



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



GAVIN NEWSOM
GOVERNOR

DATE: June 18, 2020

Medi-Cal Eligibility Division Information Letter No.: 20-19

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALIST/LIAISON

SUBJECT: Outreach Letters to Two Populations Regarding the Spousal
Impoverishment Provisions

The purpose of this Medi-Cal Eligibility Division Information Letter is to inform counties that the Department of Health Care Services (DHCS) is mailing the enclosed outreach letters to individuals identified in the following populations:

1. Married Individuals that were denied or discontinued Medi-Cal eligibility due to excess property at any time between January 1, 2014 and current date, and requested Long-Term Care Services and Supports (LTSS) or Home and Community Based Waiver Services (HCBS).
2. Married individuals that are currently or were previously eligible for In Home Supportive Services Community First Choice Option (CFCO) at any time between January 1, 2014 and current date.

The two enclosed outreach letters inform each population that they may qualify for a lower or no share of cost or get help for out-of-pocket medical expenses; and how to request a redetermination under the spousal impoverishment provisions if they meet certain criteria or reapply for Medi-Cal if they were previously denied. Enclosed are both the English and Spanish versions of the outreach letters.

DHCS anticipates that counties will receive questions and requests for eligibility determinations from recipients of this letter. Please process applications and requests for redeterminations under the spousal impoverishment provisions in accordance with the instructions in All County Welfare Directors Letters [17-25](#) and [18-19](#).

Medi-Cal Eligibility Division Information Letter No.: I 20-19
Page 2
June 18, 2020

If you have any questions or need technical assistance, please contact Teresa Jones at 916-345-8151 or by email at Teresa.Jones@dhcs.ca.gov or contact Daniela Gutierrez at 916-345-8501 or Daniela.Gutierrez@dhcs.ca.gov.

Original Signed By,

Sandra Williams,
Chief Medi-Cal Eligibility Division

Enclosures



State of California—Health and Human Services Agency
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GAVIN NEWSOM
GOVERNOR

June 26, 2020

Dear Applicant:

You got this letter because you applied for Medi-Cal and were denied or discontinued. This was because you were “over resources” at some time since January 1, 2014. You said on your Medi-Cal application that you need Long-Term Care Services and Supports (LTSS) or Home and Community Based Waiver Services (HCBS).

If you still need LTSS or HCBS and do not have Medi-Cal:

Special rules may qualify you for Medi-Cal if **both** of these are true:

- You were married or in a registered domestic partnership when you applied for Medi-Cal, **and**
- A doctor states that you need or needed the level of care usually given in a nursing facility for at least 30 days in a row. This is even if you get or got your care at home.

If you meet the two rules above, you can find out if you qualify. You do not need to re-apply for Medi-Cal. Tell your county Medi-Cal office that you got this letter. Ask them to review your case or application back to January 1, 2014, or to the date you qualify with the special rules, whichever is later.

If your county needs to ask you about your Medi-Cal application, they will contact you. They also may ask you to let them get information from your doctor. The county can use that information to see if you qualify for Medi-Cal with the special rules.

If the county finds that you qualify for Medi-Cal with the special rules, you may be able to get help with past medical expenses.

If you are on Medi-Cal now and have a share of cost:

The special rules may qualify you for lower or no share of cost. This will go back to January 1, 2014, or to the date you qualified with the special rules, whichever is later.

Contact your eligibility worker at your county Medi-Cal office. Ask for a “redetermination with the special rules” to see if you qualify for Medi-Cal with a lower or no share of cost.

This letter does not guarantee Medi-Cal eligibility.

This letter does not guarantee that you qualify for Medi-Cal or for a lower share of cost. It does not give you LTSS or HCBS.

For questions about this letter, or to learn more about how you may qualify for Medi-Cal or lower your share of cost, please contact your local county Medi-Cal office.

Thank you,

Department of Health Care Services

Enclosures



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GAVIN NEWSOM
GOVERNOR

June 26, 2020

Dear Applicant/Beneficiary:

You got this letter because you are or were on Medi-Cal with In-Home Supportive Services (IHSS) in the Community First Choice Option (CFCO) program.

If you are on Medi-Cal now, and you have a share of cost:

You may qualify for a lower or no share of cost. If you are or were married or in a registered domestic partnership while you were in the CFCO program, special rules may apply to lower your cost. This will go back to January 1, 2014 or to the date you were eligible for the CFCO program, whichever is later.

Contact your eligibility worker at your county Medi-Cal office. Ask for a redetermination with the special rules to see if you qualify for Medi-Cal with a lower or no share of cost.

If you were getting IHSS in the CFCO program on or after January 1, 2014 and had a share of cost: You may be able to get help for medical expenses from that time.

You can ask your county Medi-Cal office for a redetermination under special rules that may now apply to you. If you were on Medi-Cal and had a share of cost, you may qualify for a lower or no share of cost for that time. Tell your county Medi-Cal office that you got this letter. Ask them to review your case.

This letter does not guarantee Medi-Cal eligibility.

This letter does not guarantee that you qualify for a lower or no share of cost. It does not give you IHSS or CFCO services.

