



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



GAVIN NEWSOM
GOVERNOR

Date: July 22, 2021

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 21-13
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: FULL SCOPE MEDI-CAL EXPANSION FOR PERSONS 50 YEARS OF AGE OR OLDER

Assembly Bill (AB) 133 (Budget Act of 2021) amended Welfare and Institutions Code section 14007.8 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.

Upon system readiness and implementation, the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) and the Statewide Automated Welfare System (SAWS) will grant full scope Medi-Cal to eligible new applicants 50 years of age or older, who previously would have been granted restricted scope Medi-Cal. At the same time, CalHEERS, SAWS, and the counties will transition existing restricted scope Medi-Cal beneficiaries who are 50 years of age or older to full scope Medi-Cal.

Impacted Populations

- 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

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' goal is to complete and implement all system changes necessary to implement the Older Adult Expansion effective May 1, 2022. DHCS is working with SAWS and the counties to ensure that 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.

- Contingency Planning: If the system implementation date is delayed, the eligibility effective date will change accordingly. For example, if system implementation is delayed to the month of June, the eligibility effective date would shift from May 1, 2022, to June 1, 2022.

DHCS is also working with CalHEERS to ensure that necessary CalHEERS system changes are implemented for the Older Adult Expansion.

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 – “Aid Code Crosswalk”).

Deficit Reduction Act (DRA) and Satisfactory Immigration Status (SIS) Verification Requirements

Pursuant to federal regulations and state law, the requirement to verify citizenship for Medi-Cal applicants and beneficiaries who are citizens of the United States set by DRA remains in effect. In addition, all federal and state requirements for Medi-Cal applicants and beneficiaries who claim SIS, to verify their immigration status, remain in effect. Counties are required to follow current Medi-Cal policy regarding DRA and SIS verification. Counties must not request verification from immigrants who claim an immigration status for which verification is not required under current policy. For example, individuals age 50 or older under this expansion who do not claim SIS are not required to provide immigration status verification. In the event that verification of SIS cannot be obtained when it is required or if documentation establishing DRA or SIS is not provided at the time of application or renewal, after the Older Adult Expansion implementation, otherwise eligible individuals 50 years of age or older will no longer be reduced to restricted scope benefits.

Citizenship or immigration status verification requirements will be tracked using the Citizen/Alien Indicator and Alien Eligibility Code in the Medi-Cal Eligibility Data System (MEDS). Therefore, it is critical that counties and SAWS take the steps necessary to ensure that MEDS is updated with all necessary citizenship or immigration status coding based on the outcome of the citizenship or immigration status verification process. See [ACWDL 18-09](#) for additional information on citizenship and immigration status coding.

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):

- In March 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.

Older Adult Expansion Notices

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

All individuals in the Older Adult Expansion transition population will receive the First Notice 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. In February 2022, DHCS will identify 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 March 1, 2022, and up to implementation, counties are required to include the First Notice in the materials provided at application.

Second Notice – NOA Snippets

DHCS has developed NOA snippets for the Older Adult Expansion (Attachment B). 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 (Medi-Cal Managed Care Plan 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.

Managed Care Enrollment Process – New Enrollee Population

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.

Managed Care Enrollment Process – Transition Population

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 Enrollee 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 March 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>.

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Provider and Medi-Cal Managed Care Plan Updates

DHCS will post a provider bulletin on the Medi-Cal Provider website approximately 45 days prior to the transition date. This bulletin will remind providers of the implementation of the Older Adult Expansion and will include contact information for provider questions. The posted bulletin will be 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 webinars.

If you have any questions or require additional information, please contact Jillian Davis, by phone at (916) 345-8172 or via email at Jillian.Davis@dhcs.ca.gov.
Original Signed By:

Sandra Williams, Chief
Medi-Cal Eligibility Division

Attachment A – Aid Code Crosswalk for the Transition of Older Adult Expansion Individuals

The left side of the chart shows restricted scope aid codes. The right side of the chart shows full scope aid codes that beneficiaries, age 50 years or over, 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 Aliens 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 Aliens 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 Aliens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (No SOC)	24	Blind - Medically Needy (MN) (No SOC)

