Older Adult Expansion

Eligibility and Enrollment Plan

April 6, 2022

Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021)
Welfare and Institutions Code Section 14007.8 (2)(A)

Contents

Introduction

Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021) amended Welfare and Institutions Code section 14007.8(2)(A) to expand eligibility for full scope Medi-Cal to individuals who are 50 years of age or older, and who do not have satisfactory immigration status or are unable to establish satisfactory immigration status as required by Welfare and Institutions Code section 14011.2, if otherwise eligible. This new coverage is referred to as the Older Adult Expansion. AB 133 provides that the Older Adult Expansion will not take effect until the Department of Health Care Services (DHCS) confirms that both the State and counties' automated systems are programmed as needed to enroll the new population into coverage. DHCS is targeting system readiness and effectuation of the Older Adult Expansion no sooner than May 1, 2022. DHCS is working collaboratively with counties, Medi-Cal managed care plans, advocates, community-based organizations, the Legislature, and others to implement the Older Adult Expansion.

The purpose of this Eligibility and Enrollment Plan is to describe the process by which the Older Adult Expansion population will receive full scope Medi-Cal. The expansion population includes new enrollees into Medi-Cal and current beneficiaries transitioning from restricted scope to full scope Medi-Cal because of this expansion. This plan provides an overview of the Older 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 Older Adult Expansion:

- New Enrollee Population: The new enrollee population consists of individuals who are 50 years of age or older in May 2022, who are not currently enrolled in Medi-Cal, but who apply for Medi-Cal after implementation of Older Adult Expansion and meet all eligibility criteria for full scope Medi-Cal, under any eligibility group, including Modified Adjusted Gross Income (MAGI) and Non-MAGI, except for satisfactory immigration status.

- Transition Population: The transition population consists of individuals who are 50 years of age or older, and are currently enrolled in restricted scope Medi-Cal because they were not in a satisfactory immigration status for full scope Medi-Cal under any eligibility group, including MAGI and Non-MAGI, before implementation of this expansion

Age Policy – New Enrollees and Transition Populations

Assuming an implementation date of May 1, 2022, CalHEERS and SAWS will use the following age policy to determine who is eligible for the Older Adult Expansion, if otherwise eligible:

- Due to whole month eligibility, when an individual turns 50 years of age they will be eligible for full scope Medi-Cal for the entire month if they are otherwise eligible. Therefore, an individual who turns 50 years of age any time in May 2022 will be eligible for full scope Medi-Cal under any eligibility group, including MAGI and Non-MAGI, for the entire month of May 2022, if they are otherwise eligible.

- For example, individuals who turn 50 years of age between May 1, 2022 and May 31, 2022 are considered age 50 for the entire month of May 2022, and are eligible for full scope coverage under the Older Adult Expansion. The same rule applies to applicants and beneficiaries that turn 50 years old in subsequent months.

System Readiness

DHCS will complete and implement all system changes necessary to implement the Older Adult Expansion effective May 1, 2022. Necessary system changes are implemented in SAWS, including all necessary Notice of Action (NOA) revisions in all threshold languages, updated Eligibility Determination and Benefits Calculation (EDBC) functionality, County Eligibility Worker (CEW) training and supports, and more. Necessary CalHEERS system changes are implemented for the Older Adult Expansion.

- The week of March 28, 2022, DHCS notified the Department of Finance that DHCS has determined that the CALHEERS and SAWS have implemented modifications to their respective systems to effectuate the Older Adult Expansion on May 1, 2022.

Aid Codes

There are no new aid codes for the Older Adult Expansion. Individuals who are eligible under this expansion will be placed into existing full scope MAGI and Non-MAGI Medi-Cal aid codes respectively. For the transition population, DHCS has developed an aid code crosswalk that identifies the appropriate full scope aid code that eligible individuals in restricted scope aid codes will move into, once the Older Adult Expansion is implemented (see Attachment A).

Application Process

Individuals can apply for Medi-Cal online, by mail, by telephone, by fax or in person. If the applicant qualifies for full scope Medi-Cal under the Older Adult Expansion, they will receive the appropriate NOA notifying them of their eligibility for full scope Medi-Cal effective no sooner than the month of implementation, which is expected to be May 2022.

Retroactive Medi-Cal

Applicants can request retroactive Medi-Cal coverage for up to three months prior to the month of application. However, under the Older Adult Expansion, full scope retroactive coverage will be available no sooner than the month of implementation, which is expected to be May 2022. Eligible Older Adult Expansion individuals who request retroactive coverage, for any 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 Older Adult Expansion. The following scenarios are being provided to assist in clarifying retroactive Medi-Cal coverage eligibility, assuming an implementation date of May 1, 2022:

Scenario 1: Older Adult Expansion, individual applies for Medi-Cal in May 2022 and requests retroactive Medi-Cal.

- Beneficiary is eligible for restricted scope retroactive Medi-Cal for February 2022 March 2022, and April 2022, if otherwise eligible.

Scenario 2: Older Adult Expansion, individual applies for Medi-Cal in June 2022 and requests retroactive Medi-Cal.

- Beneficiary is eligible for restricted scope retroactive Medi-Cal for March 2022 and April 2022, if otherwise eligible.

- Beneficiary is eligible for full scope retroactive Medi-Cal for May 2022, if otherwise eligible.

Scenario 3: Older Adult Expansion, individual applies for Medi-Cal in August 2022 and requests retroactive Medi-Cal.

- Beneficiary is eligible for full scope retroactive Medi-Cal for May 2022, June 2022, and July 2022, if otherwise eligible.

Transition Process

At the same time CalHEERS and SAWS are ready to enroll newly eligible individuals into full scope aid codes, DHCS will implement the transition of current Medi-Cal eligible individuals who fall in the transition period (anticipated to be March 2022 to May 2022) who the county cannot renew from restricted scope Medi-Cal to full scope Medi-Cal (through SAWS). Individuals in restricted scope aid codes will receive advance notice of the transition process and no action is required on their part. However, if the Medi-Cal annual redetermination falls in the transition period and the county cannot renew their Medi-Cal eligibility using an ex parte review of available information; these individuals will receive an annual renewal packet to renew their Medi-Cal eligibility. Individuals who receive a renewal packet must provide the county with any requested information. All 90-day cure policies applicable to Medi-Cal redeterminations and NOAs, apply to redeterminations and NOAs for the Older Adult Expansion population. A beneficiary must have active restricted scope Medi-Cal eligibility effective on the Older Adult Expansion implementation date in order to be automatically transitioned to full scope coverage.

Once both systems are determined ready, SAWS will:

1. Identify eligible individuals 50 years of age or older enrolled in restricted scope MAGI Medi-Cal aid codes and process the transition into full scope aid codes via CalHEERS, based on the Older Adult Expansion aid code crosswalk (Attachment A).

2. Identify eligible individuals 50 years of age or older enrolled in restricted scope, Non-MAGI Medi-Cal aid codes and process the transition to full scope aid codes via SAWS based on the Older Adult Expansion aid code crosswalk (Attachment A).

3. Use a batch process to identify the MAGI and Non-MAGI Older Adult Expansion transition population and transmit the appropriate aid code change to MEDS.

4. Generate and send the NOA to inform transitioned beneficiaries that their level of benefits will increase from restricted to full scope Medi-Cal coverage.

When an Older Adult Expansion eligible individual transitions from restricted scope Medi-Cal to full scope Medi-Cal due to the implementation of the program, the Medi-Cal annual redetermination date will not be reset. The Older Adult Expansion is an increase in the level of benefits for the individual and is not considered a change in circumstance; therefore, a change to the redetermination date is not required and so the date should remain unchanged. (See ACWDL 14-22).

Quality Assurance and Reporting Requirements

To ensure Older Adult Expansion individuals have a smooth transition to full scope Medi-Cal, DHCS is developing the following tracking data reports from MEDS (assuming a May 1, 2022, implementation):

- The first week of April 2022, DHCS will compile county level data identifying eligible Older Adult Expansion individuals, 50 years of age or older and in restricted scope aid codes in MEDS.

- After SAWS completes their batch process to provide full scope eligibility to the transition population effective May 1, 2022, DHCS will compile data identifying eligible Older Adult Expansion individuals, who were transitioned into full scope aid codes in MEDS.

DHCS will reconcile these data reports to identify Older Adult Expansion individuals who were properly transitioned into full scope Medi-Cal, and those who were not. 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. Counties are responsible for manually correcting these transition exceptions and effectuating eligibility back to May 1, 2022. DHCS will continue this process until all eligible individuals are properly transitioned into full scope Medi-Cal.

Notices to New Enrollees and Transition Populations

DHCS has developed three notices that will be translated into all Medi-Cal threshold languages and will be sent to beneficiaries in the written threshold language indicated on their MEDS record. The following assumes a May 1, 2022 implementation.

First Notice (General Information Notice) – Transition Population

All individuals in the Older Adult Expansion transition population will receive the First Notice (Attachment B) approximately 60 days prior to May 1, 2022 implementation. The First Notice includes general information about the Older Adult Expansion, including Frequently Asked Questions (FAQs) that provide information about full scope Medi-Cal, Medi-Cal managed care plans, benefits, and how to get more information or help. On February 23, 2022, DHCS identified all active restricted scope individuals 50 years of age or older, who do not have verified citizenship or satisfactory immigration status in MEDS. These individuals make up the expected transition population and will be sent the First Notice.

For individuals who apply for Medi-Cal after February 23, 2022, and up to implementation, counties are required to include the First Notice in the materials provided at application.

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

DHCS has developed NOA snippets for the Older Adult Expansion (Attachment C). These NOA snippets have been translated into all Medi-Cal threshold languages and must be sent to beneficiaries in their indicated threshold language.

