



Young Adult Full Scope Expansion

Eligibility and Enrollment Plan

November 4, 2019

***Senate Bill 104 (Chapter 67, Statutes of 2019)
Welfare and Institutions Code 14007.8***

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Introduction

Senate Bill (SB) 104 (Chapter 67, Statutes of 2019) expands full scope Medi-Cal to the young adult population, between the ages of 19 through 25, inclusive, who do not have satisfactory immigration status or are unable to establish satisfactory immigration status or to verify United States citizenship. The Young Adult Expansion is modeled after the coverage provided by SB 75 (Chapter 18, Statutes of 2015) as amended by SB 4, (Chapter 709, Statutes of 2015) which provided full scope Medi-Cal to eligible children under the age of 19. SB 104 provides that the Young Adult Expansion may take effect no sooner than January 1, 2020 subject to DHCS' confirmation that the automated systems are programmed as needed to enroll the new population. DHCS expects to have system readiness to implement the Young Adult Expansion by January 1, 2020. DHCS is working collaboratively with counties; Medi-Cal managed care plans, advocates, community-based organizations, the Legislature, and others to implement the Young Adult Expansion.

The purpose of this Eligibility and Enrollment Plan is to describe the process by which the Young Adult Expansion population will receive full scope Medi-Cal. The expansion population includes new enrollees into Medi-Cal, current beneficiaries transitioning from restricted scope to full scope Medi-Cal because of this expansion, and individuals receiving full scope Medi-Cal who would have aged out of full scope coverage in the month the Young Adult Expansion takes effect.¹ This plan provides an overview of the Young Adult Expansion activities that will occur after the system changes are in place, including:

1. The application process for the new enrollee population (not currently enrolled in Medi-Cal);
2. The transition process for the existing restricted scope 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. The managed care health plan enrollment process for both new enrollee and transition populations.

Impacted Populations

There are two populations impacted by the Young Adult Expansion:

- **New Enrollee Population:** The new enrollee population consists of individuals ages 19 through 25, inclusive, who are eligible for Medi-Cal, do not have satisfactory immigration status for full scope Medi-Cal, and are not yet enrolled in Medi-Cal. These individuals will need to apply for Medi-Cal through the current application process. DHCS will work collaboratively with the organizations that administer those programs to determine outreach options for enrolling these individuals into Medi-Cal.

¹ This third group includes beneficiaries who will age out of SB 75 full scope coverage when they turn 19, and those lawfully present beneficiaries who will age out of federally-funded full scope coverage when they turn 21.

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- **Transition Population:** The transition population consists of individuals, ages 19 through 25, inclusive, who are currently enrolled in restricted scope Medi-Cal and not in a satisfactory immigration status for full scope Medi-Cal. The transition population also includes beneficiaries receiving full scope Medi-Cal under SB 75, (or under the rules for the full scope coverage available to lawfully present immigrants) who would have aged out of their full scope coverage at age 19, or age 21, respectively, in the month of the Young Adult Expansion implementation.

Lawfully Present Immigrants

The Children's Health Insurance Program Reauthorization Act of 2009, among its many other provisions, gave states the option to provide Medicaid benefits to eligible children (under the age of 21) and pregnant women who are "lawfully residing" in the United States as defined for Medicaid eligibility purposes.

Under current Medi-Cal policy, certain lawfully present immigrants are eligible for full scope Medi-Cal until they reach 21 years of age and while they are pregnant. Lawfully present immigrants turning 21 years of age, who would age out of full scope Medi-Cal effective the month the Young Adult Expansion is implemented, will also be included in the young adult transition population.

System Readiness

DHCS' goal is to complete and implement all system changes necessary to implement the Young Adult Expansion effective January 1, 2020. DHCS has worked collaboratively with California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) project team on the necessary system changes.

- **Contingency Planning:** If the system implementation date is delayed beyond the month of January, then the eligibility effective date will change also. For example, if the system implementation is delayed into the month of February, the eligibility effective date would most likely shift from January 1, 2020 to February 1, 2020.

DHCS is also working with the Statewide Automated Welfare Systems (SAWS) and counties to ensure that necessary system changes are implemented in the SAWS, including all necessary Notice of Action (NOA) revisions.

Application Process

No sooner than for the January 2020 month of eligibility, 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 Young Adult Expansion. The methods of applying include online, by mail, by telephone, by fax, or in person. If the applicant qualifies for full scope Medi-Cal under the Young Adult Expansion, they will receive the appropriate NOA notifying them of their eligibility.

New enrollees can request retroactive Medi-Cal coverage for up to three months prior to the month of application. However, under the Young Adult Expansion, full scope retroactive coverage will be available no sooner than the month of implementation, which is expected to be January 2020. Requests for retroactive coverage for any

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month(s) prior to the month of implementation will be granted restricted scope Medi-Cal, based on eligibility policies in effect prior to implementation of the Young Adult Expansion.

New Enrollee – Managed Care Enrollment Process

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

- New enrollees living in a county with a County Organized Health System (COHS) will automatically be 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.
- New enrollees living in a Non-COHS county will receive a Health Care Options Choice packet, which provides information about Medi-Cal Managed Care Plans (MCPs), and about providers in their county. 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 (through the SAWS) at the same time CalHEERS is ready to enroll newly eligible individuals into full scope aid codes. This will occur no sooner than January 1, 2020. 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 to renew their restricted scope Medi-Cal eligibility, they must provide the county with any requested information. A beneficiary must have active restricted scope Medi-Cal eligibility effective on the Young Adult Expansion implementation date in order to automatically transition to full scope coverage.

Once systems (CalHEERS and SAWS) are determined ready, but no sooner than January 1, 2020, SAWS will:

- Identify eligible individuals under the age of 26 enrolled in restricted scope, Modified Adjusted Gross Income (MAGI) aid codes and process the transition into full scope aid codes via CalHEERS based on the Young Adult Expansion aid code crosswalk (Attachment A).
- Identify eligible individuals under the age of 26 enrolled in restricted scope, Non-MAGI aid codes and process the transition to full scope aid codes via SAWS based on the Young Adult Expansion aid code crosswalk (Attachment A).
- Use a batch process to identify the young adult transition population and to transmit the appropriate aid code change to the Medi-Cal Eligibility Data System (MEDS).
- Generate and send the NOA to inform transitioned beneficiaries that their benefits have increased from restricted to full scope Medi-Cal coverage.

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Age Policy – New Enrollees and Transition Populations

Assuming an implementation date of January 1, 2020, SAWS will use the following age policy to determine who is eligible for Young Adult Expansion coverage if otherwise eligible:

- Individuals in restricted scope Medi-Cal aid codes who turn 26 years of age on or before January 1, 2020 are considered age 26 (or older) for the month of January and will not be eligible for full scope coverage under the Young Adult Expansion. These individuals will not be included as part of the transition population.
- Young adults who turn 26 years of age between January 2, 2020 through January 31, 2020, are considered to be 25 years of age for the month of January, and are eligible for full scope coverage under the Young Adult Expansion for that month. As these individuals turn age 26, and expansion coverage no longer applies, MEDS alerts will be sent to the county for evaluation and to make a redetermination of Medi-Cal and Covered California eligibility. During the period of evaluation, these young adults will remain in full scope Medi-Cal until a redetermination is made. A timely NOA is required and must be sent to beneficiaries for any change in coverage (i.e. termination or a decrease from full scope to restricted scope Medi-Cal).

