



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



November 7, 2019

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 19-23  
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: YOUNG ADULT EXPANSION INTO FULL SCOPE MEDI-CAL

Senate Bill (SB) 104 (Chapter 67, Statutes of 2019) amended Welfare and Institutions Code Section 14007.8 to expand full scope Medi-Cal to the young adult population, ages 19 through 25, inclusive, who do not have satisfactory immigration status or are unable to establish satisfactory immigration status or unable to verify United States citizenship. The Young Adult Expansion is modeled after the coverage provided by SB 75 (Chapter 18, Statutes of 2015) as amended by SB 4, (Chapter 709, Statutes of 2015) which provided full scope Medi-Cal to eligible children under the age of 19. SB 104 provides that the Young Adult Expansion will not take effect until the Department of Health Care Services (DHCS) confirms that the automated systems are programmed as needed to enroll the new population into coverage. DHCS is targeting system readiness and effectuation of the Young Adult Expansion by January 1, 2020.

Upon 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 ages 19 through 25, inclusive, who previously would have been granted restricted scope Medi-Cal. At the same time, CalHEERS, the SAWS, and counties will transition existing restricted scope Medi-Cal beneficiaries under age 26 to full scope Medi-Cal.

### Impacted Populations

- New Enrollee Population: The new enrollee population consists of young adults who are ages 19 through 25, inclusive, who are not enrolled in Medi-Cal but meet all eligibility criteria for Medi-Cal except for satisfactory immigration status.
- Transition Population: The transition population consists of young adults who are ages 19 through 25, inclusive, who are currently enrolled in restricted scope

Medi-Cal and not in a satisfactory immigration status for full scope Medi-Cal. The transition population also includes beneficiaries receiving full scope Medi-Cal under SB 75, who would have aged out of their full scope coverage at age 19, and lawfully present immigrants, who would have aged out of their full scope coverage at 21, starting in the month of the Young Adult Expansion implementation.

### **Lawfully Present Immigrants**

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

Under current Medi-Cal policy, certain lawfully present immigrants are eligible for full scope Medi-Cal until they reach 21 years of age or while they are pregnant. Lawfully present immigrants turning 21 years of age, who are not pregnant and would age out of full scope Medi-Cal starting the month the Young Adult Expansion is implemented, will also be included in the young adult transition population.

### **Age Policy**

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

- Individuals in restricted scope Medi-Cal aid codes who turn 26 years of age on or before January 1, 2020 are considered age 26 (or older) for the month of January 2020 and will not be eligible for full scope coverage under the Young Adult Expansion. These individuals will not be included in the transition population.
- Individuals who turn 26 years of age between January 2, 2020 and January 31, 2020, are considered age 25 for the month of January 2020, and are eligible for full scope coverage under the Young Adult Expansion in the month of January 2020.
- Individuals who are 19 through 25 years of age on January 1, 2020 will be eligible for full scope coverage under the Young Adult Expansion until they turn 26 years of age.

## **System Readiness**

DHCS' goal is to complete and implement all system changes necessary to implement the Young Adult Expansion effective January 1, 2020. DHCS is working with CalHEERS to ensure that necessary CalHEERS system changes are implemented for the Young Adult Expansion.

- 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 February, the eligibility effective date would shift from January 1, 2020 to February 1, 2020.

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

## **Aid Codes**

There are no new aid codes for the Young Adult Expansion. Individuals (new applicants and the transition population) who are eligible for the Young Adult Expansion will be placed into existing full scope Modified Adjusted Gross Income (MAGI) and Non-MAGI Medi-Cal aid codes. 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 Young 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 also remain in effect. Counties are required to follow DRA and SIS verification processes accordingly; however, counties must not request verification from young adults who claim an immigration status for which verification is not required under current policy. In the event that verification cannot be obtained or is not provided at time of application or renewal after the Young Adult Expansion is in place, young adults ages 19 through 25, inclusive, will no longer be reduced to restricted scope benefits.