- New Enrollee Population: When an individual is determined to be newly eligible for Medi-Cal under the Older Adult Expansion, SAWS will generate a NOA with the appropriate translated snippet included.

- Transition Population: When an individual is transitioned from restricted scope Medi-Cal to full scope Medi-Cal, SAWS will generate a NOA with the appropriate translated snippet included to notify the individual of their benefit increase.

Third Notice (Enrollment Notice) – Transition Population

Prior to implementation, DHCS will mail out the Medi-Cal Managed Care Plan Enrollment Notice in April 2022. This notice provides information for transitioned beneficiaries who are required to enroll in a Medi-Cal managed care plan.

- **COHS Counties:** The enrollment notice will explain what a Medi-Cal managed care plan is, the name of the Medi-Cal managed care plan that the beneficiary will be enrolled into (each COHS county only has one plan), the date of enrollment, and the Medi-Cal managed care plan contact information.

- **Non-COHS Counties**: The enrollment notice will explain what a Medi-Cal managed care plan is and inform the beneficiary of their Medi-Cal managed care plan options and that they should have received their Choice Packet. Individuals, who do not make a plan selection by the date listed in the Medi-Cal Managed

Care Plan Enrollment Notice, will be enrolled into the Medi-Cal managed care plan listed in the notice, effective June 1, 2022. DHCS will assign all beneficiaries in a family to the same plan unless beneficiaries in the household affirmatively choose otherwise.

Information about dental services is included in both the COHS and Non-COHS enrollment notices. Managed care dental coverage is available for Non-COHS in Sacramento and Los Angeles, and COHS in San Mateo County. The remaining counties have dental coverage through the fee-for-service delivery system

New Enrollee – Managed Care Enrollment Process

The existing Medi-Cal managed care enrollment process applies to individuals who first apply for Medi-Cal and receive full scope Medi-Cal after the Older Adult Expansion implementation.

Transition Population – Managed Care Enrollment Process

DHCS will implement a managed care enrollment process for the Older Adult Expansion transition population, as explained below (assuming a May 1, 2022, implementation):

County Organized Health System (COHS) Counties

- DHCS will send the Medi-Cal Managed Care Enrollment Notice with the FAQs to beneficiaries in April 2022.
- Beginning May 2022, beneficiaries will be enrolled into the COHS plan in their county. The COHS plan will mail a welcome letter to beneficiaries within a week of enrollment.

Non-COHS Counties

- Individuals will have fee-for-service (FFS) full scope Medi-Cal for the May 2022 month of eligibility.
- DHCS will send Medi-Cal Choice Packets beneficiaries at the end of March 2022.
- DHCS will send the Third Notice (Medi-Cal Managed Care Enrollment Notice) with the Frequently Asked Questions (FAQs) to beneficiaries in April 2022.

Medi-Cal Choice Packets – New Enrollees and Transition Populations

Beneficiaries in non-COHS counties will receive a Medi-Cal Choice Packet in their threshold language. The packets include all of the following:

- An Enrollment Choice Form;
- A self-addressed stamped envelope to return the completed form;
- A Medi-Cal managed care plan enrollment choice booklet that provides health plan information;
- Guidance on how to enroll in a Medi-Cal managed care plan or change plans;
- The Health Care Options presentation schedule;
- A summary list of Medi-Cal managed care plan benefits;

- Instructions and forms for the Medical Exemption Request/Waiver, and;
- A Medi-Cal managed care plan provider directory for their county.

Medi-Cal Choice Packets will be mailed in April 2022 for the Non-COHS transition population. New enrollees will receive the packets after applying and being determined eligible for full scope Medi-Cal.

Health Care Options has posted many Choice Packet documents on its website at: https://www.healthcareoptions.dhcs.ca.gov/download-forms. Contact information for Health Care Options is available at https://www.healthcareoptions.dhcs.ca.gov/contact-us.

Provider and Medi-Cal Managed Care Plan Updates

On March 28, 2022, DHCS posted a provider bulletin and NewsFlash on the Medi-Cal Provider website here Older Adult Expansion into Full Scope Medi-Cal. This bulletin reminds providers of the implementation of the Older Adult Expansion and includes contact information for provider questions. The posted bulletin is available to FFS providers and shared with Medi-Cal Managed Care Plans. DHCS will continue to update the Medi-Cal managed care plans through conference calls and video conference meetings.

Outreach

DHCS developed Medi-Cal Eligibility Division Information Letter No.: I 22-02 to provide global outreach language related to the Older Adult Expansion. The goal of the outreach language is to inform beneficiaries and prospective applicants of upcoming changes to Medi-Cal which will expand eligibility for full scope Medi-Cal to all individuals who are 50 years of age or older who meet all Medi-Cal eligibility criteria and immigration status does not matter.

The global outreach language includes messaging that can be used in various forms of outreach including social media posts, call scripts, and county website content. While counties are not required to utilize this language, DHCS highly recommends counties utilize this messaging and integrate it into their outreach and social media campaigns. Counties may modify the global outreach language to meet any business need in utilizing the language; however, the intent of the language must remain the same to retain consistency in messaging.

DHCS is sharing the global outreach language broadly for use by Medi-Cal Managed Care Plans, other State departments, Medi-Cal providers, and other community partners for use in their outreach activities.

Stakeholder Engagement

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

- Older 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 transition populations;
- The Older 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 the Older Adult Expansion implementation; and
- Enrollment report by counties.

Key Milestones

The key milestones below assume system readiness for a May 2022 implementation of the Older Adult Expansion. DHCS will provide updates through established stakeholder meetings and will share revisions to the milestones and implementation efforts as applicable.

- *July 2021* – Readability/translation of all MAGI and Non-MAGI Medi-Cal notice snippets into all threshold languages. Complete.

- *October – November 2021* – Share initial drafts of the Eligibility and Enrollment Plan through existing stakeholder forums. The Eligibility and Enrollment Plan will continue to be refined through March 2022. Complete.

- *January – February 2022* – Readability/translation of First Notice (General Information Notice) and FAQs materials in all threshold languages. Complete.

- *February 15, 2022* – Present Webinar #1 to counties. Webinar will provide an overview of the proposed implementation efforts and next steps. Complete.

- *February 16, 2022* – Present Webinar #1 to advocate community to provide an update on implementation efforts. Complete.

- *February 23, 2022* – Data pull of individuals 50 years of age or older who do not have satisfactory immigration status but have restricted scope Medi-Cal in MEDS in preparation for the First Notice (General Information Notice) mailing. Complete.

- *March 2022* – Post a provider bulletin on the Medi-Cal Provider website with an implementation update and contact information for provider questions. Complete.

- *March 28 – April 1, 2022* – Complete system changes and notify Department of Finance and all stakeholders with confirmation of the implementation date. Complete.

- *March 2022* – Release of the First Notice (General Information Notice) to the transitioning population. This notice explains their upcoming change in benefits, their mandatory enrollment into a Medi-Cal Managed Care Plan, and includes FAQs and contact information for assistance. Complete.

- *(Late) March – (Early) April 2022* – 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. In process.

- *(Late) March – (Early) April 2022* – Begin processing new applicants and the transition population for full scope Medi-Cal eligibility effective May 1, 2022. In process.

- *April 2022* – Send the Third Notice (Enrollment Notice) to the population transitioning into a Medi-Cal Managed Care Plan. The Health Care Options Medi-Cal Choice Packets will also be sent in April 2022. In process.

- *April 13, 2022* – Present Webinar #2 to counties. Webinar will provide an overview of the proposed implementation efforts and next steps. In process.

- *April 14, 2022* – Present Webinar #2 to advocate community to provide an update on implementation efforts. In process.

- *May 2022* – Effective implementation date for the Older Adult Expansion. In process.

- *November 2022* – Submit first semi-annual report to the Legislature.

Other Older Adult Expansion Resources

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

https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/OlderAdultExpansion.aspx

Please submit questions and/or feedback regarding the Older Adult Expansion to the following email: OlderAdultExpansion@dhcs.ca.gov.

Attachment A – Older Adult Expansion Aid Code Crosswalk

The charts below shows the full scope aid codes that will be used for the implementation of the Older 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 Individuals 50 Years of Age or Older

The left side of the chart shows restricted scope aid codes. The right side of the chart shows full scope aid codes that beneficiaries 50 years of age or older must be transitioned into for the Older Adult Expansion.