Transition Population – Managed Care Enrollment Process

DHCS will implement a managed care enrollment process for the Young Adult Expansion transition population. The details of the process are listed below:

COHS Counties

- During the transition month, beneficiaries will have fee-for-service (FFS) full scope Medi-Cal coverage.
- The month following their transition into a full scope aid code, beneficiaries will be enrolled into the COHS plan in their county, and the Mandatory COHS Plan Enrollment Information Notice will be mailed to them.

Non-COHS Counties

- During the transition month (and possibly for an additional one – two months), beneficiaries will have FFS full scope Medi-Cal coverage.
- After transitioning to full scope Medi-Cal, the Managed Care Health Care Options choice packets will be mailed to beneficiaries. The packet will include contact information for health care options. Managed Care Plan (MCP) enrollments can also be done via the telephone, by mail, or in person.
- Managed care health plan enrollment will be effective the first of the month after a plan selection is made by the beneficiary. If a plan is not selected within 45 days after their transition into a full scope aid code, DHCS will assign the beneficiary to a plan in their county effective the first of the month following this

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45 day period. Once enrollment is completed, beneficiaries will receive a notice confirming their enrollment in the managed care plan.

Transition Population – Fee-For-Service Enrollment Process

- Individuals turning 26 within six months of the transition date and who live in non-COHS counties will be enrolled into FFS full scope Medi-Cal. Given the managed care enrollment process timeline, these individuals will not be subject to mandatory enrollment into a managed care health plan. The individuals will receive voluntary enrollment information per our current process, and may enroll voluntarily.
- Young adults 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.

Quality Assurance and Reporting Requirements

To ensure young adults under age 26 have a smooth transition to full scope Medi-Cal, DHCS is developing the following tracking data reports from the Medi-Cal Eligibility Data System (MEDS) (assuming a January 1, 2020 implementation):

- In October 2019, DHCS will compile data identifying eligible young adults under the age of 26 in restricted aid codes in MEDS. After SAWS completes the batch process to provide full scope eligibility to the transition population effective January 1, 2020, DHCS will compile data identifying eligible young adults under the age of 26 who were transitioned into full scope aid codes in MEDS. DHCS will reconcile these data reports and work with the counties to identify anyone from the transition population who did not properly transition into full scope Medi-Cal.
- DHCS will run monthly MEDS exception reports identifying eligible young adults under the age of 26 who are in restricted scope aid codes until all individuals in the transitioning population has transitioned to full scope Medi-Cal. DHCS will provide the MEDS reports to the counties and work with the counties to identify anyone from the transition population who did not properly transition into full scope Medi-Cal.

Notices to New Enrollees and Transition Populations

To implement the Young Adult Expansion, DHCS has developed the following three notices, which will be translated into all Medi-Cal threshold languages. The notice descriptions assume a January 1, 2020 implementation:

First Notice (General Information Notice) – Transition Population

All young adults in the transition population will receive the First Notice (General Information Notice) with information about the Young Adult Expansion. This notice includes general information about benefits, mandatory enrollment into Medi-Cal managed care health plans, and frequently asked questions (FAQs). In October 2019, DHCS will identify all active restricted scope individuals under the age of 26 who have not established a satisfactory citizenship or immigration status in MEDS. DHCS will

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send the First Notice (General Information Notice) to the identified population approximately 45-60 days prior to their transition to full scope Medi-Cal.

For young adults who apply for Medi-Cal within the month of implementation, counties will include the First Notice (General Information Notice) in the materials provided at application for insurance affordability programs.

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

DHCS has developed NOA snippets for the Young Adult Expansion. These NOA snippets will be translated in all threshold languages and will be used in the letters sent to both new enrollees and the transition population:

- When an application is submitted and the new enrollee is determined eligible for Medi-Cal under this new policy, SAWS will generate a NOA. This notice will be sent to those young adults that are determined to be eligible for either MAGI and Non-MAGI Medi-Cal.
- For the transition population, SAWS will generate a NOA, notifying the individual of the benefit increase to full scope Medi-Cal once the transition from restricted scope to full scope coverage has occurred.

Third Notice (Enrollment Notice) – Transition Population

Soon after the transition implementation date, DHCS will mail out the Enrollment Notice (Attachment D). The Enrollment Notice provides information for transitioned beneficiaries who are required to enroll in a MCP. The enrollment notices for COHS counties and Non-COHS counties are described as follows:

- **COHS counties:** The enrollment notice will explain what a MCP is, the name of the MCP that they will be enrolled into (each COHS county only has one MCP), and the MCP contact information.
- **Non-COHS counties:** The enrollment notice will explain what a MCP is, and inform the beneficiary that their Health Care Options choice packet and MCP options information will be forthcoming. They will be informed that if they do not choose an MCP, DHCS will assign them to a plan but they may choose another health plan before the cutoff date. DHCS will not split households and therefore, 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 coverage is available in Sacramento and Los Angeles counties only.

Health Care Options Choice Packets – New Enrollees and Transition Populations

Beneficiaries in Non-COHS counties will receive Medi-Cal Health Care Options choice packets in their threshold language. The Health Care Options choice packets include:

- An Enrollment Choice Form;
- A self-addressed stamped envelope to return the completed form;

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- 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 report their current health status;
- The Health Care Options presentation schedule;
- A summary list of MCP benefits, instructions and forms for the Medical Exemption Request/Waiver, and;
- An MCP provider directory for their county.

For the transition population, Health Care Options choice packets will be mailed after the Second Notice (NOA). 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 Young Adult Expansion implementation date on the Medi-Cal Provider website. This bulletin will serve as a reminder to providers of the implementation of the Young Adult Expansion and will include contact information for provider questions. The posted bulletin will be 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. DHCS managed care staff will also provide updates to the MCPs through routine meetings and other communications.

Stakeholder Engagement

DHCS is using existing stakeholder engagement forums to discuss and provide updates on Young Adult Expansion implementation, including but not limited to:

- Young Adult Expansion Stakeholder Workgroup;
- The Consumer-Focused Stakeholder Workgroup;
- County Welfare Directors Association of California (CWDA) meetings;
- Managed Care Operations Plan conference calls; and
- Medi-Cal Dental Advisory Committee meetings.

Ongoing DHCS stakeholder discussion topics include:

- The Eligibility and Enrollment Plan;
- Key milestones and timeline;
- The restricted scope and SB 75 transition populations;
- The Young Adult Aid Code Crosswalk;
- Frequently Asked Questions (FAQs) for DHCS' website;
- Notices for the expansion population;
- Outreach efforts to reach expansion eligible individuals who are not yet enrolled in Medi-Cal;
- DHCS guidance on Young Adult Expansion implementation; and
- Enrollment report by counties.

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Key Milestones

The key milestones below assume system readiness for a January 2020 implementation of the Young Adult Expansion. DHCS will provide updates through established stakeholder meetings and will share revisions to the milestones and implementation efforts as applicable (***Note: all dates below are subject to change with planning**).

- *April – June 2019* – Share initial drafts of the Eligibility and Enrollment Plan through existing stakeholder forums. The Eligibility and Enrollment Plan will continue to be refined through October 2019.
- *June – July 2019* – Readability/translation of all MAGI and Non-MAGI Medi-Cal notice snippets into all threshold languages.
- *July 2019 – October 2019* – Readability/translation of First Notice (General Information Notice) and FAQs materials in all threshold languages.
- *September 2019* – First Notice (General Information Notice) Community Review in all threshold languages.
- *September 2019* – Present Webinar #1 to counties. Webinar will provide an overview of the proposed implementation efforts and next steps.
- *September 2019* – Present Webinar #2 to advocate community to provide an update on implementation efforts.
- *October 2019* – Data pull of young adults under the age of 26 who do not have satisfactory immigration status who have restricted scope Medi-Cal in MEDS in preparation for the First Notice (General Information Notice) mailing.
- *October 2019* – Post a provider bulletin on the Medi-Cal Provider website with an implementation update and contact information for provider questions.
- *October-December 2019* - Complete system changes and notify Department of Finance and all stakeholders with confirmation of the implementation date.
- *(Early) November 2019* – Release of the First Notice (General Information Notice) to the transitioning population. This notice explains their upcoming change in benefits, their mandatory enrollment into Medi-Cal Managed Care Plans, and includes FAQs and contact information for assistance.
- *(Late) November 2019* – SAWS/Counties to send the appropriate Notice of Action to the transitioning population. This notice explains their change in benefits from restricted to full scope Medi-Cal coverage along with their Hearing Rights.

