



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



GAVIN NEWSOM
GOVERNOR

DATE: September 30, 2020

Medi-Cal Eligibility Division Information Letter No.: I 20-29

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: Outreach Materials for Individuals Impacted by the Aged, Blind and Disabled Federal Poverty Level Program Expansion

The purpose of this Medi-Cal Eligibility Division Information Letter (MEDIL) is to inform counties that the Department of Health Care Services (DHCS) is mailing the enclosed outreach letter and frequently asked questions (FAQs) to individuals impacted by the Aged, Blind and Disabled Federal Poverty Level (ABD FPL) Program Expansion. The scheduled mailing date is October 1, 2020.

The impacted population is individuals and couples currently enrolled in the Aged, Blind and Disabled-Medically Needy (ABD-MN) program with income between 124% and 138% of the FPL, which is equivalent to a share of cost of \$848 or below for an individual and \$1030 or below for a couple per month.

The enclosed materials inform the impacted population that they may qualify for free Medi-Cal due to the ABD FPL Program Expansion, which will be implemented on December 1, 2020. Impacted individuals will be automatically evaluated and transitioned to the ABD FPL program under the new rules. Additional information regarding the program expansion is located in [ACWDL 20-02E](#).

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

Original Signed By,

Sandra Williams, Chief
Medi-Cal Eligibility Division
Enclosures



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Aged, Blind, and Disabled Federal Poverty Level Program Expansion

Important news about your health coverage

Dear Beneficiary,

Good news!

A new California law has passed. It may change your Medi-Cal benefits. You may soon be eligible for free Medi-Cal.

Starting **December 1, 2020**, the new California law raises the monthly income limit for the Aged, Blind and Disabled Federal Poverty Level program. This means more applicants and beneficiaries will be eligible for free Medi-Cal.

What happens next?

Your Medi-Cal benefits will not change right now. You do **not** need to do anything now. You do **not** need to fill out a new Medi-Cal application. You will still have your yearly Medi-Cal renewal. If you get a renewal packet in the mail, fill it out. Send it to your county with the required proof.

If you are currently on Medi-Cal and got this letter, you will be checked for eligibility under the new law. If you are found eligible for free Medi-Cal, you will get a letter in the mail. The letter will tell you of the change.

To learn more about the change, read the Frequently Asked Questions (FAQs) that came with this letter. You can ask for materials in accessible formats. These include Braille, large print, audio or data CD, or another format if needed.

Questions?

If you have questions or you need help or free interpreter services, call the Medi-Cal Helpline at 1-800-541-5555 (TTY 1-800-430-7077). The call is free. Or email us at ABDexpansion@dhcs.ca.gov.

Thank you,
Department of Health Care Services

Frequently Asked Questions (FAQs)

Aged, Blind, and Disabled Federal Poverty Level Program Expansion

1. Will I still be covered by Medi-Cal?

Yes. You will still have Medi-Cal. If you have a share of cost, you may qualify for free Medi-Cal starting on December 1, 2020.

2. Why might my Medi-Cal change?

Starting December 1, 2020, a new law in California will increase the number of people who are eligible for free Medi-Cal.

3. What do I need to do?

You do not need to do anything right now. Your county will decide if you are eligible. If you are, they will enroll you in free Medi-Cal. You will get a letter by mail to tell you of the change.

4. What if I now have a share of cost?

If you have a share of cost and go to free Medi-Cal (Medi-Cal without a share of cost) you will be told of the change.

5. If I am eligible for free Medi-Cal, will I need a new Benefits Identification Card (BIC) to use Medi-Cal services?

No. Your BIC (Medi-Cal card) will stay active. Your ID number will stay the same. You can keep using your Medi-Cal to pay for approved services. There will be no gap in coverage. If you don't have your BIC, call your county office. Ask for a new card.

6. If I am eligible for this new program, will the way I access Medi-Cal services change?

It might. If you are not in a Medi-Cal health plan, you might have to enroll in one after the changes. Before you join a Medi-Cal health plan, you may get benefits through fee-for-service (regular) Medi-Cal. If you enroll in a Medi-Cal health plan, you will get a health plan card from your new Medi-Cal health plan. Always show both your BIC and your health plan card when you visit your doctor, dentist, and other providers.

Note: Health plan enrollment may be **voluntary** (by choice) for you. If it is, you will get a letter. It will have information and a phone number to call to ask questions.

7. What is the difference between fee-for-service Medi-Cal and a Medi-Cal health plan?

Fee-for-service Medi-Cal, also known as "regular" Medi-Cal, is insurance coverage that lets the patient see any provider who accepts fee-for-service Medi-Cal. A Medi-Cal health plan is insurance coverage with a "network" of providers who work with the plan. The choices you have depend on the county you live in and whether you also get Medicare.

8. How can I keep a fee-for-service Medi-Cal provider?

You may be able to keep a fee-for-service Medi-Cal provider if that is a choice in your county. To learn more about this choice, read FAQ 12 and FAQ 15.