Restricted Scope Aid Code	Description	Full Scope Aid Code	Description
0U	Breast and Cervical Cancer Treatment Program (BCCTP) for individuals Age 64 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)	**0P**	Breast and Cervical Cancer Treatment Program (BCCTP) - Age 64 or younger – Citizen/with SIS – At or below 200% FPL (No SOC)
50	County - Medical Services Program (CMSP) - Omnibus Budget Reconciliation Act (OBRA)/Out-of-County Care	**8F**	County - Medical Services Program (CMSP) /Out-of-County Care – Companion aid code for aid code 53
1U	Restricted – Aged – Covers the Aged in the Aged & Disabled (A&D) FPL Program without SIS (No SOC)	**1H**	Aged – Covers the Aged in the Aged & Disabled (A&D) FPL Program (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)
5T	Continuing Transitional Medi-Cal (TMC) – Provides an additional 6 months for individuals without SIS who received 6 months of initial TMC coverage under aid code 3T (No SOC)	**59**	Continuing Transitional Medi-Cal (TMC) – Provides an additional 6 months of TMC for 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)
C1	OBRA Noncitizens and Unverified Citizens or who do not have SIS – Aged 65 and over - Medically Needy (MN) (No SOC)	**14**	Aged - Medically Needy (MN) (No SOC)
C2	OBRA Noncitizens and Unverified Citizens or who do not have SIS – Aged 65 and over - Medically Needy (MN) (OC)	**17**	Aged - Medically Needy (MN) (SOC)
C3	OBRA Noncitizens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (No SOC)	**24**	Blind - Medically Needy (MN) (No SOC)
C4	OBRA Noncitizens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (SOC)	**27**	Blind - Medically Needy (MN) (SOC)
C5	OBRA Noncitizens 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 Noncitizens 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 Noncitizens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (No SOC)	**64**	Disabled - Medically Needy (MN) (No SOC)
C8	OBRA Noncitizens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (SOC)	**67**	Disabled - Medically Needy (MN) (SOC)
D2	OBRA Noncitizens - Not PRUCOL and Unverified Citizens - Aged - Long Term Care (LTC) - (No SOC)	**13**	Aged - Long Term Care (LTC) (SOC/No SOC)

D3	OBRA Noncitizens - Not PRUCOL and Unverified Citizens - Aged - Long Term Care (LTC) – (SOC)	**13**	Aged - Long Term Care (LTC) (SOC/No SOC)
D4	OBRA Noncitizens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (No SOC)	**23**	Blind - Long Term Care (LTC) (SOC/No SOC)
D5	OBRA Noncitizens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (SOC)	**23**	Blind - Long Term Care (LTC) (SOC/No SOC)
D6	OBRA Noncitizens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (No SOC)	**63**	Disabled - Long Term Care (LTC) (SOC/No SOC)
D7	OBRA Noncitizens – 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)
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)
F2	Inmate – Adult State Inmate Program (ASIP) – Individuals without SIS - Limited to covered inpatient hospital, inpatient mental health emergency (Title XIX), and inpatient pregnancy-related services (Title XXI) only (No SOC)	**F1**	Inmate – Adult State Inmate Program (ASIP) – Title XIX, Limited to covered inpatient hospital, inpatient mental health, and inpatient pregnancy-related services only (No SOC)

F4	Inmate - Adult County Inmate Program (ACIP) – Individuals without SIS- 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)
G4	Inmate - Adult County Inmate Program (ACIP) – Individuals without SIS- Limited to covered inpatient hospital emergency, inpatient mental health emergency, an inpatient pregnancy-related services only (SOC)	**G3**	Inmate – Adult County Inmate Program (ACIP) – Limited to covered inpatient hospital and inpatient mental health services only (SOC)
G9	Inmate - State Medical Parole Program (MPP) – Title XIX, Individual without SIS – Limited to covered emergency, mental health emergency, and pregnancy-related services only (No SOC)	**G0**	Inmate - State Medical Parole Program (MPP) – Title XIX, Entitled to all Medi-Cal covered services because they are not considered to be incarcerated (No SOC)
J3	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) –Individuals 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 (CCRP/CMPP) – Entitled to all M/C covered services because they are not considered to be incarcerated (No SOC)
J4	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - Individuals 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)

J6	Inmate – County Compassionate Release/Medical Probation County Inmates who reside in LTC facilities– Without SIS – Medi-Cal benefits limited to Medi-Cal covered emergency, mental health emergency (Title XIX), and pregnancy-related (Title XXI) services only. Covers all Medi-Cal covered LTC services. (No SOC/SOC)	**J5**	Inmate – County Compassionate Release/Medical Probation County Inmates who reside in LTC facilities – Title XIX, entitled to all Medi-Cal covered LTC services because they are not considered to be incarcerated. (No SOC/SOC)
J8	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - LTC - Disabled individuals without SIS who resides in a LTC facility – Limited to all Medi-Cal covered emergency, mental health emergency (Title XIX), and pregnancy-related (Title XXI) services only. Covers all Medi-Cal 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 – Title XIX, entitled to all Medi-Cal covered LTC services because they are not considered to be incarcerated (SOC/No SOC)
K3	Inmate – State Medical Parole Program (MPP) - Newly eligible – Without SIS – 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)	**K2**	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)
K5	Inmate – State Medical Parole Program (MPP) – Not newly eligible – Without SIS – 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)	**K4**	Inmate – State Medical Parole Program (MPP) – Not newly eligible – Citizen/with SIS – 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)

K7	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Newly eligible – Without 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)	**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 – Without SIS – 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 - Limited to all M/C covered emergency, including mental health, and all pregnancy-related services (No SOC)
L7	Disabled/Blind – Adults ages 19 through age 64 – Without SIS – 0% to 128% FPL	**L6**	Disabled/Blind – Adults ages 19 through age 64 – Citizens/with SIS– 0% to 128% FPL
M0	Pregnant Women –Without SIS – (MAGI) 139% up to and including 213% FPL – Limited to family planning, pregnancy-related, postpartum and emergency services (No SOC)	**M9**	Pregnant Citizen/Lawfully Present Women – (MAGI) 139% up to and including 213% FPL – Limited to family planning pregnancy- related, postpartum and emergency services (No SOC)
M2	Adults ages 19 through 64 – Without SIS – (MAGI) at or below 138% FPL – Limited to pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services.	**M1**	Adults ages 19 through 64 – Citizens/with SIS– (MAGI) at or below 138% FPL
M4	Parents and Caretaker Relative – Without SIS -(MAGI) At or below 109% FPL (No SOC)	**M3**	Parents and Caretaker Relative – Citizens/Lawfully Present - (MAGI) at or below 109% FPL (No SOC)

M8	Pregnant Women – Without SIS – (MAGI) Up to and including 138% FPL (No SOC)	**M7**	Pregnant Citizen/Lawfully Present Women - (MAGI) up to and including 138% FPL (No SOC)
N6	Inmate – Adult State Inmate Program (ASIP) – Citizen/without SIS – age 19 up to 65 – (MAGI) 0% to 138% FPL (No SOC) – Limited to inpatient hospital emergency services only (No SOC)	**N5**	Inmate – Adult State Inmate Program (ASIP) – Citizen/with SIS – age 19 up to 65 – (MAGI) 0% to 138% FPL (No SOC)
N8	Inmate - Adult County Inmate Program (ACIP) – Without SIS – 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) – Citizen/with SIS – age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to all covered inpatient hospital and inpatient mental health services only (No SOC)

Attachment B - First Notice (General Information Notice)

Important news about your health coverage

Dear Beneficiary,

Good news! You may get more health care benefits soon. Your restricted scope Medi-Cal may change to full scope Medi-Cal.

Starting **May 1, 2022**, the new Older Adult Expansion will give full scope Medi-Cal to adults ages 50 and older who qualify for Medi-Cal. Your immigration status does not matter.

How will I know if I can get more health care benefits with full scope Medi-Cal?

In April 2022, you will get a letter in the mail. It will tell you if you can get full scope Medi-Cal. It will also tell you when you will start getting more benefits.

Will I get more health care services with full scope Medi-Cal?

Yes. Medi-Cal has free or low-cost health care for people who live in California. Full scope Medi-Cal is different from the restricted scope Medi-Cal you have now. Restricted scope Medi-Cal only covers some services. It does not cover things like medicine and primary care.

Full scope Medi-Cal covers these services and more:

- Alcohol and drug use treatment
- Dental care
- Emergency care
- Family planning
- Foot care
- Hearing aids
- Medical care
- Medicine your doctor orders
- Medical supplies
- Mental health care
- Personal attendant care and other services that help people stay out of nursing homes
- Referrals to specialists, if needed
- Tests your doctor orders
- Transportation to doctor and dental visits and to get your medicine at the pharmacy
- Vision care (eyeglasses)

If you have pregnancy-related Medi-Cal now, you have all medically necessary services that Medi-Cal covers.

You can learn more about Medi-Cal in the Frequently Asked Questions (FAQ) that came with this letter.

How will I get health care services?

Most people with full scope Medi-Cal will get health care services through a Medi-Cal Managed Care Plan. A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies, and other health care providers in the plan's service area. They will provide your health care services.

When you join a Medi-Cal Managed Care Plan, you may still get some health care services through Fee-For-Service (regular) Medi-Cal. These include pharmacy, substance use disorder treatment, and dental services.

Your Medi-Cal Managed Care Plan choices depend on the county you live in. Some counties have one plan. Some counties have more than one plan to choose from. We will mail you a letter with your plan choices. You can learn more about your Health Care Options:

- **By phone:** Call **1-800-430-4263**, Monday – Friday, 8 a.m. to 6 p.m. TDD/TYY users call 1-800-430-7077. The call is free.
- **Online:** Go to https://www.healthcareoptions.dhcs.ca.gov/.

How will I get health care services if I have Medi-Cal with a Share of Cost (SOC)?

If you have an SOC now, you will get full scope Medi-Cal with an SOC. If you have an SOC, you will get your health care services through Fee-For-Service (regular) Medi-Cal. You will not need to choose a Medi-Cal Managed Care Plan.

Should I keep my Medi-Cal Benefits Identification Card (BIC)?

Yes. You should keep your BIC. It is a plastic card with orange poppy flowers or a blue and white design. You will need it when you get full scope Medi-Cal. Call your county office if you need a new BIC.

Always take your BIC to your doctor and other medical and dental visits. When you are in a Medi-Cal Managed Care Plan, you will get a card from your new plan. You will need to show both cards when you visit your doctor, dentist, pharmacy, and other medical providers.

Do I need to fill out a new Medi-Cal application?

No. You already have restricted scope Medi-Cal, so you do not need to fill out a new application for full scope Medi-Cal.

If you get a packet in the mail to renew your Medi-Cal, fill it out and return it. You can call your county office for help.

How do I get materials in a different format?

You can ask to get all written information about your Medi-Cal benefits in a different format. The format can be Braille, large print, an audio or data CD, or some other format to help you understand and read letters or fill out your packet. To ask for this, you can:

- Go to https://afs.dhcs.ca.gov. Follow the instructions to choose a different format.
- Call **1-833-284-0040** (California Relay 711), Monday – Friday, 8 a.m. to 5 p.m., except national holidays. The call is free.
- Contact your local county office.