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C4	OBRA Aliens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (SOC)	27	Blind - Medically Needy (MN) (SOC)
C5	OBRA Aliens and Unverified Citizens or who do not have SIS - Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (No SOC)	34	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (No SOC)
C6	OBRA Aliens and Unverified Citizens or who do not have SIS - Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (SOC)	37	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (SOC)
C7	OBRA Aliens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (No SOC)	64	Disabled - Medically Needy (MN) (No SOC)
C8	OBRA Aliens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (SOC)	67	Disabled - Medically Needy (MN) (SOC)
D2	OBRA Aliens - Not PRUCOL and Unverified Citizens - Aged - Long Term Care (LTC) - (No SOC)	13	Aged - Long Term Care (LTC) (SOC/No SOC)
D3	OBRA Aliens - Not PRUCOL and Unverified Citizens - Aged - Long Term Care (LTC) – (SOC)	13	Aged - Long Term Care (LTC) (SOC/No SOC)
D4	OBRA Aliens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (No SOC)	23	Blind - Long Term Care (LTC) (SOC/No SOC)
D5	OBRA Aliens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (SOC)	23	Blind - Long Term Care (LTC) (SOC/No SOC)
D6	OBRA Aliens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (No SOC)	63	Disabled - Long Term Care (LTC) (SOC/No SOC)
D7	OBRA Aliens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (SOC)	63	Disabled - Long Term Care (LTC) (SOC/No SOC)
D8	OBRA Unverified Pregnant Women - Medically Indigent (MI) Confirmed Pregnancy – Age 21 or older without SIS who meet the eligibility requirements of MI (No SOC)	86	Medically Indigent (MI) Confirmed Pregnancy - Age 21 or older who meet the eligibility requirements of MI (No SOC)
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	F1	Inmate – Adult State Inmate Program (ASIP) – Title XIX, Limited to covered inpatient hospital, inpatient mental

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	inpatient pregnancy-related services (Title XXI) only (No SOC)		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	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)

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	only. Covers all Medi-Cal covered LTC services. (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

Attachment A – Aid Code Crosswalk for the Transition of Older Adult Expansion Individuals

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 – Notice of Action Snippets

Notice Type	English Text MAGI Snippets
Restricted Scope Retro Approval	<p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in <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 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>.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>

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<p>Restricted Scope Retro Approval</p> <p>*New for implementation</p>	<p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in <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>.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your U.S. citizenship or satisfactory immigration status.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Restricted Scope Approval</p>	<p>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 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 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.</p> <p>Your eligibility for restricted scope Medi-Cal begins <month dd, yyyy>. Your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p>

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	<p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is <household size> and your monthly household income is <modified adjusted gross income>. The monthly Medi-Cal income limit for your household size is <MAGI limit>. Your income is below this limit, so you qualify for Medi-Cal. You received restricted scope Medi-Cal because you did not provide proof of your citizenship or satisfactory immigration status.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Full Scope to Restricted Scope</p>	<p>Important change to your benefits. Your Medi-Cal is changing to restricted scope on <month dd, yyyy>.</p> <p>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 to restricted scope.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if a service is covered by restricted scope, call your medical provider.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope when you send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof within one year, your Medi-Cal may change back to full scope Medi-Cal starting the month your restricted benefits began.</p> <p>In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p>

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	<p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Restricted Scope to Full Scope Under 26</p>	<p>Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>.</p> <p>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 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.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency, pregnancy related, or long-term care service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Restricted Scope to Full Scope 50 and Older *NEW</p>	<p>Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>.</p> <p>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.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency, pregnancy related, or long-term care service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>

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Notice Type	English Text Non-MAGI Snippets
<p>Restricted Retro Approval (Provided by LRS/C-IV) (Specific to Non-MAGI Programs)</p>	<p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in <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>.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Restricted Retro Approval *New for implementation (Specific to Non-MAGI Programs)</p>	<p>You asked us to check if you could get Medi-Cal to cover your bills for any of the three months before you applied. You qualified for restricted scope Medi-Cal in <month year> because you are 50 years of age or older and you did not send us proof of your 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>.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>

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<p>Restricted Scope Approval (Provided by LRS/C-IV) (Specific to Non-MAGI Programs)</p>	<p>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 are within 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.</p> <p>Your eligibility for restricted scope Medi-Cal begins <month dd, yyyy>. Your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>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 scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Full Scope to Restricted Scope (Provided by CalWIN) (Specific to Non-MAGI Programs)</p>	<p>Important change to your benefits. Your Medi-Cal is changing to restricted scope on <month dd, yyyy>.</p> <p>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.</p> <p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care services. If you are not sure if a service is covered by restricted scope, call your medical provider.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county Medi-Cal office at the number listed on this notice. Your benefits may change from restricted scope to full scope when you send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof within one year, your Medi-Cal may change back to full scope Medi-Cal starting the month your restricted benefits began.</p>

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	<p>In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Restricted Scope to Full Scope (Provided by CalWIN) (Specific to Non-MAGI Programs) Under 26</p>	<p>Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>.</p> <p>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 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.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>
<p>Restricted Scope to Full Scope 50 and Older *NEW (Specific to CALWIN Non-MAGI Programs)</p>	<p>Good news! Your Medi-Cal changed to full scope on <month dd, yyyy>.</p> <p>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.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while you had restricted Medi-Cal benefits, you may be able to get your money back. Call Beneficiary Services at the Department of Health Care Services for answers to your reimbursement questions at 1-916-403-2007.</p> <p><Regulation> is the Regulation or law we relied on for this decision. If you think we made a mistake, you can appeal. See "Your Hearing Rights" on the last page of this notice to learn how to appeal. You have only 90 days to ask for a hearing. The 90 days started the day after the date on this notice.</p>