9. How does Medi-Cal work with my Medicare plans?

If you qualify for both Medi-Cal and Medicare, you will get most of your medical services and prescription drugs through Medicare. Medi-Cal has programs that may pay for some benefits that Medicare does not fully cover. Medi-Cal may also pay your Medicare premiums. Persons who have coverage through both Medi-Cal and Medicare generally do not have to enroll in a Medi-Cal health plan, except in counties that only offer Medi-Cal health plans. Even if you do not have to enroll in a plan, you may still choose to enroll in one.

10. What is a Medi-Cal health plan?

A Medi-Cal health plan is a health insurance plan that provides Medi-Cal health care services to you. Medi-Cal health plans organize care access for Medi-Cal recipients. There is no cost to you. The plan works with your doctors to manage your care and make sure you get the services you need to stay healthy.

In a Medi-Cal health plan, you must go to doctors who work with the plan, with some exceptions. 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 most medically necessary services. If your Medi-Cal health plan does not cover a service that you need, the Medi-Cal health plan can help you get the service through another Medi-Cal program or fee-for-service Medi-Cal.

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

Your Medi-Cal health plan choices depend on the county you live in. If you are moved to a free Medi-Cal program, you will get an enrollment packet in the mail with more information on how to choose a Medi-Cal health plan. It will explain 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 but accepts fee-for-service Medi-Cal, you might be able to keep getting services through them. Fill out and send in the "Medical Exemption Request" form that comes with your Enrollment Choice Packet. If a Medical Exemption Request is granted, it will let you stay in fee-for-service Medi-Cal and keep seeing your doctor.

Your doctor will need to complete part of the form. You must complete the rest of the form and return it to Health Care Options. You can get help from your doctor or clinic or from an advocate. If you live in a county that has Medi-Cal through a County Organized Health System (COHS) or a Coordinated Care Initiative (CCI) program, you may not be able to ask for a Medical Exemption. This may be because there are no fee-for-service doctors in your county.

If you do not choose a Medi-Cal health plan but are required to enroll in one, Medi-Cal will choose a Medi-Cal health plan in your county for you. Unless you live in a COHS county, each month you will 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.

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

If you are in a non-COHS county, the month you move to free Medi-Cal, you will have fee-for-service Medi-Cal until you join a Medi-Cal health plan. You can go to any doctor who takes fee-for-service Medi-Cal. To find a doctor, use the online list of doctors in the Medi-Cal fee-for-service program. The list is at <https://data.chhs.ca.gov/dataset/profile-of-enrolled-medi-cal-fee-for-service-ffs-providers>. When you call a doctor's office, ask if they are taking new "Medi-Cal fee-for-service" patients.

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

Once you are in a Medi-Cal health plan, you need to choose a primary care doctor who works with your Medi-Cal health plan, with some exceptions in CCI counties. You can ask the doctor you have now if they work with a Medi-Cal health plan in your county. If your doctor does work 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 in 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.

14. 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, 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 do not live in a COHS county, have a complex medical condition, and your doctor is not in a Medi-Cal health plan in your county, you can ask to fill out the "Medical Exemption Request" form to ask to keep seeing your doctor.

15. Will I pay co-payments with my Medi-Cal health plan?

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

16. 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 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 (regular Medi-Cal) for dental services 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 fill out the Dental Choice Form in your Enrollment Choice Packet.
- For all other counties, you will get fee-for-service (regular) Medi-Cal 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 and information about dental services on the Medi-Cal Dental Program's "Smile, California" website at <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 Medi-Cal health plan network. To learn more, contact your Medi-Cal health 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 use, you can get an assessment to see if you have a substance use disorder (SUD). 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. You can also call your county behavioral health department for services.

Pharmacy Services

If you have prescriptions from your health care provider, Medi-Cal may cover your prescription drugs if you do not have other prescription drug coverage, or if you do have other prescription drug coverage but your medication is not covered by that plan. If you are entitled to get Medicare, Medicare Part D will cover most prescriptions, and you must pay any co-payments. Medi-Cal will only pay for a few medications that are not in your Part D plan.

Non-Medical Transportation and Non-Emergency 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. Also, if you require help with transportation due to a medical and/or physical condition, you may qualify for Non-Emergency Medical Transportation. Non-Emergency Medical Transportation is by ambulance, wheelchair van, or litter van for those who cannot use public or private transportation.

You will need a prescription from a licensed provider in order to ask for Non-Emergency Medical Transportation. Your doctor, dentist, podiatrist, or mental health or substance use disorder provider can prescribe Non-Emergency Medical Transportation for you. If you get Medi-Cal through a Medi-Cal health plan, call member services to ask for transportation. If 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/Documents/List-of-Approved-Nonmedical-Transportation-Providers.pdf>.

If there is no provider listed for your area, you are unable to get transportation from the listed providers, or you are in fee-for-service Medi-Cal, you can ask for help by email to DHCS-Benefits@dhcs.ca.gov. 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.

17. How can I get more information or help?

Call the Department of Health Care Services (DHCS) Medi-Cal Helpline at 1-800-541-5555 or TTY 1-800-430-7077. This call is free. You may also call the DHCS Ombudsman Office at 1-888-452-8609, or TTY dial 711 (for the California State Relay), Monday through Friday 8:00 a.m. to 5:00 p.m. The call is free. Or you can email them at MMCDOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and understand their rights and responsibilities.