What if I need help in a different language?

If you need help in a language other than English, read the list of phone numbers for free language assistance services that came with this letter. You can also get an interpreter to help you read this letter.

How can I learn more or get help?

To learn more about Medi-Cal:

Call the Department of Health Care Services (DHCS) Medi-Cal Helpline at **1-800-541-5555**, Monday – Friday, 8 a.m. to 5 p.m., except national holidays. This call is free.

To learn about Medi-Cal Managed Care Plans:

Call Health Care Options at **1-800-430-4263**, Monday – Friday, 8 a.m. to 6 p.m. TDD/TYY users call 1-800-430-7077. The call is free.

Or, go to the DHCS website at https://bit.ly/older-adult-expansion.

For questions about immigration and the Medi-Cal program:

The Department of Health Care Services (DHCS) cannot answer questions about immigration or “public charge”.

The California Department of Social Services (CDSS) funds qualified nonprofit organizations to give services to immigrants who live in California. There is a list of these organizations at https://bit.ly/immigration-service-contractors.

For immigration information and resources, go to California’s Immigrant Guide at https://immigrantguide.ca.gov/.

To learn about public charge, go to the California Health and Human Services Agency Public Charge Guide at https://bit.ly/calhhs-public-charge-guide.

Thank you,

Department of Health Care Services

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

Notice Type	English Text MAGI Snippets
Restricted Scope Retro Approval	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 <month yyyy> because you are 26 through 49 years of age 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 services. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medicalprovider. 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 <month yyyy>. 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 Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopewhen you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs. We counted your household size and income to make our decision. 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 restrictedscope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status. <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" onthe 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.
Restricted Scope Retro Approval *New for implementation	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 <month yyyy> because you are 50 years of age or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Starting on May 1, 2022, California law covers full scope Medi-Cal for individuals who are 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. 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 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 <month yyyy>. 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 Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopewhen you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs. We counted your household size and income to make our decision. 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 restrictedscope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status. <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" onthe 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.
Restricted Scope Approval	You have been approved for only restricted scope Medi-Cal because you are 26 through 49 years of age 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 theage of 26 or 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are within the age limit of 26 through 49 years of age, 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 services. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. Your eligibility for restricted scope Medi-Cal begins <month dd, yyyy>. Your restricted scope Medi-Cal coverage will continue unless you are foundno longer eligible. This could happen at

	the time your eligibility is renewed or when your situation changes. 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 Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopewhen you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs. We counted your household size and income to make our decision. 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 restrictedscope Medi-Cal because you did not provide proof of your citizenship or satisfactory immigration status. <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" onthe 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.
Full Scope to Restricted Scope	Important change to your benefits. Your Medi-Cal is changing to restricted scope on <month dd, yyyy>. Your Medi-Cal is changing from full scope to restricted scope because you are 26 through 49 years of age 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 the age of 26 or 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that you are within this age limit, your Medi-Cal is changing torestricted scope. 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. 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 Medi-

	Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopewhen you send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs. 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 benefitsbegan. In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time youreligibility is renewed or when your situation changes. <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" onthe 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
Restricted Scope to Full Scope Under 26	Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>. Your Medi-Cal changed from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status oryou are under 26 years old. Your full scope 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. 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, orlong-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. <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" onthe 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.
Restricted Scope to Full Scope 50 and Older *NEW	Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>. Your Medi-Cal changed from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are 50 years of age or older. Full scope Medi-Cal is available to all eligible people age 50 and older starting

	May 1, 2022. Your full scope 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. 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. <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.
Notice Type	**English Text Non-MAGI Snippets**
Restricted Retro Approval (Provided byLRS/C-IV) (Specific toNon-MAGI Programs)	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 scopeMedi-Cal in <month year> because you are 26 through 49 years of age 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 <month year>. 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 Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopewhen you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs. <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" onthe 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.
Restricted Retro Approval	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 scopeMedi-Cal in <month year> because you are 50 years of age or older and you did not send us proof of your

*New for implementation (Specific toNon-MAGI Programs)	U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Starting on May 1, 2022, California law covers full scope Medi-Cal only for individuals who are 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. 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 <month year>. 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 Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopewhen you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs. <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" onthe 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.
Restricted Scope Approval (Provided byLRS/C-IV) (Specific toNon-MAGI Programs)	You have been approved for only restricted scope Medi-Cal because you are 26 through 49 years of age 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 the age of 26 or 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you arewithin this 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. Your eligibility for restricted scope Medi-Cal begins <month dd, yyyy>. Your restricted scope Medi-Cal coverage will continue unless you are foundno longer eligible. This could happen at the time your eligibility is renewed or when your situation changes. 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 Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopewhen you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs. <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" onthe 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.
Full Scope to Restricted Scope (Provided by CalWIN) (Specific to Non-MAGI Programs)	Important change to your benefits. Your Medi-Cal is changing to restricted scope on <month dd, yyyy>. Your Medi-Cal is changing from full scope to restricted scope because you are 26 through 49 years of age 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 the age of 26 or 50 years of age or older and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Now that you are within the age limit of 26 through 49 years of age, your Medi-Cal is changing to restricted scope. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum careservices. If you are not sure if a service is covered by restricted scope, call your medical provider. 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 Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scopewhen you send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs. 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 benefitsbegan. In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time youreligibility is renewed or when your situation changes.

	<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" onthe 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.
Restricted Scope to Full Scope (Provided by CalWIN) (Specific toNon-MAGI Programs) Under 26	Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>. Your Medi-Cal changed from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status oryou are under 26 years old. Your full scope 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. 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 relatedservice 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. <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" onthe 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.
Restricted Scope to Full Scope 50 and Older *NEW (Specific to CALWIN Non-MAGI Programs)	Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>. Your Medi-Cal changed from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are 50 years of age or older. Full scope Medi-Cal is available to all eligible people age 50 and older starting May 1, 2022. Your full scope 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. 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. <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.

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

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

MICHELLE BAASS
Director

GAVIN NEWSOM
Governor

XX/XX/XXXX

ABC123456789_2CFB0-34-5-D-B-000006
123456QG1-ABC-02/02/2020

JONATHAN JOSEPH
SAMPLE1234 SAMPLE STREET
KINGS CANYON NATIONAL PARK CA
90000

Important news about your Medi-Cal coverage

Dear [Member Name],

We sent you a letter in February about changes to your Medi-Cal health coverage.You have **restricted scope** Medi-Cal services now. **Starting May 1, 2022**, your Medi-Cal health coverage will change to **full scope** Medi-Cal. You will get your Medi-Cal services through a Medi-Cal Managed Care Plan.

You will be enrolled in this Medi-Cal Managed Care Plan:

Health Plan	Dental Plan	Start Date
<Insert MCP>	<Insert Dental Program>	XX/XX/XXXX

To learn more about your Medi-Cal coverage change, read the *Frequently Asked Questions FAQ)* that came with this letter.

About Medi-Cal Managed Care Plans
A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies and other health care providers in your service area. They give you the medically necessary Medi-Cal services you need. Your plan will:

- Help manage your Medi-Cal benefits and services
- Help you find doctors and specialists in the plan network (group)
- Have a 24-hour nurse advice line you can call for health care advice
- Have member services to help answer your questions about health care
- Help you with rides to and from your provider (such as your doctor's office, hospital, or pharmacy)
- Help you get services you may need that your plan does not cover
- Give you language services you need

When you are in a Medi-Cal Managed Care Plan, you may still get some services through Fee-For-Service (FFS) Medi-Cal, also called "Regular" Medi-Cal, instead of through your plan. These include most pharmacy services, substance use disorder(SUD) treatment services, and dental services in most counties.

If the provider you have now is not in your Medi-Cal Managed Care Plan
If you want to keep your provider and have gone to them in the past 12 months but they do not work with a Medi-Cal Managed Care Plan, you can ask your health plan for "continuity of care." If your provider and your Medi-Cal Managed Care Plan agree to work together, you may be able to keep your provider for up to 12 months, or more in some cases.

If you want continuity of care, call your Medi-Cal Managed Care Plan's member services after you are enrolled. To learn more about continuity of care, read the *Frequently Asked Questions (FAQ)* that came with this letter.

How to contact your Medi-Cal Managed Care Plan

To contact:	< Insert COHS Plan Name >
Call member services at:	<Insert Member Services number here and TTY>
Or go to:	<Insert web address>

Your Medi-Cal Managed Care Plan will send a welcome packet. It will tell you how to choose a primary care provider (PCP). It will also tell you about your planbenefits.

How to get dental services
You will get **dental** services from the FFS Medi-Cal Dental Program. To learn moreabout dental services, read the *Frequently Asked Questions (FAQ)* that came with thisletter.

You will need to go to a dentist who takes FFS Medi-Cal Dental. To find a dentistnear you, call FFS Medi-Cal Dental Customer Service at **1-800-322-6384**
(TTY: 1-800-735-2922), Monday through Friday, 8 a.m. to 5 p.m.

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

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to **www.medi-calrx.dhcs.ca.gov**. Or call the Medi-Cal Rx Customer Service Center at **1-800-977-2273** (TTY State Relay: 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal Managed Care Plan, call your plan's member services phone number.

Questions?
If you need more help, call the DHCS Medi-Cal Helpline at **1-800-541-5555** (TTY 1-800-430-7077). The call is free.

You may also call the DHCS Ombudsman Office at **1-888-452-8609** (TTY State Relay:711), Monday through Friday, 8 a.m. to 5 p.m. The call is free. You can also email them at MMCDOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.