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- *(Late) November - December 2019* – Begin processing young adult applicants and the transition population for full scope Medi-Cal eligibility effective January 1, 2020.
- *January 2020* – Send out the Third Notice (Enrollment Notice) to the population transitioning into Medi-Cal managed care health plans. The Health Care Options choice packets will also be sent in January 2020.
- *January 2020* – Effective date for the implementation of the Young Adult Expansion.
- *June 2020* – Submit first semi-annual report to the Legislature.

Other Young Adult Expansion Resources

The DHCS webpage provides Young Adult Expansion publications and information, including frequently asked questions:

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx>

Please submit questions and/or feedback regarding the Young Adult Expansion to the following: YoungAdultExpansion@dhcs.ca.gov.

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Attachment A – Young Adult Expansion Aid Code Crosswalk

The charts below shows the full scope aid codes that will be used for the implementation of the Young Adult Expansion. CalHEERS, SAWS, and MEDS will use these charts to ensure the proper full scope aid code is programed into their eligibility systems.

Aid Code Crosswalk for the Transition of Young Adults Under Age 26

The left side of the chart shows restricted scope aid codes. The right side of the chart shows full scope aid codes that beneficiaries age 19 through 25 must be transitioned into for the young adult expansion. When a beneficiary reaches age 26, there must be a determination of ongoing eligibility. Aid codes with footnote 1 or 2 are not part of the SAWS batch process.

Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
0U¹	Breast and Cervical Cancer Treatment Program (BCCTP) for Undocs or individuals Age 65 or younger without SIS – At or below 200% FPL - Limited to breast and/or cervical cancer treatment, LTC, pregnancy-related and emergency services (No SOC)	0P¹	Breast and Cervical Cancer Treatment Program (BCCTP) - Age 65 or younger – At or below 200% FPL (No SOC)
3T	Transitional Medi-Cal (TMC) - Initial 6 Months for individuals without SIS - Discontinuance of 1931(b) (No SOC)	39	Transitional Medi-Cal (TMC) - Initial 6 Months - Discontinuance of 1931(b)(No SOC)
5J	SB 87 Pending Disability Program (No SOC)	6J	SB 87 Pending Disability Program - Age 21 up to 65 who have lost their non-disability linkage to M/C and are claiming disability (No SOC)
5R	SB 87 Pending Disability Determination (SOC)	6R	SB 87 Pending Disability Determination – Age 21 up to 65 who have lost their non-disability linkage to M/C and are claiming disability (SOC)
5T	Continuing Transitional Medi-Cal (TMC) – Provides an additional 6 months for	59	Continuing Transitional Medi-Cal (TMC) – Provides an additional 6 months of TMC for

¹ DHCS Managed Program – No County/SAWS Action Needed

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Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
	individuals without SIS who received 6 months of initial TMC coverage under aid code 3T (No SOC)		beneficiaries who had 6 months of initial TMC coverage under aid code 39 (No SOC)
5W	Four Month Continuing (FMC) – Pregnancy and Emergency Services Only (ESO) for individuals without SIS who are no longer eligible for Section 1931(b) (No SOC)	54	Four Month Continuing (FMC) – Covers individuals discontinued from CalWORKS or Section 1931(b) (No SOC)
6U	Restricted - Disabled – Covers the disabled in the Aged & Disabled (A&D) FPL Program without SIS (No SOC)	6H	Disabled – Covers the disabled in the Aged & Disabled (A&D) FPL Program (No SOC)
C3	OBRA Aliens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (No SOC)	24	Blind - Medically Needy (MN) (No SOC)
C4	OBRA Aliens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (SOC)	27	Blind - Medically Needy (MN) (SOC)
C5	OBRA Aliens and Unverified Citizens or who do not have SIS - Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (No SOC)	34	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (No SOC)
C6	OBRA Aliens and Unverified Citizens or who do not have SIS - Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (SOC)	37	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (SOC)
C7	OBRA Aliens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (No SOC)	64	Disabled - Medically Needy (MN) (No SOC)

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Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
C8	OBRA Aliens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (SOC)	67	Disabled - Medically Needy (MN) (SOC)
C9	OBRA Aliens and Unverified Citizens or who do not have SIS - Child age 21 or younger - Medically Indigent (MI) (No SOC)	87	Medically Indigent (MI) Child – Age 21 or younger – Covers individuals until the age of 22 who were in an institution for mental disease before age 21 (SOC)
D1	OBRA Aliens and Unverified Citizens or who do not have SIS - Child age 21 or younger - Medically Indigent (MI) (SOC)	83	Medically Indigent (MI) Child – Age 21 or younger (SOC)
D4	OBRA Aliens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (No SOC)	23	Blind - Long Term Care (LTC) (SOC/No SOC)
D5	OBRA Aliens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (SOC)	23	Blind - Long Term Care (LTC) (SOC/No SOC)
D6	OBRA Aliens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (No SOC)	63	Disabled - Long Term Care (LTC) (SOC/No SOC)
D7	OBRA Aliens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (SOC)	63	Disabled - Long Term Care (LTC) (SOC/No SOC)
D8	OBRA Unverified Pregnant Women - Medically Indigent (MI) Confirmed Pregnancy – Age 21 or older without SIS who meet the eligibility requirements of MI (No SOC)	86	Medically Indigent (MI) Confirmed Pregnancy - Age 21 or older who meet the eligibility requirements of MI (No SOC)

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Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
D9	OBRA Unverified Pregnant Women - Medically Indigent (MI) Confirmed Pregnancy - Age 21 or older without SIS who meet the eligibility requirements of MI but are not eligible for 185%/200% or the Medically Needy (MN) programs (SOC)	87	Medically Indigent (MI) Confirmed Pregnancy - Age 21 or older who meet the eligibility requirements of MI but are not eligible for 185%/200% or the Medically Needy (MN) programs (SOC)
F2¹	Inmate – Adult State Inmate Program (ASIP) – Undoc - Limited to covered inpatient hospital and inpatient pregnancy-related services only (No SOC)	F1¹	Inmate – Adult State Inmate Program (ASIP) – Limited to covered inpatient hospital and inpatient pregnancy-related services only (No SOC)
F4	Inmate - Adult County Inmate Program (ACIP) – Undoc - Limited to covered inpatient hospital emergency, inpatient mental health emergency, an inpatient pregnancy-related services only (No SOC)	F3	Inmate – Adult County Inmate Program (ACIP) – Limited to covered inpatient hospital and inpatient mental health services only (No SOC)
G9¹	Inmate - State Medical Parole Program (MPP) – Individual without SIS – Limited to covered emergency and pregnancy-related services only (No SOC)	G0¹	Inmate - State Medical Parole Program (MPP) - Entitled to all M/C covered services because they are not considered to be incarcerated (No SOC)
J3	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) – Undoc or individual without SIS – Limited to all M/C covered emergency, mental health emergency, and pregnancy-related services only (No SOC)	J1	Inmate - County Compassionate Release/Medical Probation (CCRPCMPP) – Entitled to all M/C covered services because they are not considered to be incarcerated (No SOC)