Failure to meet 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 the 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.

### **Age Out Process**

After the Young Adult Expansion is implemented, SAWS will run a monthly batch for Young Adult Expansion beneficiaries to redetermine ongoing eligibility for MAGI or Non-MAGI Medi-Cal the month prior to individuals turning 26 years of age. Since the CalHEERS Business Rule Engine (BRE) or the Eligibility Determination and Benefits Calculation (EDBC) will be ran to review eligibility for the household, the annual redetermination date should be reset if the outcome of the eligibility determination results in continued Medi-Cal eligibility (see ACWDL 14-22).

To ensure Young Adult Expansion individuals are reviewed to determine ongoing Medi-Cal and Covered California eligibility, DHCS has developed a new MEDS Renewal alert that will be sent to the county for review when a Young Adult Expansion individual is 25 years and 9 months of age. MEDS Renewal Alert #9581 Message: POTENTIAL ELIG CHG – AGE 25 YRS, 9 MOS.

During the period of evaluation, these young adults will remain in their full scope Medi-Cal aid code until a determination of ongoing eligibility is made. A NOA must be sent to beneficiaries at least 10 days before any change in their coverage (i.e. termination or a decrease from full scope to restricted scope Medi-Cal).

### **Application Process**

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

### **Retroactive Medi-Cal**

New enrollees can request retroactive Medi-Cal coverage for up to three months prior to the month of application. However, under the Young Adult Expansion, full scope retroactive coverage will be available no sooner than the month of implementation, which is expected to be January 2020. Young Adult Expansion eligible individuals' requests for 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 Young Adult Expansion. The following scenarios are being provided to assist in clarifying retroactive Medi-Cal coverage eligibility, assuming an implementation date of January 1, 2020:

Scenario 1: Young Adult Expansion individual applies for Medi-Cal in February 2020 and requests retroactive Medi-Cal.

- Beneficiary is eligible for restricted scope retroactive Medi-Cal for November 2019 and December 2019.
- Beneficiary is eligible for full scope retroactive Medi-Cal for January 2020.

Scenario 2: Young Adult Expansion individual applies for Medi-Cal in April 2020 and requests retroactive Medi-Cal.

- Beneficiary is eligible for full scope retroactive Medi-Cal for January 2020, February 2020, and March 2020.

### **Transition Process**

DHCS will implement the transition of individuals from restricted scope Medi-Cal to full scope Medi-Cal (through the SAWS) at the same time CalHEERS is ready to enroll newly eligible individuals into full scope aid codes. It is anticipated that this will occur no sooner than January 1, 2020. Individuals in restricted scope aid codes will be notified of the transition process and no action is required on their part. However, if the Medi-Cal annual redetermination date 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 Young Adult Expansion population. A beneficiary must have active restricted scope Medi-Cal eligibility effective on the Young Adult Expansion implementation date in order to automatically transition to full scope coverage.

Once systems are determined ready, SAWS will:

1. Identify eligible individuals under the age of 26 enrolled in restricted scope MAGI Medi-Cal aid codes and process the transition into full scope aid codes via CalHEERS based on the Young Adult Expansion aid code crosswalk (Attachment A).

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

When a Young 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 Young 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 (see ACWDL 14-22).

### **Managed Care Enrollment Process – New Enrollee Population**

The existing Medi-Cal managed care enrollment process applies to individuals that enroll after the Young Adult Expansion implementation.

### **Managed Care Enrollment Process – Transition Population**

DHCS will implement a managed care enrollment process for the Young Adult Expansion transition population as explained below (assuming a January 1, 2020 implementation):

### **County Organized Health System (COHS) Counties**

- Individuals will have fee-for-service (FFS) full scope Medi-Cal for January 2020.
- Beginning February 2020, beneficiaries will be enrolled into the COHS plan in their county, and the Mandatory COHS Plan Enrollment Information Notice will be mailed to them within a week of enrollment.