For help with substance use disorder (SUD) services
For help with non-emergency counseling, detoxification services, and residential orlong-term outpatient treatment, call the state SUD treatment line at **1-800-879-2772**.If you are outside California, call **1-916-327-3728**. Or visit the Department of Health Care Services website at **www.dhcs.ca.gov/provgovpart/Pages/SUD-Non-Emergency-Treatment-Referral-Line.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can also call your plan's member services for help with SUD services.

For help with specialty mental health services
For non-crisis questions, treatments, or to learn more, call your local mental health department. The phone numbers are on the Department of Health Care Services website at **www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can call your plan's member services for help getting mental health services through your Medi-CalManaged Care Plan or specialty mental health services through your County Mental Health Plan.

To find an FFS Medi-Cal dental provider or for FFS Medi-Cal Dental Programquestions:

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

Thank you,

Department of Health Care Services

Attachment D - Managed Care Enrollment Notice LA County

MICHELLE BAASS
Director

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

GAVIN NEWSOM
Governor

XX/XX/XXXX

ABC123456789_2CFB0-34-5-D-B-000006
1234560G1-ABC-02/02/2020

JONATHAN JOSEPH
SAMPLE1234 SAMPLE
STREET
KINGS CANYON NATIONAL PARK CA
90000

Important news about your Medi-Cal coverage

Dear [Member Name],

We sent you a letter in February about changes to your Medi-Cal health coverage. You have **restricted scope** Medi-Cal services now. **Starting May 1, 2022**, your Medi-Cal health coverage will change to **full scope** Medi-Cal. You will get your Medi-Cal services through a Medi-Cal Managed Care Plan.

In April, you got or will get a *My Medi-Cal Choice* packet. The packet tells how tochoose a Medi-Cal Managed Care Plan.

If you do not choose a plan by: XX/XX/XXXX
You will be enrolled in this Medi-Cal Managed Care Plan:

Health Plan	Dental Plan	Start Date
<Insert MCP>	<Insert Dental Program>	XX/XX/XXXX

To learn more about your Medi-Cal coverage change, read the *Frequently AskedQuestions (FAQ)* that came with this letter.

About Medi-Cal Managed Care Plans
A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies, and other health care providers in your service area. They give you the medically necessary Medi-Cal services you need. Your plan will:

- Help manage your Medi-Cal benefits and services
- Help you find doctors and specialists in the plan network (group)
- Have a 24-hour nurse advice line you can call for health care advice
- Have member services to help answer your questions about health care
- Help you with rides to and from your provider (such as your doctor's

office,hospital, or pharmacy)
- Help you get services you may need that your plan does not cover
- Give you language services you need

When you are in a Medi-Cal Managed Care Plan, you may still get some services through Fee-For-Service (FFS) Medi-Cal, also called "Regular" Medi-Cal, instead of through your plan. These include most pharmacy services, substance use disorder (SUD) treatment services, and dental services in most counties.

If the provider you have now is not in your Medi-Cal Managed Care Plan
If you want to keep your provider and have gone to them in the past 12 months but they do not work with a Medi-Cal Managed Care Plan, you can ask your healthplan for "continuity of care." If your provider and your Medi-Cal Managed Care Plan agree to work together, you may be able to keep your provider for up to 12 months, or more in some cases.

If you want continuity of care, call your Medi-Cal Managed Care Plan's member services after you are enrolled. To learn more about continuity of care, read the *Frequently Asked Questions (FAQ)* that came with this letter.

What to do next
You have two choices:
1. If you want to stay in the Medi-Cal Managed Care Plan listed above, you do nothave to do anything.
2. If you want to choose another Medi-Cal Managed Care Plan, contact HealthCare Options:
    - **By phone:** Call **1-800-430-4263** (TTY: 1-800-430-7077), Monday throughFriday, 8 a.m. to 6 p.m.
    - **By mail:** Fill out and mail the choice form that came in your *My Medi-CalChoice* packet.
    - **Online:** Enroll at **www.healthcareoptions.dhcs.ca.gov.**

Your plan will send you a welcome packet with details about your plan. After you are enrolled, you can choose a primary care provider (PCP) in your plan's network.

Medical exemption from joining a Medi-Cal Managed Care Plan
If you have a complex medical condition and your doctor or clinic is not in a Medi-Cal Managed Care Plan network in your county but is a FFS Medi-Cal provider, you might be able to get a medical exemption to keep them for **up to 12 months**.

If you want to stay in FFS Medi-Cal, ask for a medical exemption as soon as you can. In most cases, you cannot qualify for an exemption from managed care enrollment after you have been in a plan for **90 days**. To ask for an exemption, fill out and send in the Medical Exemption Request form that came with your *My Medi-Cal Choice* packet. Your doctor, clinic, or an advocate can help you fill out the form. Your doctor will also need to fill out part of the form.Return the completed form to Health Care Options. If your exemption is approved,you can stay in FFS Medi-Cal and keep your doctor until the exemption ends.

If you have certain health conditions and want to keep your provider for **more than 12 months**, you may be able to ask for another extension. You must make that request before your current exemption expires. Specifically, you must submit the request at least one month before your exemption expires. Health Care Options will tell you when it is 45 days before your exemption ends and will tell youhow to ask for an extension.

To learn more about medical exemptions, read the *Frequently Asked Questions (FAQ)* that came with this letter.

How to get dental services

You have two choices for **dental** services:

- You can join a Medi-Cal Dental Managed Care Plan. Your *My Medi-Cal Choice* packet has a dental plan choice form. It also has details about dental plans youcan choose. For help, call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.
- You can get dental services from the FFS Medi-Cal Dental Program. To learnmore about FFS Medi-Cal Dental, call Medi-Cal Dental Customer Service at **1-800-322-6384** (TTY: 1-800-735-2922), Monday through Friday, 8 a.m. to 5 p.m.

If you do not choose a dental plan before the **"choose a plan by"** date at the top of this letter, we will enroll you in Medi-Cal Dental.

How to get your prescription drugs

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

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to **www.medi-calrx.dhcs.ca.gov**. Or call the Medi-Cal Rx Customer Service Center at **1-800-977-2273** (TTY State Relay: 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal Managed Care Plan, call your plan's member services phone number.

Next steps

- Talk to your doctor or clinic to find out if they work with a Medi-Cal ManagedCare Plan in your county.
- Choose the option that's right for you from **"What to do next"** above in this letter.
- Call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077) to learn moreabout plan and provider choices. Or go to Health Care Options at **www.healthcareoptions.dhcs.ca.gov**.

Questions?

If you need more help, call the DHCS Medi-Cal Helpline at **1-800-541-5555** (TTY 1-800-430-7077). The call is free.

You may also call the DHCS Ombudsman Office at **1-888-452-8609** (TTY State Relay: 711), Monday through Friday, 8 a.m. to 5 p.m. The call is free. You can also email

them at MMCDOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.

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For help with non-emergency counseling, detoxification services, and residential or long-term outpatient treatment, call the state SUD treatment line at **1-800-879-2772**.If you are outside California, call **1-916-327-3728**. Or visit the Department of Health Care Services website at **www.dhcs.ca.gov/provgovpart/Pages/SUD-Non-Emergency-Treatment-Referral-Line.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can also call your plan's member services for help with SUD services.

For help with specialty mental health services
For non-crisis questions, treatments, or to learn more, call your local mental health department. The phone numbers are on the Department of Health Care Services website at **www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can call your plan's member services for help getting mental health services through your Medi-Cal Managed Care Plan or specialty mental health services through your County MentalHealth Plan.

For help with Health Care Options
Call **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.,or go to **www.healthcareoptions.dhcs.ca.gov** to:

- Learn more about the changes to your Medi-Cal
- Enroll by phone or online
- Enroll in a dental plan
- Get another copy of the *My Medi-Cal Choice* packet, or
- Get this letter in another language, large print, audio, or Braille**FFS Medi-Cal Dental Program customer service**

To find an FFS Medi-Cal dental provider or for FFS Medi-Cal Dental Programquestions:

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

Thank you,

Department of Health Care Services

Attachment D - Managed Care Enrollment Notice Sacramento County

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

MICHELLE BAASS
Director

GAVIN NEWSOM
Governor

XX/XX/XXXX

ABC123456789_2CFB0-34-5-D-B-000006
123456QG1-ABC-02/02/2020

JONATHAN JOSEPH
SAMPLE1234 SAMPLE STREET
KINGS CANYON NATIONAL PARK CA
90000

Important news about your Medi-Cal coverage

Dear [Member Name],

We sent you a letter in February about changes to your Medi-Cal health coverage. You have **restricted scope** Medi-Cal services now. **Starting May 1, 2022**, your Medi-Cal health coverage will change to **full scope** Medi-Cal. You will get your Medi-Cal services through a Medi-Cal Managed Care Plan.

In April, you got or will get a *My Medi-Cal Choice* packet. The packet tells how tochoose a Medi-Cal Managed Care Plan.

If you do not choose a plan by: XX/XX/XXXX
You will be enrolled in this Medi-Cal Managed Care Plan:

Health Plan	Dental Plan	Start Date
<Insert MCP>	<Insert Dental Program>	XX/XX/XXXX

To learn more about your Medi-Cal coverage change, read the *Frequently AskedQuestions (FAQ)* that came with this letter.

About Medi-Cal Managed Care Plans
A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies, and other health care providers in your service area. They give you the medically necessary Medi-Cal services you need. Your plan will:

- Help manage your Medi-Cal benefits and services
- Help you find doctors and specialists in the plan network (group)
- Have a 24-hour nurse advice line you can call for health care advice
- Have member services to help answer your questions about health care

- Help you with rides to and from your provider (such as your doctor's office,hospital, or pharmacy)
- Help you get services you may need that your plan does not cover
- Give you language services you need

When you are in a Medi-Cal Managed Care Plan, you may still get some services through Fee-For-Service (FFS) Medi-Cal, also called "Regular" Medi-Cal, instead of through your plan. These include most pharmacy services, substance use disorder (SUD) treatment services, and dental services in most counties.

