneficiaries with Medi-Cal eligibility with a SOC as of the implementation date, whose net countable income is at or below 138 percent of the FPL, including all applicable deductions and disregards. These individuals and couples will be automatically assessed for ABD FPL program eligibility and enrolled therein if found eligible.
- Expanded Population: The expanded population consists of beneficiaries who *may* be eligible to transition under the program expansion, but fall outside of the parameters of the initial transitioning population. This population will include beneficiaries currently enrolled in the 250 Percent Working Disabled Program, and some beneficiaries who pay for additional health coverage. These individuals will be informed of the expansion criteria and of the opportunity to request a redetermination of their eligibility with their local county office after the implementation date.

System Readiness

DHCS' goal is to complete all system changes within SAWS to implement the ABD FPL program expansion effective December 1, 2020. The following timeline is in place to assure a timely implementation process.

- CalSAWS readiness confirmed for November 16, 2020
- CalWIN readiness confirmed for November 23, 2020
- Batch process to be completed for December 2020 and January 2021 months of eligibility
- Daily Skipped Batch Reports will be processed by counties to address any fall-out cases

DHCS is working collaboratively with SAWS on an ongoing basis to provide assistance and technical support in preparing the systems for program implementation.

Transition Process

The process of transitioning the Initial Transition Population involves multiple divisions within DHCS, collaboration and coordination with counties, SAWS, and communication with stakeholders and beneficiaries.

DHCS will engage in the following activities to facilitate the transition:

- Compile data on the transitioning population
- Collaborate with counties and SAWS for processing eligibility determinations
- Provide technical assistance to the counties
- Coordinate with Managed Care Plans (MCPs). Details on this process are found in the [Transition Population - Managed Care Enrollment Process](#) section below.
- Utilize data for outreach efforts to potential transitioning population. Outreach efforts are explained in detail in the [Notices to Transition Population](#) section below.

The transition process will be transparent to beneficiaries and no action is required on their part. Beneficiaries must have active Medi-Cal eligibility in December 2020 in order to be automatically transitioned under the program expansion.

Data Collection

DHCS and the SAWS will gather data on the initial transition and expanded populations on an ongoing basis from April 2020 through April 2021. The population data will include individuals and couples currently in the Medically Needy (MN) program with countable income between 124 percent and 138 percent FPL, participants in the 250 Percent Working Disabled Program, and some beneficiaries who pay for other health coverage.

The data will be used to inform beneficiaries about the program changes, re-determine eligibility once the change is implemented, monitor the population as cases are processed, and track totals once the transition is complete.

Systems Updates

SAWS are required to automate programming within their systems and have system functionality in place for implementation. The implementation date of December 1, 2020, will apply to all transitioning beneficiaries and new applicants. The new budget methodology will be in effect: net countable income will be compared to the income limit of 138 percent FPL, and the standard income disregards (\$230 per individual, \$310 per couple) will no longer apply. All other income deductions and disregards shall remain. Once system functionality is in place:

- SAWS will run individuals in the initial transition population through the batch process to determine eligibility,
- SAWS will transmit the appropriate aid code change to the Medi-Cal Eligibility Data System (MEDS),
- SAWS will generate and send the Notices of Action (NOA) to inform transitioned beneficiaries that they are eligible for Medi-Cal without a SOC,

After December 1, 2020, any new applicants who are eligible under the expansion will be automatically enrolled in the program.

Collaboration with Counties

Counties will receive technical assistance materials and training from DHCS in November 2020, explaining the program expansion and giving them guidance on specific processes. The revised budget form MC 176 AD will be delivered to counties, along with instructions for its use, prior to December 1. DHCS will provide policy letters to counties explaining the program expansion, outreach efforts, and any other necessary information. DHCS will work diligently to provide counties with the resources necessary for a successful transition.

Managed Care Enrollment Process for Transition Population

DHCS will work with Managed Care plans to ensure a smooth transition takes place for individuals who are benefited by this expansion. The details of the process are listed below.

County Organized Health System (COHS) Counties

- For COHS counties, Managed Care Plan (MCP) enrollment will be mandatory.

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- A Managed Care Enrollment Notice with the Frequently Asked Questions (FAQs) will be mailed to beneficiaries in the month of November.
- On December 1, 2020, beneficiaries will be enrolled into the COHS plan in their county.
- Beneficiaries already enrolled in managed care plans, but transitioning to the ABD FPL program, will maintain their managed care plan enrollment.