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Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
J4	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - Undoc or individual without SIS – Limited to all M/C covered emergency, mental health emergency, and pregnancy-related services only (SOC)	J2	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - Entitled to all M/C covered services because they are not considered to be incarcerated (SOC)
J8	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - LTC - Disabled Undoc who resides in a LTC facility – Limited to all emergency, mental health emergency and pregnancy-related services. Covers all M/C covered LTC services (SOC/No SOC)	J7	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - LTC - Disabled (not on SSI) who resides in a LTC facility – Entitled to all M/C covered LTC services because they are not considered to be incarcerated (SOC/No SOC)
K3¹	Inmate – State Medical Parole Program (MPP) - Newly eligible Undoc age 19 up to 65 – with (MAGI) income 0% to 138% FPL, including disabled/blind with income 128% to 138% FPL – Limited to all M/C covered emergency, mental health emergency, and pregnancy-related services (No SOC)	K2¹	Inmate - State Medical Parole Program (MPP) – Newly eligible, Citizen/with SIS age 19 up to 65 – with (MAGI) income 0% to 138% FPL, including disabled/blind individuals with income 128% to 138% FPL – Covers all M/C covered services, including mental health services (No SOC)
K5¹	Inmate – State Medical Parole Program (MPP) – Not newly eligible Undoc age 19 up to 65, including disabled/blind (MAGI) 0% to 128% FPL – Limited to all covered emergency, mental health emergency, and pregnancy-related services (No SOC)	K4¹	Inmate - State Medical Parole Program (MPP) – Newly eligible, Citizen/with SIS age 19 up to – with (MAGI) income 0% to 138% FPL, including disabled/blind individuals with income 128% to 138% FPL – Covers all M/C covered services, including mental health services (No SOC)

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Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
K7	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Newly eligible Undoc age 19 up to 65, including disabled/blind - (MAGI) 0% to 138% FPL - Limited to all M/C covered emergency, including labor/delivery and mental health, and all pregnancy-related services only (No SOC)	K6	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Newly eligible Citizen/with SIS age 19 up to 65, including disabled/blind through (MAGI) 0% to 138% FPL – Covers all M/C covered services, including mental health services (No SOC)
K9	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Not newly eligible Undoc age 19 up to 65, including disabled/blind (not on SSI) - (MAGI) 0% to 128% FPL - Limited to all M/C covered emergency, including mental health, and all pregnancy-related services (No SOC)	K8	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Not newly eligible Citizen/with SIS age 19 up to 65, including disabled/blind (not on SSI) - (MAGI) 0% to 128% FPL – Covers all M/C covered services, including mental health services (No SOC)
L7²	ACA - Undoc Disabled/Blind Adults - Age 19 up to 65 - (MAGI) at or below 128% FPL (No SOC)	L6²	ACA – Citizen/lawfully present Disabled/Blind Adults - Age 19 up to 65- (MAGI) at or below 128% FPL (No SOC)
M0²	Pregnant Undoc women - (MAGI) 139% up to and including 213% FPL – Limited to family planning, pregnancy-related, postpartum and emergency services (No SOC)	M9²	Pregnant Citizen/lawfully present woman - (MAGI) 139% up to and including 213% FPL –Limited to family planning pregnancy- related, postpartum and emergency services (No SOC)

² Aid Code in CalHEERS System

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
M2²	Adults – Undoc Age 19 up to 65 - (MAGI) at or below 138% FPL – Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services (No SOC)	M1²	Adults - Age 19 up to 65 - (MAGI) at or below 138% FPL (No SOC)
M4²	Parents and Caretaker Relative – Undoc -(MAGI) At or below 109% FPL (No SOC)	M3²	Parents and Caretaker Relative – Citizens/lawfully present - (MAGI) at or below 109% FPL (No SOC)
M8²	Pregnant Undoc Women - (MAGI) Up to and including 138% FPL (No SOC)	M7²	Pregnant Citizen/lawfully present Women - (MAGI) up to and including 138% FPL (No SOC)
N6¹	Inmate – Adult State Inmate Program (ASIP) – Undoc Age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to inpatient hospital emergency services only (No SOC)	N5¹	Inmate – Adult State Inmate Program (ASIP) – Age 19 up to 65 - (MAGI) 0% to 138% FPL (No SOC)
N8	Inmate – Adult County Inmate Program (ACIP) – Undoc Age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to inpatient hospital emergency, inpatient mental health emergency, and inpatient pregnancy-related services only (No SOC)	N7	Inmate - Adult County Inmate Program (ACIP) - Age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to all covered inpatient hospital and inpatient mental health services only (No SOC)

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Attachment B - First Notice (General Information Notice)

Important news about your health coverage

Dear Beneficiary:

Good news! A new California law means your restricted scope Medi-Cal benefits may change to full scope Medi-Cal benefits.

What is the new law?

Starting **January 1, 2020**, a new law in California will give full scope Medi-Cal to young adults under the age of 26. Your immigration status does not matter. You still have to meet all other Medi-Cal eligibility rules.

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 emergency care. It includes medical, dental, mental health, and vision (eye) care. Full scope Medi-Cal also covers alcohol and drug use treatment, medicine your doctor orders, and more. It can provide transportation to doctor and dental visits and to get your medicine. To learn more about Medi-Cal, read the Frequently Asked Questions (FAQs) that came with this letter.

Full scope Medi-Cal is different from the restricted scope Medi-Cal you have now. Restricted scope Medi-Cal covers some services but does not cover things like medicine or primary care. If you have pregnancy-related limited scope Medi-Cal, you have all Medi-Cal covered services, as long as the service is medically necessary.

How will I get health care services?

When you are enrolled in full scope Medi-Cal, you will get most of your health care services through a Medi-Cal health plan. A Medi-Cal health plan is a health insurance plan that covers Medi-Cal services. Each plan has specific providers. You can choose any Medi-Cal health plan that serves the county you live in. To learn more about your Medi-Cal health plan choices, go to <https://www.healthcareoptions.dhcs.ca.gov/>. With the restricted scope Medi-Cal you have now, you should have a Medi-Cal Benefits Identification Card (BIC). The BIC is a plastic card. It has a “poppy flower” or “blue and white” design. When you go for care, your doctor or clinic needs to see your BIC. Always take your BIC to all medical and dental visits. If you enroll in full scope Medi-Cal, you will keep using your BIC. If you need a new BIC, please call your county office for a new card. When you enroll in a Medi-Cal health plan, you will also get a health plan card from your new Medi-Cal health plan. When you visit your doctor, dentist, and other medical providers, always show both your BIC and your health plan card.

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

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

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Do I need to do anything right now?

No. Your Medi-Cal benefits are not changing right now, so do not do anything yet. Because you already have restricted scope Medi-Cal, you do **not** need to fill out a new Medi-Cal application. But if you get a packet in the mail to renew your Medi-Cal, you should fill it out.

Where can I learn more or get help?

To learn more about Medi-Cal for young adults or to get help:

- Call the Medi-Cal Helpline at 1-800-541-5555. The call is free.
- Go to the Department of Health Care Services website at: <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx>

For questions related to immigration, including as it relates to the Medi-Cal program:

The California Department of Social Services (CDSS) funds qualified nonprofit organizations to provide services to immigrants who reside in the state of California. A list of providers is available on the CDSS website at: <https://www.cdss.ca.gov/Benefits-Services/More-Services/Immigration-Services/Immigration-Services-Contractors>.