If the provider you have now is not in your Medi-Cal Managed Care Plan
If you want to keep your provider and have gone to them in the past 12 months but they do not work with a Medi-Cal Managed Care Plan, you can ask your healthplan for "continuity of care." If your provider and your Medi-Cal Managed Care Plan agree to work together, you may be able to keep your provider for up to 12 months, or more in some cases.

If you want continuity of care, call your Medi-Cal Managed Care Plan's member services after you are enrolled. To learn more about continuity of care, read the *Frequently Asked Questions (FAQ)* that came with this letter.

What to do next
You have two choices:

1. If you want to stay in the Medi-Cal Managed Care Plan listed above, you do nothave to do anything.
2. If you want to choose another Medi-Cal Managed Care Plan, contact HealthCare Options:

    - **By phone:** Call **1-800-430-4263** (TTY: 1-800-430-7077), Monday throughFriday, 8 a.m. to 6 p.m.
    - **By mail:** Fill out and mail the choice form that came in your *My Medi-CalChoice* packet.
    - **Online:** Enroll at **www.healthcareoptions.dhcs.ca.gov.**

Your plan will send you a welcome packet with details about your plan. After you are enrolled, you can choose a primary care provider (PCP) in your plan's network.

Medical exemption from joining a Medi-Cal Managed Care Plan
If you have a complex medical condition and your doctor or clinic is not in a Medi-Cal Managed Care Plan network in your county but is a FFS Medi-Cal provider, you might be able to get a medical exemption to keep them for **up to 12 months**.

If you want to stay in FFS Medi-Cal, ask for a medical exemption as soon as you can. In most cases, you cannot qualify for an exemption from managed care enrollment after you have been in a plan for **90 days**. To ask for an exemption, fill out and send in the Medical Exemption Request form that came with your *My Medi-Cal Choice* packet. Your doctor, clinic, or an advocate can help you fill out the form. Your doctor will also need to fill out part of the form.Return the completed form to Health Care Options. If your exemption is approved,you can stay in FFS Medi-Cal and keep your doctor until the exemption ends.

If you have certain health conditions and want to keep your provider for **more than 12 months**, you may be able to ask for another extension. You must make that request before your current exemption expires. Specifically, you must submit the request at least one month before your exemption expires. Health Care Options will tell you when it is 45 days before your exemption ends and will tell youhow to ask for an extension.

To learn more about medical exemptions, read the *Frequently Asked Questions (FAQ)* that came with this letter.

How to get dental services

You will get **dental** services through a Medi-Cal Dental Managed Care Plan. Your *My Medi-Cal Choice* packet has a dental plan choice form. It also has details about the dental plans you can choose. For help, call Health Care Options at **1-800-430-4263**(TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.

If you do not choose a Medi-Cal Dental Managed Care Plan before the **"choose a plan by"** date at the top of this letter, we will enroll you in the plan listed at the topof this letter.

How to get your prescription drugs

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

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to **www.medi-calrx.dhcs.ca.gov**. Or call the Medi-Cal Rx Customer Service Center at **1-800-977-2273** (TTY State Relay: 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal Managed Care Plan, call your plan's member services phone number.

Next steps

- Talk to your doctor or clinic to find out if they work with a Medi-Cal ManagedCare Plan in your county.
- Choose the option that's right for you from **"What to do next"** above in this letter.
- Call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077) to learn moreabout plan and provider choices. Or go to Health Care Options at **www.healthcareoptions.dhcs.ca.gov**.

Questions?

If you need more help, call the DHCS Medi-Cal Helpline at **1-800-541-5555** (TTY 1-800-430-7077). The call is free.

You may also call the DHCS Ombudsman Office at **1-888-452-8609** (TTY State Relay: 711), Monday through Friday, 8 a.m. to 5 p.m. The call is free. You can also email them at MMCDOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.

For help with substance use disorder (SUD) services

For help with non-emergency counseling, detoxification services, and residential or long-term outpatient treatment, call the state SUD treatment line at **1-800-879-2772**.If you are outside California, call **1-916-327-3728**. Or visit the Department of Health Care Services website at **www.dhcs.ca.gov/provgovpart/Pages/SUD-Non-Emergency-Treatment-Referral-Line.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can also call your plan's member services for help with SUD services.

For help with specialty mental health services
For non-crisis questions, treatments, or to learn more, call your local mental health department. The phone numbers are on the Department of Health Care Services website at **www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can call your plan's member services for help getting mental health services through your Medi-Cal Managed Care Plan or specialty mental health services through your County MentalHealth Plan.

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- Enroll by phone or online
- Enroll in a dental plan
- Get another copy of the *My Medi-Cal Choice* packet, or
- Get this letter in another language, large print, audio, or

BrailleThank you,

Department of Health Care Services

Attachment D - Managed Care Enrollment Notice San Mateo County

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

MICHELLE BAASS
Director

GAVIN NEWSOM
Governor

XX/XX/XXXX

ABC123456789_2CFB0-34-5-D-B-000006
123456QG1-ABC-02/02/2020

JONATHAN JOSEPH
SAMPLE1234 SAMPLE STREET
KINGS CANYON NATIONAL PARK CA
90000

Important news about your Medi-Cal coverage

Dear [Member Name],

We sent you a letter in February about changes to your Medi-Cal health coverage.You have **restricted scope** Medi-Cal services now. **Starting May 1, 2022**, your Medi-Cal health coverage will change to **full scope** Medi-Cal. You will get your Medi-Cal services through a Medi-Cal Managed Care Plan.

You will be enrolled in this Medi-Cal Managed Care Plan:

Health Plan	Dental Plan	Start Date
<Insert MCP>	<Insert Dental Program>	XX/XX/XXXX

To learn more about your Medi-Cal coverage change, read the *Frequently AskedQuestions FAQ)* that came with this letter.

About Medi-Cal Managed Care Plans
A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies and other health care providers in your service area. They give you themedically necessary Medi-Cal services you need. Your plan will:

- Help manage your Medi-Cal benefits and services
- Help you find doctors and specialists in the plan network (group)
- Have a 24-hour nurse advice line you can call for health care advice
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- Help you with rides to and from your provider (such as your doctor's office,hospital, or pharmacy)
- Help you get services you may need that your plan does not cover

- Give you language services you needWhen you are in a Medi-Cal Managed Care Plan, you may still get some services through Fee-For-Service (FFS) Medi-Cal,

also called "Regular" Medi-Cal, instead of through your plan. These include most pharmacy services, substance use disorder(SUD) treatment services, and dental services in most counties.

If the provider you have now is not in your Medi-Cal Managed Care Plan
If you want to keep your provider and have gone to them in the past 12 months but they do not work with a Medi-Cal Managed Care Plan, you can ask your health plan for "continuity of care." If your provider and your Medi-Cal Managed Care Plan agree to work together, you may be able to keep your provider for up to 12 months, or more in some cases.

If you want continuity of care, call your Medi-Cal Managed Care Plan's member services after you are enrolled. To learn more about continuity of care, read the *Frequently Asked Questions (FAQ)* that came with this letter.

How to contact your Medi-Cal Managed Care Plan

To contact:	< Insert COHS Plan Name >
Call member services at:	<Insert Member Services number here and TTY>
Or go to:	<Insert web address>

Your Medi-Cal Managed Care Plan will send a welcome packet. It will tell you how to choose a primary care provider (PCP). It will also tell you about your planbenefits.

How to get dental services
You will get **dental** services through Health Plan of San Mateo. To learn more about dental services through Health Plan of San Mateo, call **1-800-750-4776** or **1-650-616-2133**, Monday through Friday, 8 a.m. to 6 p.m. (TTY: **1-800-735-2929** or State Relay: 711).

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

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to **www.medi-calrx.dhcs.ca.gov**. Or call the Medi-Cal Rx Customer Service Center at **1-800-977-2273** (TTY State Relay: 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal Managed Care Plan, call your plan's member services phone number.

Questions?
If you need more help, call the DHCS Medi-Cal Helpline at **1-800-541-5555** (TTY 1-800-430-7077). The call is free.You may also call the DHCS Ombudsman Office at **1-888-452-8609** (TTY State Relay:711), Monday through Friday, 8 a.m. to 5 p.m. The call is free. You can also email them at MMCDOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.

For help with substance use disorder (SUD) services

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After you are in your new Medi-Cal Managed Care Plan, you can also call your plan's member services for help with SUD services.

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For non-crisis questions, treatments, or to learn more, call your local mental health department. The phone numbers are on the Department of Health Care Services website at **www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can call your plan's member services for help getting mental health services through your Medi-CalManaged Care Plan or specialty mental health services through your County Mental Health Plan.

Thank you,

Department of Health Care Services

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

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

MICHELLE BAASS
Director

GAVIN NEWSOM
Governor

XX/XX/XXXX

ABC123456789_2CFB0-34-5-D-B-000006
123456QG1-ABC-02/02/2020

JONATHAN JOSEPH
SAMPLE1234 SAMPLE STREET
KINGS CANYON NATIONAL PARK CA
90000

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In April, you got or will get a *My Medi-Cal Choice* packet. The packet tells how tochoose a Medi-Cal Managed Care Plan.

If you do not choose a plan by: XX/XX/XXXX
You will be enrolled in this Medi-Cal Managed Care Plan:

Health Plan	Dental Plan	Start Date
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What to do next
You have two choices:

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    - **By mail:** Fill out and mail the choice form that came in your *My Medi-CalChoice* packet.
    - **Online:** Enroll at **www.healthcareoptions.dhcs.ca.gov.**

Your plan will send you a welcome packet with details about your plan. After you are enrolled, you can choose a primary care provider (PCP) in your plan's network.