### **Non-COHS Counties**

- Individuals will have FFS full scope Medi-Cal for January 2020 and possibly for February 2020.

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- After transitioning to full scope Medi-Cal on January 1, 2020, the Medi-Cal Choice Packets will be mailed to beneficiaries. For information about Medi-Cal Choice Packets, see the Medi-Cal Choice Packet section at the end of this ACWDL.
- DHCS will send the Third Notice (Managed Care Enrollment Notice) with Frequently Asked Questions (FAQs).
- Individuals who do not make a plan selection by the date listed in the Managed Care Enrollment Notice will be enrolled into the Medi-Cal health plan listed in the notice on March 1, 2020. Enrollment into a Medi-Cal health plan can be done by phone, by mail, or in person.
- Individuals in Non-COHS counties who will turn age 26 within six months after implementation, will be enrolled in FFS Medi-Cal and will not be required to enroll in a Medi-Cal health plan.

### **Quality Assurance and Reporting Requirements**

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

- In October 2019, DHCS will compile data identifying eligible young adults under the age of 26 in restricted aid codes in MEDS.
- After SAWS completes their batch process to provide full scope eligibility to the transition population effective January 1, 2020, DHCS will compile data identifying eligible young adults under the age of 26 who were transitioned into full scope aid codes in MEDS.
- DHCS will reconcile these data reports to identify young adults 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. DHCS will continue this process until all individuals are properly transitioned into full scope Medi-Cal.

## **Young Adult Expansion Notices**

DHCS has developed three notices, which will be translated into all Medi-Cal threshold languages. The Young Adult Expansion individual will receive the notice in the language that corresponds to the written language on their MEDS record. (The following assumes a January 1, 2020 implementation.)

### **First Notice – General Information Notice**

All young adults in the transition population will receive the First Notice with general information about the Young Adult Expansion approximately 45-60 days prior to January 1, 2020 implementation. This notice will include FAQs that provide information about full scope Medi-Cal, Medi-Cal health plans, benefits, and how to get more information or help. In October 2019, DHCS will identify all active restricted scope individuals under the age of 26 who do not have verified citizenship or satisfactory immigration status in MEDS. For individuals who apply after October 1, 2019 and up to implementation, counties should include the First Notice in the materials provided at application.

### **Second Notice – NOA Snippets**

DHCS has developed NOA snippets for the Young Adult Expansion (Attachment B). These NOA snippets have been translated in all Medi-Cal threshold languages.

- New Enrollee Population: When a new enrollee is determined eligible for Medi-Cal under the Young Adult Expansion, SAWS will generate a NOA with the appropriate snippet.
- 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 snippet to notify the individual of their benefit increase.

### **Third Notice (Managed Care Plan Enrollment Notice) – Transition Population**

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

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



- **Non-COHS Counties:** The enrollment notice will explain what a Medi-Cal health plan is, and inform the beneficiary that their Medi-Cal Choice packet and health plan options information will be forthcoming, if they have not already received it. Individuals who do not make a plan selection by the date listed in the Managed Care Enrollment Notice will be enrolled into the Medi-Cal health plan listed in the notice on March 1, 2020. DHCS will assign all beneficiaries in a family to the same plan unless beneficiaries in the household affirmatively choose otherwise. Individuals in Non-COHS counties who will turn age 26 within six months after implementation, will not receive the Third Notice.

Information about dental services is contained in both the COHS and Non-COHS enrollment notices. Managed care dental coverage is available in Sacramento and Los Angeles counties only.

### **Medi-Cal Choice Packets – New Enrollee and Transition Populations**

Beneficiaries in non-COHS counties will receive a Medi-Cal health plan 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 health plan enrollment choice booklet that provides health plan information;
- Guidance on how to enroll in a Medi-Cal health plan or change plans;
- A Health Information Form where beneficiaries can report their current health status;
- The Health Care Options presentation schedule;
- A summary list of Medi-Cal health plan benefits;
- Instructions and forms for the Medical Exemption Request/Waiver, and;
- A Medi-Cal health plan provider directory for their county.