For additional immigration information and resources, please visit California's Immigrant Guide website at: <https://immigrantguide.ca.gov/>.

Thank you,

Department of Health Care Services

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

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

MAGI Notice of Action Snippets

Notice Type	Notice of Action snippet language
<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 <eligibility month year> because you are 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, 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 restricted scope Medi-Cal coverage for <eligibility month year>.</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 <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.</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>

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Restricted-Scope Approval	<p>You have been approved for only restricted scope Medi-Cal because you are 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are above the age limit, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider.</p> <p>Your eligibility for restricted-scope Medi-Cal begins <effective date- Month Day, Year>. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>If you have proof of your citizenship or 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 <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your citizenship or satisfactory immigration status.</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>
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Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Full-Scope to Restricted-Scope	<p>Important change to your benefits. Your Medi-Cal will change to restricted-scope on <month 01, yyyy>.</p> <p>Your Medi-Cal is changing from full scope to restricted scope because you are 26 or older and you did not send us proof that you are a U.S. citizen or have satisfactory immigration status for Medi-Cal purposes. You have not contacted us to let us know that you are trying to provide this proof. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that you are above that age limit, your Medi-Cal changed to restricted scope.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if a service is covered by restricted scope, call your medical provider.</p> <p>If you have proof of your citizenship or 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 send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof within one year, your Medi-Cal may change back to full scope Medi-Cal starting the month your restricted benefits began.</p> <p>In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</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>
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Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Restricted-Scope to Full-Scope	<p>Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>.</p> <p>Your Medi-Cal is changing from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are under 26 years old. Your Medi-Cal coverage will continue unless you are found to be no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency, pregnancy related, or long-term care service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</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>
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Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Non-MAGI Notice of Action Snippets

<p>Restricted Scope to Full Scope (Provided by CalWIN) (Specific to Non-MAGI Programs)</p>	<p>Good news! Your Medi-Cal changed to full- scope on <month dd, yyyy>.</p> <p>Your Medi-Cal is changing from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are under 26 years old. Your Medi-Cal coverage will continue unless you are found to be no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</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>Full Scope to Restricted Scope (Provided by CalWIN) (Specific to Non-MAGI Programs)</p>	<p>Important change to your benefits. Your Medi-Cal changed to restricted scope on <month 01, yyyy>.</p> <p>Your Medi-Cal is changing from full scope to restricted scope because you are 26 or older and you did not send us proof that you are a U.S citizen or have satisfactory immigration status for Medi-Cal purposes. You have not contacted us to let us know that you are trying to provide proof. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that you are above that age limit, your Medi-Cal will change to restricted scope.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care services. If you are not sure if a service is covered by restricted scope, call your medical provider.</p> <p>If you have proof of your citizenship or 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</p>

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

	<p>worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof within one year, your Medi-Cal may change back to full- scope Medi-Cal starting the month your restricted benefits began.</p> <p>In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</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 Retro Approval</p> <p>(Provided by LRS/C-IV)</p> <p>(Specific to Non-MAGI Programs)</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 <eligibility month year> because you are 26 or older and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, 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 <eligibility month year>.</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><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>

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

<p>Restricted Scope Approval</p> <p>(Provided by LRS/C-IV)</p> <p>(Specific to Non-MAGI Programs)</p>	<p>You have been approved for only restricted scope Medi-Cal because you are 26 or older and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are above the age limit, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider.</p> <p>Your eligibility for restricted scope Medi-Cal begins <effective date- Month Day, Year>. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>If you have proof of your citizenship or 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><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>
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Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Attachment D - Third Notice (Managed Care Enrollment Notice COHS Counties)

Your Medi-Cal benefits are changing

Dear [Member Name]:

This letter is about your health benefits. There is a change in your health coverage. You will now get your health care through **this Medi-Cal health plan**:

Name	Health Plan	Dental Plan	Effective Date
<Insert Bene's Name>	<Insert COHS Plan Name>	Medi-Cal Dental	February 1, 2020

What is changing?

Your health coverage has changed to **full scope** Medi-Cal services. You now have more benefits. You will get care through a Medi-Cal health plan.

With full scope Medi-Cal, you can keep getting health care for up to one month from any doctor that accepts Medi-Cal Fee-For-Service (regular Medi-Cal). Once you enroll in a Medi-Cal health plan, you will get medically necessary services through the health plan.

What is a Medi-Cal health plan?

A Medi-Cal health plan gives you medically necessary services through a “network” (group) of doctors. They give primary and preventive care. When you join a Medi-Cal health plan, the plan will:

- Help manage your care
- Help you find doctors and specialists
- Have a 24-hour nurse advice line
- Have member services to help you
- Help you with transportation to medical visits
- Help you get services that you may need that the plan does not cover

How do I get dental services?

You will get dental services from Medi-Cal Dental. For more on dental services, read the “Frequently Asked Questions (FAQ)” page that came with this letter. You will need to go to a dentist that accepts Medi-Cal Dental. To find a dentist near you, call Medi-Cal Dental Customer Service at **1-800-322-6384** (TTY: 1-800-735-2922).

The Frequently Asked Questions page that came with this letter has more on other services available through Medi-Cal. They include mental health services, alcohol and drug treatment services, vision (eye) care, and other medically necessary services.

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

How can I contact my Medi-Cal Health Plan?

To contact: < Insert COHS Plan Name >
Call member services at: <insert Member Services number here>
Or visit them online at: <insert web address>.

When you join the Medi-Cal health plan listed above, they will send you a welcome packet. You can choose a Medi-Cal health plan doctor on or after the start date. Call the member services phone number to choose your doctor and learn more about benefits and services.

If you need more help, call the Department of Health Care Services Ombudsman at 1-888-452-8609, Monday through Friday, 8 a.m. to 5 p.m. The call is free.

What if I have more questions?

Substance Use Disorder Services

For help with emergency counseling, detoxification services, and residential or long-term outpatient treatment, contact your local program listed on the Alcohol and Other Drugs Program County Directory website at:

https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx

Mental Health Services

For non-crisis questions, general services or information, contact your local mental health department listed on the County Mental Health Plan Contact List website at:

<http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

After you are enrolled in the Medi-Cal Health plan listed above, you can also call your plan's member services phone number for help with mental health services.

Medi-Cal Dental Customer Service

For help finding a Medi-Cal dental provider, clinical screening appointment information, or general Medi-Cal Dental program questions:

Call: **1-800-322-6384** (TTY: 1-800-735-2922), Monday through Friday, 8 a.m. to 5 p.m.

Or go to: <https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/>

Thank you,

Department of Health Care Services

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Attachment D - Managed Care Enrollment Notice LA County

Your Medi-Cal benefits are changing

Dear [Member Name]:

This letter is about your health benefits. There is a change in your health coverage. You will now get your health care through a **Medi-Cal health plan**.

We sent you a Medi-Cal Choice Packet in early January. The packet tells how to choose a Medi-Cal health plan. If you do not choose a Medi-Cal health plan by **March 1, 2020**, we will enroll you in these plans:

Name	Health plan	Dental plan	Start date
<Insert Bene's Name>	<Insert MCP>	Medi-Cal Dental	March 1, 2020

What is changing?

Your health coverage has changed to **full scope** Medi-Cal services. You now have more benefits. You will get care through a Medi-Cal health plan.

With full scope Medi-Cal, you can keep getting health care for up to two months from any doctor that accepts Medi-Cal Fee-For-Service (regular Medi-Cal). Once you enroll in a Medi-Cal health plan, you will get medically necessary services through the health plan.