Medical exemption from joining a Medi-Cal Managed Care Plan
If you have a complex medical condition and your doctor or clinic is not in a Medi-Cal Managed Care Plan network in your county but is a FFS Medi-Cal provider, you might be able to get a medical exemption to keep them for **up to 12 months**.

If you want to stay in FFS Medi-Cal, ask for a medical exemption as soon as you can. In most cases, you cannot qualify for an exemption from managed care enrollment after you have been in a plan for **90 days**. To ask for an exemption, fill out and send in the Medical Exemption Request form that came with your *My Medi-Cal Choice* packet. Your doctor, clinic, or an advocate can help you fill out the form. Your doctor will also need to fill out part of the form.Return the completed form to Health Care Options. If your exemption is approved,you can stay in FFS Medi-Cal and keep your doctor until the exemption ends.

If you have certain health conditions and want to keep your provider for **more than 12 months**, you may be able to ask for another extension. You must make that

request before your current exemption expires. Specifically, you must submit the request at least one month before your exemption expires. Health Care Options will tell you when it is 45 days before your exemption ends and will tell youhow to ask for an extension.

To learn more about medical exemptions, read the *Frequently Asked Questions (FAQ)* that came with this letter.

How to get dental services
You will get **dental** services from the FFS Medi-Cal Dental Program. To learn more about dental services, read the *Frequently Asked Questions (FAQ)* that came with thisletter.

You will need to go to a dentist who takes FFS Medi-Cal Dental. To find a dentist near you, call FFS Medi-Cal Dental Customer Service at **1-800-322-6384** (TTY: 1-800-735-2922). Monday through Friday, 8 a.m. to 5 p.m.

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

To learn more about Medi-Cal Rx prescription drug coverage and pharmacies that take Medi-Cal, go to **www.medi-calrx.dhcs.ca.gov**. Or call the Medi-Cal Rx Customer Service Center at **1-800-977-2273** (TTY State Relay: 711). Have your Medi-Cal Benefits Identification Card (BIC) number ready when you call.

If you have questions after you are enrolled in your new Medi-Cal Managed Care Plan, call your plan's member services phone number.

Next steps
- Talk to your doctor or clinic to find out if they work with a Medi-Cal ManagedCare Plan in your county.
- Choose the option that's right for you from **"What to do next"** above in this letter.
- Call Health Care Options at **1-800-430-4263** (TTY: 1-800-430-7077) to learn moreabout plan and provider choices. Or go to Health Care Options at **www.healthcareoptions.dhcs.ca.gov**.

Questions?
If you need more help, call the DHCS Medi-Cal Helpline at **1-800-541-5555** (TTY 1-800-430-7077). The call is free.

You may also call the DHCS Ombudsman Office at **1-888-452-8609** (TTY State Relay: 711), Monday through Friday, 8 a.m. to 5 p.m. The call is free. You can also email them at MMCDOmbudsmanOffice@dhcs.ca.gov. The Ombudsman Office helps people with Medi-Cal use their benefits and know their rights and responsibilities.

For help with substance use disorder (SUD) services
For help with non-emergency counseling, detoxification services, and residential or long-term outpatient treatment, call the state SUD treatment line at **1-800-879-2772**.If you are outside California, call **1-916-327-3728**. Or visit the Department of

Health Care Services website at **www.dhcs.ca.gov/provgovpart/Pages/SUD-Non-Emergency-Treatment-Referral-Line.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can also call your plan's member services for help with SUD services.

For help with specialty mental health services
For non-crisis questions, treatments, or to learn more, call your local mental health department. The phone numbers are on the Department of Health Care Services website at **www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx**.

After you are in your new Medi-Cal Managed Care Plan, you can call your plan's member services for help getting mental health services through your Medi-Cal Managed Care Plan or specialty mental health services through your County MentalHealth Plan.

For help with Health Care Options
Call **1-800-430-4263** (TTY: 1-800-430-7077), Monday through Friday, 8 a.m. to 6 p.m.,or go to **www.healthcareoptions.dhcs.ca.gov** to:

- Learn more about the changes to your Medi-Cal
- Enroll by phone or online
- Enroll in a dental plan
- Get another copy of the *My Medi-Cal Choice* packet, or
- Get this letter in another language, large print, audio, or Braille

FFS Medi-Cal Dental Program customer service
To find an FFS Medi-Cal dental provider or for FFS Medi-Cal Dental Programquestions:

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

Thank you,

Department of Health Care Services

Attachment E – FAQs

Frequently Asked Questions (FAQ)
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 health care benefits to your Medi-Cal coverage. You may get more benefits soon.

2. **Why am I getting more Medi-Cal benefits?**
   Starting **May 1, 2022**, a new law in California will give full scope Medi-Cal to Californians ages 50 and older who qualify for Medi-Cal. Immigration status does not matter.

3. **Do I need to take any action right now?**
   No. Your Medi-Cal benefits are not changing right now. You do not need to do anything yet. You already have restricted scope Medi-Cal, so you do not need to fill out a new application for full scope Medi-Cal. If you get a packet in the mail to renew your Medi-Cal, fill it out and return it. You can call your county office for help.

4. **What is full scope Medi-Cal?**
   Medi-Cal has free or low-cost health care for people who live in California and qualify. Full scope Medi-Cal is different from the restricted scope Medi-Cal you have now. Restricted scope Medi-Cal only covers some services. It does not cover things like medicine and primary care. Full scope Medi-Cal covers more. You will have a primary care doctor (PCP). You will have these benefits:

   - Alcohol and drug use treatment
   - Dental care
   - Emergency care
   - Family planning
   - Foot care
   - Hearing aids
   - Medical care
   - Medicine your doctor orders
   - Medical supplies
   - Mental health care
   - Personal attendant care and other services that help people stay out of nursing homes
   - Referrals to specialists, if needed
   - Tests your doctor orders
   - Transportation to doctor and dental visits and to get your medicine at the pharmacy
   - Vision care (eyeglasses)

   If you have pregnancy related Medi-Cal now, you have all the medically necessary services that Medi-Cal covers.

To learn more about full scope Medi-Cal benefits, go to https://bit.ly/medi-cal-ehb-benefits.

5. **Will I have a Share of Cost (SOC)?**
   An SOC is the monthly amount you must pay for health care before Medi-Cal pays. Once you meet your SOC, Medi-Cal pays for the rest of your health care costs for the month. Your SOC is based on your income. If you have an SOC now and your income is the same, you will have an SOC when you get full scope Medi-Cal. You will get full scope benefits through Fee-for-Service (regular) Medi-Cal. In Fee-for-Service Medi-Cal, you can see any doctor who accepts Fee-for-Service.

6. **How will I use my new full scope Medi-Cal?**
   If you do not have an SOC, you will need to enroll in a Medi-Cal Managed Care Plan once you have full scope Medi-Cal. You can then go to doctors who work with the plan in their service area. You can get checkups, go to a specialist, get care for a chronic condition like diabetes, or have surgery. Your Medi-Cal Managed Care Plan will cover any medically necessary service covered under Medi-Cal.

   If you live in a county that provides Medi-Cal through a County Organized Health System (COHS), you will be enrolled in the Medi-Cal Managed Care Plan in that county automatically. If your county has more than one Medi-Cal Managed Care Plan, you will get information on how to choose a plan.

   If you have an SOC and live in a county that does **not** provide Medi-Cal through a COHS, you will get full scope benefits through Fee-for-Service (regular) Medi-Cal.

   To find out if you live in a COHS county, go to https://bit.ly/mmcd-county-map.

7. **What is a Medi-Cal Managed Care Plan?**
   A Medi-Cal Managed Care Plan is a health plan. It works with doctors, hospitals, pharmacies, and other health care providers in the plan's service area. They work together to give you the medically necessary Medi-Cal services you need. It will:

   - Help manage your Medi-Cal benefits and services
   - Help you find doctors and specialists in the plan network (group)
   - Have a 24-hour nurse advice line you can call for medical advice
   - Have member services to help you answer your questions about health care
   - Help you with rides to medical visits and pharmacies
   - Help you get services you may need that the plan does not cover
   - Give you language assistance services you need

8. **How do I choose a Medi-Cal Managed Care Plan?**
   Your Medi-Cal Managed Care Plan choices depend on the county you live in. Health Care Options will send you a *My Medi-Cal Choice* packet. It will list Medi-Cal Managed Care Plans in your county. It tells you how to sign up.

If you have a doctor or clinic now, ask them if they work with a Medi-Cal Managed Care Plan in your county. If you want to stay with that doctor or clinic, you can choose any Medi-Cal Managed Care Plan your doctor or clinic accepts.

If you have a doctor or clinic that does **not** work with a Medi-Cal Managed Care Plan in your county, you might be able to keep your Fee-for-Service (regular) Medi-Cal. People with complex medical conditions like HIV/AIDS, pregnancy in the third trimester, ongoing cancer treatment, dialysis treatments, and more may qualify to keep Fee-for-Service Medi-Cal. If you think this applies to you, fill out and send the "Medical Exemption Request" form that comes with the *My Medi-Cal Choice* packet.

If you do not choose a Medi-Cal Managed Care Plan, Medi-Cal will choose a Medi-Cal Managed Care Plan in your county for you. You have the right to ask to change your Medi-Cal Managed Care Plan at any time. Call Health Care Options at **1-800-430-4263** (TTY 1-800-430-7077), Monday – Friday, 8 a.m. to 6 p.m. Or, go to https://www.healthcareoptions.dhcs.ca.gov.

If you change your Medi-Cal Managed Care Plan, you must enroll in another Medi-Cal Managed Care Plan in the same county. You cannot go back to Fee-for-Service Medi-Cal if you have been enrolled in a Medi-Cal Managed Care Plan for more than 90 days.