For questions about this letter, or to learn more about how you may qualify for Medi-Cal or lower your share of cost, please contact your local county Medi-Cal office.

Thank you,

Department of Health Care Services

Enclosures



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GAVIN NEWSOM
GOVERNOR

26 de junio de 2020

Estimado Solicitante:

Usted recibió esta carta porque solicitó Medi-Cal y fue negado/a o discontinuado/a. Esto se debe a que estaba "sobre recursos" en algún tiempo desde el 1 de enero de 2014. Usted dijo en su solicitud de Medi-Cal que necesita Los Servicios y Apoyo a Largo Plazo (Long-Term Care Services and Supports (LTSS) o de Exención de los Servicios Basados en el Hogar y la Comunidad (Home and Community Based Waiver Services (HCBS).

Si aún necesita LTSS o HCBS y no tiene Medi-Cal:

Reglas especiales pueden calificarlo/apara Medi-Cal si **ambas** son ciertas:

- Usted estaba casado/a o en una unión domestica registrada cuando solicitó para Medi-Cal, y
- Un médico declara que usted necesita o necesitaba el nivel de atención que generalmente se brinda en un centro de enfermería durante al menos 30 días seguidos. Esto es incluso si recibe o recibió atención en su hogar.

Si cumple con las dos condiciones anteriores, puede averiguar si usted califica. No es necesario aplicar de nuevo para Medi-Cal. Informe a la oficina local de Medi-Cal de su condado que recibió esta carta. Pídeles que revisen su caso o aplicación de regreso al 1 de enero de 2014, o hasta la fecha en que califique con las reglas especiales, lo que ocurra más tarde.

Si su condado necesita preguntarle sobre su aplicación de Medi-Cal, se comunicarán con usted. También es probable que le pidan su autorización para obtener información de su médico. El condado puede usar esa información para ver si califica para Medi-Cal con las reglas especiales.

Si el condado determina que usted califica para Medi-Cal con las reglas especiales, es posible que pueda obtener ayuda con gastos médicos anteriores.

Si actualmente tiene Medi-Cal y tiene una parte del costo:

Las reglas especiales pueden calificarlo para reducir o no tener parte del costo. Esto se regresa al 1 de enero de 2014 o a la fecha en que calificó con las reglas especiales, lo que ocurra más tarde.

Póngase en contacto con su trabajador de elegibilidad en la oficina de Medi-Cal de su condado. Usted puede pedir para una “redeterminación con las reglas especiales” para ver si usted califica para Medi-Cal de bajo o sin parte del costo.

Esta carta no garantiza la elegibilidad para Medi-Cal.

Esta carta no garantiza que usted califique para Medi-Cal o para una parte del costo reducido. No le califica para LTSS o HCBS.

Para preguntas sobre esta carta, o para aprender más acerca de cómo puede calificar para Medi-Cal o reducir su parte del costo, por favor póngase en contacto con su oficina local de su condado.

Gracias,

Departamento de Servicios de Atención de la Salud
(Department of Health Care Services)

Adjuntos



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



26 de junio de 2020

Estimado Solicitante/Beneficiario:

Usted recibió esta carta porque tiene o tenía Medi-Cal con Servicios de Apoyo en el Hogar (In-Home Supportive Services (IHSS) en el programa de Primera Opción Comunitaria (Community First Choice Option (CFCO).

Si actualmente tiene Medi-Cal, y tiene una parte del costo:

Usted puede calificar para una parte del costo reducido o no tener parte del costo. Si usted está o estuvo casado o en una unión domestica registrada mientras estaba en el programa CFCO, se pueden aplicar reglas especiales para reducir su costo. Esto se regresa al 1 de enero de 2014 o a la fecha en que fue elegible para el programa de CFCO, cual sea más tarde.

Póngase en contacto con su trabajador de elegibilidad en la oficina de Medi-Cal de su condado. Usted puede pedir una redeterminación con las reglas especiales para ver si califica para Medi-Cal de bajo o sin parte del costo.

Si usted estaba recibiendo IHSS en el programa de CFCO a partir del 1 de enero de 2014 y tenía una parte del costo: Es posible que pueda obtener ayuda para gastos médicos a partir de ese tiempo.

Usted puede pedirle a la oficina de Medi-Cal de su condado para una redeterminación bajo las reglas especiales que ahora pueden aplicarse a usted. Si usted tenía Medi-Cal y tenía una parte del costo, usted puede calificar para Medi-Cal de bajo o sin parte del costo para ese tiempo. Informe a la oficina local de Medi-Cal de su condado que recibió esta carta. Pídeles que revisen su caso.

Esta carta no garantiza la elegibilidad para Medi-Cal.

Esta carta no garantiza que usted califica para Medi-Cal de bajo o sin parte del costo. No le da servicios de IHSS o CFCO.

Para preguntas sobre esta carta, o para aprender más acerca de cómo puede calificar para Medi-Cal o reducir su parte del costo, por favor póngase en contacto con su oficina de Medi-Cal local de su condado.

Gracias,

Departamento de Servicios de Atención de la Salud
(Department of Health Care Services)

Adjuntos