What is a Medi-Cal health plan?

A Medi-Cal health plan gives you medically necessary services through a “network” (group) of doctors. They give primary and preventive care. When you join a Medi-Cal health plan, the plan will:

- Help manage your care
- Help you find doctors and specialists
- Have a 24-hour nurse advice line
- Have member services to help you
- Help you with transportation to medical visits
- Help you get services that you may need that the plan does not cover

What happens next?

You should have gotten a Medi-Cal Choice Packet in the mail. It tells how to choose a health plan and a doctor. To enroll in a plan by phone, call Health Care Options (HCO) at **1-800-430-4263** (TTY: 1-800-430-7077).

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

What are my choices?

1. You can choose to do nothing. We will enroll you in the Medi-Cal health plan listed above on **March 1, 2020**.
2. You can enroll in the Medi-Cal health plan listed above and choose a doctor or clinic **before** March 1, 2020.
3. You can enroll in a **different** Medi-Cal health plan and choose a doctor or clinic in that plan.

If you want to enroll in the plan listed above or in a different plan now, call HCO **1-800-430-4263** (TTY: 1-800-430-7077). Or mail in the choice form that came in your packet. If you enroll in a health plan before March 1, 2020, your health plan may start as early as **February 1, 2020**.

How do I get dental services?

You will have two choices to get **dental** services:

- You can enroll in a Medi-Cal dental plan. Your Medi-Cal Choice Packet will have a dental plan choice form and information on dental plans. For dental plan information or enrollment help, call HCO at **1-800-430-4263** (TTY: 1-800-430-7077).
- Or you can get dental services through Medi-Cal Dental. For Medi-Cal Dental information, call Medi-Cal Dental at 1-800-322-6384 (TTY: 1-800-735-2922).

You will be enrolled in Medi-Cal Dental if you do not choose a dental plan before **March 1, 2020**.

The Frequently Asked Questions (FAQ) page that came with this letter has more on other services available through Medi-Cal. They include mental health services, alcohol and drug treatment services, vision (eye) care, and other medically needed services.

What should I do now?

- Talk to your doctor or clinic to find out if they work with a Medi-Cal plan.
- Choose one choice from “**What are my choices?**” above in this letter.
- Call HCO at **1-800-430-4263** (TTY: 1-800-430-7077) for more on plan choices. Or wait for your Medi-Cal Choice Packet in the mail. The packet comes in a large envelope from the Department of Health Care Services.
- You can also visit our website at **www.healthcareoptions.dhcs.ca.gov**.

If you need more help, call the Department of Health Care Services Ombudsman at 1-888-452-8609, Monday through Friday, 8 a.m. to 5 p.m. The call is free.

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

What if I have more questions?

Substance Use Disorder Services

For help with emergency counseling, detoxification services, and residential or long-term outpatient treatment, contact your local program listed on the Alcohol and Other Drugs Program County Directory website at:

https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx

Mental Health Services

For non-crisis questions, general services or information, contact your local mental health department listed on the County Mental Health Plan Contact List website at:

<http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

After you are enrolled in the Medi-Cal Health plan listed above, you can also call your plan's member services phone number for help with mental health services.

Health Care Options

For questions about the changes in your Medi-Cal benefits, help enrolling by phone, help enrolling in a dental plan in Sacramento County, or getting this letter in another language, large print, audio, or Braille:

Call: **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m. Or go to: <http://www.healthcareoptions.dhcs.ca.gov/>

Medi-Cal Dental Customer Service

For help finding a Medi-Cal dental provider in all counties except Sacramento, clinical screening appointment information, or general Medi-Cal Dental program questions:

Call: **1-800-322-6384** (TTY: 1-800-735-2922), Monday through Friday, 8 a.m. to 5 p.m. Or go to: <https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/>

Thank you,

Department of Health Care Services

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Attachment D - Managed Care Enrollment Notice Sacramento County

Your Medi-Cal benefits are changing

Dear [Member Name]:

This letter is about your health benefits. There is a change in your health coverage. You will now get your health care through a **Medi-Cal health plan**.

We sent you a Medi-Cal Choice Packet in early January. The packet tells how to choose a Medi-Cal health plan. If you do not choose a Medi-Cal health plan by **March 1, 2020**, we will enroll you in these plans:

Name	Health plan	Dental plan	Start date
<Insert Bene's Name>	<Insert MCP>	<Insert Dental Program>	March 1, 2020

What is changing?

Your health coverage has changed to **full scope** Medi-Cal services. You now have more benefits. You will get your care through a Medi-Cal health plan.

With full scope Medi-Cal, you can keep getting health care for up to two months from any doctor who accepts Medi-Cal Fee-For-Service (regular Medi-Cal). Once you enroll in a Medi-Cal health plan, you will get your medically necessary services through the health plan.

What is a Medi-Cal health plan?

A Medi-Cal health plan gives you medically necessary services through a "network" (group) of doctors. They give primary and preventive care. When you join a Medi-Cal health plan, the plan will:

- Help manage your care
- Help you find doctors and specialists
- Have a 24-hour nurse advice line
- Have member services to help you
- Help you with transportation to medical visits
- Help you get services you may need that the plan does not cover

What happens next?

You should have gotten your Medi-Cal Choice Packet in the mail. It tells how choose a health plan and doctor. To enroll in a plan by phone, call Health Care Options (HCO) at **1-800-430-4263** (TTY: 1-800-430-7077).

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

What are my choices?

1. You can choose to do nothing. We will enroll you in the Medi-Cal health plan listed above on **March 1, 2020**.
2. You can enroll in the Medi-Cal health plan listed above and choose a doctor or clinic **before** March 1, 2020.
3. You can enroll in a **different** Medi-Cal health plan and choose a doctor or clinic in that plan.

If you want to enroll in the plan listed above or a different plan now, call HCO at **1-800-430-4263** (TTY: 1-800-430-7077). Or mail the choice form that came in your packet. If you enroll in a health plan before March 1, 2020, your health plan may start as early as **February 1, 2020**.

How do I get dental services?

You will get **dental** services through a Medi-Cal dental plan. Your Medi-Cal Choice Packet has more about the dental plans you can choose. For help, call HCO at **1-800-430-4263** (TTY: 1-800-430-7077).

We will enroll you in the Medi-Cal dental plan listed at the top of this letter if you do not choose a dental plan before **March 1, 2020**.

The Frequently Asked Questions (FAQ) page that came with this letter has more about other services available through Medi-Cal. They include mental health services, alcohol and drug treatment services, vision (eye) care, and other medically needed services.

What should I do now?

- Talk to your doctor or clinic to find out if they work with a Medi-Cal plan.
- Choose one choice from “**What are my choices?**” above in this letter.
- Call HCO at **1-800-430-4263** (TTY: 1-800-430-7077) for more on plan choices. Or wait for your Medi-Cal Choice Packet in the mail. The packet comes in a large envelope from the Department of Health Care Services.
- You can also visit our website at: **www.healthcareoptions.dhcs.ca.gov**.

If you need more help, call the Department of Health Care Services Ombudsman at 1-888-452-8609 Monday through Friday 8 a.m. to 5 p.m. The call is free.

What if I have more questions?

Substance Use Disorder Services

For help with emergency counseling, detoxification services, and residential or long-term outpatient treatment, contact your local program listed on the Alcohol and Other Drugs Program County Directory website at:

https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Mental Health Services

For non-crisis questions, general services or information, contact your local mental health department listed on the County Mental Health Plan Contact List website at: <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

After you are enrolled in the Medi-Cal Health plan listed above, you can also call your plan's member services phone number for help with mental health services.