Non-COHS Counties

- For non-COHS counties, managed care enrollment may be voluntary or mandatory.
- During the month of December, beneficiaries who are transitioned to ABD FPL under the program expansion will be automatically enrolled in fee-for-service (FFS) Medi-Cal, unless managed care health plan enrollment is selected by November 23, 2020.
- A Managed Care Enrollment Notice with Frequently Asked Questions (FAQs) will be mailed to beneficiaries in the month of November.
- Beneficiaries can make the choice to enroll into a Medi-Cal health plan prior to implementation, and enrollment in a Medi-Cal health plan will be effective December 1, 2020.
- Beneficiaries who do not make a Medi-Cal health plan selection by the date listed in the Managed Care Enrollment Notice, will be enrolled into the Medi-Cal health plan listed on the notice, effective February 1, 2021 depending on when the SAWS systems are updated.

Outreach Notices to Transition Populations

To implement the ABD FPL program expansion, DHCS will distribute three notices, in all Medi-Cal threshold languages. English notices will be sent on the same schedule as all other languages. Beneficiaries who are likely to qualify under the program expansion will receive these notices in the mail from DHCS.

First Notice (Outreach Letter 1 and Frequently Asked Questions) - Initial Transition Population

Beneficiaries who have been identified as eligible for the ABD FPL program under the expansion rules will be sent an informational packet in October including an outreach letter describing the expansion process and Frequently Asked Questions (FAQs). DHCS will identify eligible beneficiaries in the month of August using the following criteria: beneficiaries with Medi-Cal eligibility in the MN program with a SOC of \$695 - \$889 for individuals, and up to \$1030 for couples, whose net countable income is at or below 138 percent of the FPL.

Second Notice (Outreach Letter 1 and Frequently Asked Questions) – Add-on Transition Population

DHCS will send a second notification in November to any beneficiaries who were not included in the original mailer group. The criteria used to identify this group will be the same; however, the month of October will be used to identify the most current group of eligible beneficiaries prior to implementation. The informational packet materials will be identical to the first notice.

Third Notice (Outreach Letter 2) – Expanded Population

In late November, DHCS will mail out a final notice to any beneficiaries who *may* be affected by the program expansion, but were not part of the initial transition population, encouraging them to reach out to their county eligibility worker if they think that the new rules may apply to them. This population will include beneficiaries currently enrolled in the 250 Percent Working Disabled Program, and some beneficiaries who pay for additional health coverage. This will complete the outreach efforts directed at beneficiaries.

Medi-Cal Choice Packets –Transition Population

Beneficiaries in Non-COHS counties will receive Medi-Cal Choice Packets in their preferred written language in November. The Medi-Cal Choice Packets include:

- An Enrollment Choice Form
- A self-addressed stamped envelope to return the completed form
- A Medi-Cal health plan enrollment choice booklet that provides health plan information
- The Health Care Options presentation schedule
- A summary list of MCP benefits, instructions and forms for the Medical Exemption Request/Waiver (if applicable)

- A MCP provider directory for their county

Stakeholder Engagement

Stakeholders will be kept apprised of the progress of the project on an ongoing basis. DHCS is using existing stakeholder engagement forums to discuss and provide updates on ABD FPL program expansion implementation, including but not limited to:

- The Consumer Focused Stakeholder Workgroup (CFSW)
- The Aged, Blind and Disabled Expansion Advocate Touchpoint
- County Welfare Directors Association of California (CWDA) meetings
- Managed Care Operations Plan conference calls

Ongoing DHCS stakeholder discussion topics include:

- Transition Plan
- Milestones and timeline
- Frequently Asked Questions (FAQs)
- Population data
- Notices for potentially eligible beneficiaries
- Outreach efforts to reach potentially eligible beneficiaries
- DHCS guidance on implementation
- Enrollment reports

Stakeholders will be invited to provide feedback on beneficiary outreach materials developed by DHCS. Once the transition is complete, stakeholders will receive information from DHCS about the total number of beneficiaries who have transitioned under the expanded program income limit, and regular updates on the number of beneficiaries awaiting processing outside of the batch.

Milestones

The key milestones have been determined using a December 1, 2020, implementation date. DHCS will provide updates through established stakeholder meetings and will share revisions to the milestones and implementation efforts as applicable. **(Please note: all dates below are subject to change.)**

- March 2020 – Initial drafts of notices completed
- March-July – Review process for all written materials
- October 2020 – Distribute mailings to initial transition population
- November 2020 – Provide training and technical assistance to counties
- November 2020 – Distribute second mailing to add-on population and Managed Care Enrollment Notices to transition population
- November 2020 – Distribute third mailing to expanded population

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- November 2020 – Confirm systems readiness
- December 1, 2020 – Implementation date
- December 1, 2020- COHS beneficiaries enrolled in Managed Care
- February 1, 2021- Non-COHS mandatory beneficiaries enrolled in Managed Care

Related Efforts

A new deduction will be available for the ABD FPL program as of December 1, 2020 as a result of the passage of AB 1088 in July of 2019. This deduction will allow the cost of a beneficiary's Medicare Part B premium to be deducted from their income, regardless of how the premium is being paid. The result will be that no one who is eligible for the program will be disqualified based on the state's payment of their Medicare Part B premium.