9. **What is Health Care Options?**
   Health Care Options is a DHCS service. It helps beneficiaries learn about Medi-Cal Managed Care Plans. This helps you make the right choices about Medi-Cal coverage and services. Plans may include medical and dental care services. The Health Care Options website is at https://www.healthcareoptions.dhcs.ca.gov. Health Care Options has information only for non-COHS counties. If you live in a COHS county, contact your county social service agency to learn more.

10. **How do I get health care with Fee-for-Service (regular) Medi-Cal?**
    People in Fee-for-Service (regular) Medi-Cal and some who will be enrolled in a Medi-Cal Managed Care Plan in June 2022 can go to any doctor who accepts regular Medi-Cal. To find a new doctor, use the online list of doctors in the Medi-Cal Fee-For-Service program at https://bit.ly/profile-enrolled-ffs-providers.

    When you call a doctor's office, ask if they take new "Medi-Cal Fee-For-Service" patients. To get help choosing a Fee-For-Service Medi-Cal doctor, call the Department of Health Care Services (DHCS) Medi-Cal Helpline at **1-800-541-5555** (TTY 1-800-430-7077). The call is free.

    If you live in a county that provides Medi-Cal through a COHS, you will get care from your Medi-Cal Managed Care Plan starting on **May 1, 2022**.

11. **Who will be my doctor if I am in a Medi-Cal Managed Care Plan?**
    Once you are enrolled in a Medi-Cal Managed Care Plan, you need to choose a primary care doctor (PCP) in your Medi-Cal Managed Care Plan network. You can

ask your current doctor if they are in a Medi-Cal Managed Care Plan in your county. If you choose a plan they work with, you may be able to keep your doctor.

Your Medi-Cal Managed Care Plan has an online list of doctors to choose from. You can also ask them to mail you a list of doctors. If you do not choose a doctor, the plan will choose one for you. You can change anytime to a doctor in your Medi-Cal Managed Care Plan network. For help finding a doctor or to change your doctor, call your Medi-Cal Managed Care Plan's member services after you join.

12. **Can I keep my doctor if they do not work with a Medi-Cal Managed Care Plan?**
    It depends. If you have gone to a doctor in the past 12 months and that doctor does not work with a Medi-Cal Managed Care Plan, you may be able to keep your doctor if you ask your plan for "continuity of care." Your doctor has to agree to work with the Medi-Cal Managed Care Plan. This can last up to 12 months or more in some cases. If you want continuity of care, call your Medi-Cal Managed Care Plan's member services once you join the plan.

13. **Can I get a temporary medical exemption from enrollment in managed care?**
    If you have a complex medical condition and your doctor or clinic does not work with a Medi-Cal Managed Care Plan in your county but accepts Fee-For-Service (regular) Medi-Cal, you might be able to keep going to them for up to 12 months. You will have to ask for a medical exemption.

    If you live in a county that does **not** have a County Organized Health System (COHS) and want to ask for a temporary medical exemption, use the "Medical Exemption Request" form. It came in the *My Medi-Cal Choice* Packet in April. Your doctor will need to fill out part of the form. Once you and your doctor fill out the form, you must return it to Health Care Options. You can get help from your doctor or clinic or from an advocate.

    If you get a Medical Exemption Request, you will stay in Fee-For-Service Medi-Cal. You will keep your doctor until your exemption ends. If you have certain health conditions, you may be able to ask to keep your doctor for more than 12 months. You must ask for a longer extension 11 months or more after the date your exemption starts.

    Health Care Options will tell you their decision 45 days before your exemption ends. They will tell you how to ask for an extension. If you want to stay in Fee-for-Service Medi-Cal, fill out the exemption form right away. Usually, you cannot qualify for an exemption from managed care once you have been in a plan for more than 90 days.

    If you live in a COHS county or a county with a Coordinated Care Initiative (CCI) program, you may **not** be able to ask for a Medical Exemption.

    To learn more about exemptions and how to ask for one, go to the Health Care Options website at https://www.healthcareoptions.dhcs.ca.gov.

14. **Will I pay co-payments?**

No. There are no co-payments for medical care. The Medi-Cal Managed Care Plan covers all medical costs that are medically necessary.

15. What services can I get with full scope Medi-Cal?

You can get:

Dental services

These include partial and full dentures, teeth cleanings, x-rays, fillings, crowns, root canals, and more.

- 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 *My Medi-Cal Choice* Packet.

- If you live in **Los Angeles County**, you can get services through the Medi-Cal Dental Program. This is Fee-for-Service dental. Or you can choose 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 *My Medi-Cal Choice* Packet.

- If you live in **San Mateo County**, you will get dental services through Health Plan San Mateo. This is a Managed Care Plan. To learn more about dental services through Health Plan San Mateo, call Monday – Friday, 8 a.m. to 6 p.m. at **1-800-750-4776** or 650-616-2133. TTY: Call California Relay Service (CRS) at 1-800-735-2929 or 7-1-1.

- 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, call the Medi-Cal Dental Telephone Services Center at **1-800-322-6384** (TTY 1-800-735-2922), Monday – Friday, 8 a.m. to 5 p.m. The call is free. You can also find a dental provider and learn about dental services on the Medi-Cal Dental Program's "Smile, California" website at http://smilecalifornia.org/.

Preventive care services

These include screenings for medical, dental, vision, hearing, mental health, and substance use disorders. All preventive care and screening services are free. To learn more, contact your Medi-Cal Managed Care Plan member services.

Family planning services

You can get family planning services from any Medi-Cal provider, even if they are not in your Medi-Cal Managed Care Plan network. You do not need a referral or prior authorization (pre-approval). There is no co-payment. To learn more, contact your Medi-Cal Managed Care Plan member services. Covered services include:

- Patient visits for the purpose of family planning
- Family planning counseling services given during a regular patient visit
- Intrauterine device (IUD) and intrauterine contraceptive device (IUCD) insertions, or any other invasive contraceptive procedures or devices
- Tubal ligations
- Vasectomies
- Contraceptive drugs or devices
- Abortions
- Treatment for complications resulting from previous family planning procedures
- Laboratory procedures, radiology, and drugs associated with family planning procedures

Mental health services
If you need mental health services, talk to your new Medi-Cal Managed Care Plan. Or, talk to your doctor. You may get some mental health services through your new Medi-Cal Managed Care Plan network. You may also qualify for specialty mental health services. You can get specialty mental health services through your county mental health plan. Your Medi-Cal Managed Care Plan must help you with your mental health care needs. They must help you find the right provider. The County Mental Health Plan Contact List for specialty mental health services is at https://bit.ly/mhp-contact-list.

Alcohol and drug treatment services
If you need help with alcohol or other substance use, your Medi-Cal Managed Care Plan can help you find out if you have a substance use disorder (SUD). You can also call your county Drug Medi-Cal Program for services. Or, ask your Medi-Cal Managed Care Plan member services for help to get treatment for an SUD.

Pharmacy services
Medi-Cal Rx covers prescription drugs from your health care provider. It also covers prescription drugs not covered by other prescription drug coverage. If you have Medicare, Medicare Part D covers most prescriptions. You must pay any Medicare co-payments. Medi-Cal will only pay for a few medications not in your Part D plan.

Transportation
If you do not have a way to get to the doctor, clinic, or dentist, or to pick up a medicine or other medical supplies, you may qualify for free transportation services. You can get a ride by car, taxi, bus, or other public or private vehicle. If you have medical needs that don’t allow you to use a car, bus, taxi, or other public or private vehicle to get to your appointments, you may qualify for free Medical Transportation. This is by ambulance, wheelchair van, or litter van. It is for those who cannot use public or private transportation.

To ask for Medical Transportation, you will need a prescription from a licensed provider. Your doctor, dentist, podiatrist, mental health, or SUD provider can prescribe Medical Transportation for you. You can contact your Medi-Cal Managed

Care Plan to ask for transportation. When you are in Fee-for-Service (regular) Medi-Cal, you can ask your medical providers for help finding a transportation company. You can also find help at https://bit.ly/medi-cal-transportation.

If there is no provider listed for your area, you can ask for help by emailing DHCSNMT@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. Please contact DHCS as soon as you know you need transportation. It helps if you ask at least five days before your appointment.

Home and community-based services (HCBS)
These include:

- In Home Supportive Services (IHSS) attendant care to keep you in your home
- Home and Community-Based Alternatives Waiver services such as in-home nursing, home modification, and personal care services
- Community-Based Adult Services (CBAS) at a center
- Other benefits

To learn more about these services, go to https://www.cdss.ca.gov/in-home-supportive-services.

16. Where can I learn more or get help?

- Call the DHCS Medi-Cal Helpline at **1-800-541-5555**, Monday – Friday, 8 a.m. to 5 p.m., except national holidays. The call is free.
- Call the DHCS Ombudsman Office at **1-888-452-8609**, Monday – Friday, 8 a.m. to 5 p.m. The call is free. The Ombudsman Office can help you with managed care.
- Learn more on the DHCS web site at https://bit.ly/older-adult-expansion.
- Email OlderAdultExpansion@dhcs.ca.gov.

17. What if I have questions about Medi-Cal and my immigration status?

DHCS cannot answer questions about immigration or “public charge”. If you have questions about your immigration status and Medi-Cal benefits, talk to a qualified immigration lawyer.

The California Department of Social Services (CDSS) funds qualified nonprofit organizations to give services to immigrants who live in California. There is a list of organizations at https://bit.ly/immigration-service-contractors.

For immigration information and resources, go to California’s Immigrant Guide at https://immigrantguide.ca.gov/.

To learn about public charge, go to the California Health and Human Services Agency Public Charge Guide at https://bit.ly/calhhs-public-charge-guide.