Health Care Options (HCO)

For questions about the changes in your Medi-Cal benefits, help enrolling by phone, help enrolling in a dental plan in Sacramento County, or getting this letter in another language, large print, audio, or Braille:

Call **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.
Or go to: <http://www.healthcareoptions.dhcs.ca.gov/>

Medi-Cal Dental Customer Service

For help finding a Medi-Cal dental provider in all counties except Sacramento, clinical screening appointment information, or general Medi-Cal Dental program questions:

Call: **1-800-322-6384** (TTY: 1-800-735-2922), Monday through Friday, 8 a.m. to 5 p.m.
Or go to: <https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/>

Thank you,

Department of Health Care Services

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Attachment D - Managed Care Enrollment Notice Non-COHS (Not LA, Not Sacramento)

Your Medi-Cal benefits are changing

Dear [Member Name]:

This letter is about your health benefits. There is a change in your health coverage. You will now get your health care through a **Medi-Cal health plan**.

We sent you a Medi-Cal Choice Packet in early January. The packet tells how to choose a Medi-Cal health plan. If you do not choose a Medi-Cal health plan by **March 1, 2020**, we will enroll you in these plans:

Name	Health plan	Dental plan	Start date
<Insert Bene's Name>	<Insert MCP>	Medi-Cal Dental	March 1, 2020

What is changing?

Your health coverage has changed to **full scope** Medi-Cal services. You now have more benefits. You will get care through a Medi-Cal health plan.

With full scope Medi-Cal, you can keep getting health care for up to two months from any doctor that accepts Medi-Cal Fee-For-Service (regular Medi-Cal). Once you enroll in a Medi-Cal health plan, you will get your medically necessary services through the health plan.

What is a Medi-Cal health plan?

A Medi-Cal health plan gives you medically necessary services through a “network” (group) of doctors. They give primary and preventive care. When you join a Medi-Cal health plan, the plan will:

- Help manage your care
- Help you find doctors and specialists
- Have a 24-hour nurse advice line
- Have member services to help you
- Help you with transportation to medical visits
- Help you get services that you may need that the plan does not cover

What happens next?

You should have gotten your Medi-Cal Choice Packet in the mail. It tells how to choose a health plan and a doctor. To enroll in a plan by phone, call Health Care Options (HCO) at **1-800-430-4263** (TTY: 1-800-430-7077).

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

What are my choices?

1. You can choose to do nothing. We will enroll you in the Medi-Cal health plan listed above on **March 1, 2020**.
2. You can enroll in the Medi-Cal health plan listed above and choose a doctor or clinic **before** March 1, 2020.
3. You can enroll in a **different** Medi-Cal health plan and choose a doctor or clinic in that plan.

If you want to enroll in the plan listed above or a different plan now, call HCO at **1-800-430-4263** (TTY: 1-800-430-7077). Or mail the choice form that came in your packet. If you enroll in a health plan before March 1, 2020, your health plan may start as early as February 1, 2020.

How do I get dental services?

You will get dental services from Medi-Cal Dental. You can read more on dental services in the Frequently Asked Questions (FAQ) page that came with this letter. You will need to go to a dentist that accepts Medi-Cal Dental. To find a dentist near you, call Medi-Cal Dental Customer Service at **1-800-322-6384** (TTY: 1-800-735-2922).

The Frequently Asked Questions (FAQ) page that came with this letter has more on other services available through Medi-Cal. They include mental health services, alcohol and drug treatment services, vision (eye) care, and other medically needed services.

What should I do now?

- Talk to your doctor or clinic to find out if they work with a Medi-Cal plan.
- Choose one choice from “**What are my choices?**” above in this letter.
- Call HCO at **1-800-430-4263** (TTY: 1-800-430-7077) for more on plan choices. Or wait for your Medi-Cal Choice Packet in the mail. The packet comes in a large envelope from the Department of Health Care Services.
- You can also visit our website at: **www.healthcareoptions.dhcs.ca.gov**.

If you need more help, call the Department of Health Care Services Ombudsman at 1-888-452-8609 Monday through Friday, 8 a.m. to 5 p.m. The call is free.

What if I have more questions?

Substance Use Disorder Services

For help with emergency counseling, detoxification services, and residential or long-term outpatient treatment, contact your local program listed on the Alcohol and Other Drugs Program County Directory website at:

https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Mental Health Services

For non-crisis questions, general services or information, contact your local mental health department listed on the County Mental Health Plan Contact List website at: <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

After you are enrolled in the Medi-Cal Health plan listed above, you can also call your plan's member services phone number for help with mental health services.

Health Care Options

For questions about the changes in your Medi-Cal benefits, help enrolling by phone, help enrolling in a dental plan in Sacramento County, or getting this letter in another language, large print, audio, or Braille:

Call: **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.
Or go to: <http://www.healthcareoptions.dhcs.ca.gov/>

Medi-Cal Dental Customer Service

For help finding a Medi-Cal dental provider in all counties except Sacramento, clinical screening appointment information, or general Medi-Cal Dental program questions:

Call **1-800-322-6384** (TTY: 1-800-735-2922), Monday through Friday, 8 a.m. to 5 p.m.
Or go to: <https://www.denti-cal.ca.gov/Beneficiaries/Denti-Cal/>

Thank you,

Department of Health Care Services

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Attachment E – FAQs

Frequently Asked Questions About your Benefits Expanding in Medi-Cal

1. Am I still covered by Medi-Cal?

Yes. You still have Medi-Cal. The state is adding more benefits to your Medi-Cal coverage. You will have more benefits in full scope Medi-Cal.

2. Why is my Medi-Cal changing?

Starting on January 1, 2020, a new law in California will give full scope Medi-Cal to young adults who qualify for Medi-Cal and are under age 26. Immigration status does not matter.

3. What is full scope Medi-Cal?

Medi-Cal provides free or low-cost health care to some people who live in California. Full scope Medi-Cal covers more than just emergency health care. It provides medical, dental, mental health, family planning and vision (eye) care. Full scope Medi-Cal also covers treatment for alcohol and drug use, medicine your doctor orders, and more. It can also provide transportation to doctor and dental visits and to get your medicine. You will have a primary care doctor. You can get referrals to specialists, if needed. To learn more about full scope Medi-Cal benefits, go to: https://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-Cal_EHB_Benefits.aspx

Full scope Medi-Cal is different from the restricted scope Medi-Cal you have now. Restricted scope Medi-Cal covers limited services. It does not cover medicine or primary care. If you have pregnancy-related limited scope Medi-Cal, you will have the full scope of Medi-Cal benefits, if the service is medically necessary.

4. What if I am about to turn 26?

You will get full scope Medi-Cal until you are 26. Depending on the county you live in, if you will turn 26 between January 2, 2020 and June 30, 2020 you may be able to choose to stay in fee-for-service Medi-Cal or enroll in a Medi-Cal health plan.

5. How will I use my new full scope Medi-Cal?

Unless you turn 26 between January 2, 2020 and June 30, 2020, you will have to enroll in a Medi-Cal health plan once you have full scope Medi-Cal. Before you enroll in a Medi-Cal health plan, you will get full scope benefits through fee-for-service (regular) Medi-Cal.

In a Medi-Cal health plan, you can go to doctors who work with the plan. You can get checkups, see a specialist, get care for a chronic condition like diabetes, or have surgery. The Medi-Cal health plan will cover any medically necessary services.

6. What is a Medi-Cal health plan?

A Medi-Cal health plan is a health insurance plan that covers Medi-Cal services. The plan works with providers to make sure you get the services you need to stay healthy. A Medi-Cal health plan works with your doctors to manage your care. When you are in a Medi-Cal health plan, your plan provides most of your health care services.

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

7. How do I choose a Medi-Cal health plan?

Your Medi-Cal health plan choices depend on the county you live in. After you change to full scope Medi-Cal, you will get a letter in the mail. It will tell you about your Medi-Cal health plan choices and how to enroll. If you have a doctor or clinic now, ask them if they work with a Medi-Cal health plan in your county. If you want to stay with that doctor or clinic, you can choose that Medi-Cal health plan.

If you have a complex medical condition and see a doctor or clinic that does not work with a Medi-Cal health plan in your county, fill out and send the “Medical Exemption Request” form that comes with the packet of notices. You can get help from your doctor or clinic or from an advocate. If you live in a county that provides Medi-Cal through a County Organized Health System (COHS), you cannot ask for a Medical Exemption. This is because there are no fee-for-service providers. The COHS plan will contact you. They will send you enrollment materials.

If you do not choose a Medi-Cal health plan, Medi-Cal will choose a Medi-Cal health plan in your county for you. Each month, you have the right to change your Medi-Cal health plan.

If you want to change your plan, call Health Care Options at **1-800-430-4263** (TTY 1-800-430-7077). Or go to <https://www.healthcareoptions.dhcs.ca.gov>. If you change your Medi-Cal health plan, you must enroll in another Medi-Cal health plan in the same county. You cannot go back to fee-for-service.

8. How do I get care before I am in a Medi-Cal health plan?

The month you get full scope Medi-Cal, you will have fee-for-service Medi-Cal until you are enrolled in a Medi-Cal health plan. You can go to any doctor that takes fee-for-service Medi-Cal. To find a doctor, ask your local county welfare office for a list of providers. When you call a doctor’s office, ask if they are taking new “Medi-Cal fee-for-service” patients. You can also use the online list of doctors who are in the Medi-Cal fee-for-service program.

9. Who will be my doctor when I am in a Medi-Cal health plan?

Once you are enrolled in a Medi-Cal health plan, you need to choose a primary care doctor who works with your Medi-Cal health plan. You can ask your current doctor if they work with a Medi-Cal health plan in your county. If your doctor works with a Medi-Cal health plan in your county, you may be able to keep your doctor by choosing the Medi-Cal health plan they work with. Then choose that doctor when you enroll with the plan.

If you need a doctor, the Medi-Cal health plan will tell you where to find a list of doctors online. You may also ask them to mail a list of doctors to you. If you do not choose a doctor, the plan will choose one for you. You can change your doctor at any time. For help finding a doctor or to change your doctor, call your Medi-Cal health plan’s member services. If you are in a COHS county, you can call member services of the COHS Medi-Cal health plan in your county. Ask if you can still see your doctor when you enroll in the Medi-Cal health plan.

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

10. Can I keep my doctor if my doctor does not work with a Medi-Cal health plan?

If you have seen a doctor within the past 12 months and that doctor does not work with a Medi-Cal health plan, you can ask for Continuity of Care. If the doctor and the Medi-Cal health plan agree to work together, this means you may be able to keep seeing your doctor for up to 12 more months.

If you want Continuity of Care, call your Medi-Cal health plan's member services. If you have a complex medical condition and your doctor is not part of a Medi-Cal health plan in your county you can ask to fill out the "Medical Exemption Request" form so you can keep seeing your doctor.

11. Will I pay co-payments?

No. There are no co-payments. The Medi-Cal health plan covers all medical costs that are medically necessary.

12. Will I have a Share of Cost (SOC)?

It depends. If you pay an SOC now, you will keep paying a SOC.

13. What other services can I get?

Dental Services

You can get dental services through Medi-Cal.

- If you live in Sacramento County, you will get services through a Medi-Cal Dental Managed Care plan. To learn more about Medi-Cal Dental Managed Care plans, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077). Or you can fill out the Dental Choice Form in your Enrollment Choice Packet.
- If you live in Los Angeles County, you can get services through the Medi-Cal Dental Program through fee-for-service dental or a Medi-Cal Dental Managed Care plan. To learn more about enrolling in a Medi-Cal Dental Managed Care plan, call Health Care Options at 1-800-430-4263 (TTY: 1-800-430-7077). Or you can fill out the Dental Choice Form in your Enrollment Choice Packet.
- For all other counties, you will get fee-for-service dental services (regular Medi-Cal for dental services) through the Medi-Cal Dental Program. You will need to go to a dental provider that accepts Medi-Cal Dental. To find a dental provider you can call the Medi-Cal Dental Telephone Service Center at 1-800-322-6384 (TTY: 1-800-735-2922), Monday through Friday, from 8:00 a.m. to 5:00 p.m. The call is free. You can also find a dental provider on the Medi-Cal Dental Program's Smile, California website: <http://smilecalifornia.org/>.

Family Planning Services

Family planning services include reproductive and sexual health services. Services include contraceptives, testing and treatment of sexually transmitted infections, pregnancy services, and abortion. As a Medi-Cal beneficiary, you have the right to choose any family planning provider. This includes providers outside of your plan. Contact your Medi-Cal health plan to learn more.

Young Adult Full Scope Expansion Eligibility and Enrollment Plan

Mental Health Services

If you need mental health services, talk to your new Medi-Cal health plan or your doctor. You may get mental health services through your new Medi-Cal health plan. Or the plan may refer you to the Medi-Cal mental health plan in your county for mental health services. You may also seek mental health services through your county mental health plan, without a referral.

Alcohol and Drug Treatment Services

If you are struggling with alcohol or other substance misuse, you can get an assessment to see if you have a substance use disorder (SUD). An SUD is a treatable chronic relapsing brain disease. Medi-Cal covers many SUD services. Your new Medi-Cal health plan will help you find a provider. Or you can call your county behavioral health department for services.

Non-Medical Transportation

If you do not have a way to get to the doctor, clinic, dentist, or to pick up a medicine or other Medi-Cal covered service, you may qualify for Non-Medical Transportation. Once you are in a Medi-Cal health plan, call member services to ask for transportation. When you are in fee-for-service Medi-Cal, you may be able to find a transportation company at <https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx>.

If there is no provider listed for your area, you can ask for help by email to DHCS-Benefits@dhcs.ca.gov. Please do **not** put personal information in your first email. Department of Health Care Services (DHCS) staff will reply with a secure email. They will ask for your information. It helps to ask for the service at least five days before your appointment.

14. How can I get more information or help?

Call the Department of Health Care Services (DHCS) Medi-Cal Helpline at 1-800-541-5555. This call is toll-free. You may also call the DHCS Ombudsman Office at 1-888-452-8609, Monday through Friday 8:00 a.m. to 5:00 p.m. This call is free. The Ombudsman Office helps people with Medi-Cal make use of their rights and responsibilities.

You can also learn more on the DHCS web site at:

<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/YoungAdultExp.aspx>

15. What if I have questions regarding Medi-Cal benefits and my immigration status?

Please consult a qualified immigration attorney regarding any questions related to your immigration status and Medi-Cal benefits. The California Department of Social Services (CDSS) funds qualified nonprofit organizations to provide services to immigrants who reside in the state of California. A list of providers is available on the CDSS website at: <https://www.cdss.ca.gov/Benefits-Services/More-Services/Immigration-Services/Immigration-Services-Contractors>

For additional immigration information and resources, please visit California's Immigrant Guide website at: <https://immigrantguide.ca.gov/>

Young Adult Full Scope Expansion Eligibility and Enrollment Plan