Medi-Cal Choice packets will be mailed after the enrollment notice for the transition population. New enrollees will receive the packets after applying and being determined eligible for full scope Medi-Cal.

### **Provider and Health Plan Updates**

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

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questions. The posted bulletin will be available to FFS providers and shared with Medi-Cal health plans. DHCS will continue to update the Medi-Cal health 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](mailto:Jillian.Davis@dhcs.ca.gov).

Original Signed By:

Sandra Williams, Chief  
Medi-Cal Eligibility Division

## Attachment A – Aid Code Crosswalk for the Transition of Young Adults Age 19 Through 25

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

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>0U<sup>1</sup></b>	Breast and Cervical Cancer Treatment Program (BCCTP) for Undocs or individuals Age 65 or younger without SIS – At or below 200% FPL - Limited to breast and/or cervical cancer treatment, LTC, pregnancy-related and emergency services (No SOC)	<b>0P<sup>1</sup></b>	Breast and Cervical Cancer Treatment Program (BCCTP) - Age 65 or younger – At or below 200% FPL (No SOC)
<b>3T</b>	Transitional Medi-Cal (TMC) - Initial 6 Months for individuals without SIS - Discontinuance of 1931(b) (No SOC)	<b>39</b>	Transitional Medi-Cal (TMC) - Initial 6 Months - Discontinuance of 1931(b)(No SOC)
<b>5J</b>	SB 87 Pending Disability Program (No SOC)	<b>6J</b>	SB 87 Pending Disability Program - Age 21 up to 65 who have lost their non-disability linkage to M/C and are claiming disability (No SOC)
<b>5R</b>	SB 87 Pending Disability Determination (SOC)	<b>6R</b>	SB 87 Pending Disability Determination – Age 21 up to 65 who have lost their non-disability linkage to M/C and are claiming disability (SOC)

<sup>1</sup> DHCS Managed Program – No County/SAWS Action Needed

Attachment A – Aid Code Crosswalk for the Transition of Young Adults Age 19 Through 25

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>5T</b>	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)	<b>59</b>	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)
<b>5W</b>	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)	<b>54</b>	Four Month Continuing (FMC) – Covers individuals discontinued from CalWORKS or Section 1931(b) (No SOC)
<b>6U</b>	Restricted - Disabled – Covers the disabled in the Aged & Disabled (A&D) FPL Program without SIS (No SOC)	<b>6H</b>	Disabled – Covers the disabled in the Aged & Disabled (A&D) FPL Program (No SOC)
<b>C3</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (No SOC)	<b>24</b>	Blind - Medically Needy (MN) (No SOC)
<b>C4</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Blind - Medically Needy (MN) (SOC)	<b>27</b>	Blind - Medically Needy (MN) (SOC)
<b>C5</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (No SOC)	<b>34</b>	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (No SOC)
<b>C6</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (SOC)	<b>37</b>	Aid to Families with Dependent Children (AFDC) - Medically Needy (MN) (SOC)

Attachment A – Aid Code Crosswalk for the Transition of Young Adults Age 19 Through 25

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>C7</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (No SOC)	<b>64</b>	Disabled - Medically Needy (MN) (No SOC)
<b>C8</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Disabled - Medically Needy (MN) (SOC)	<b>67</b>	Disabled - Medically Needy (MN) (SOC)
<b>C9</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Child age 21 or younger - Medically Indigent (MI) (No SOC)	<b>87</b>	Medically Indigent (MI) Child – Age 21 or younger – Covers individuals until the age of 22 who were in an institution for mental disease before age 21 (SOC)
<b>D1</b>	OBRA Aliens and Unverified Citizens or who do not have SIS - Child age 21 or younger - Medically Indigent (MI) (SOC)	<b>83</b>	Medically Indigent (MI) Child – Age 21 or younger (SOC)
<b>D4</b>	OBRA Aliens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (No SOC)	<b>23</b>	Blind - Long Term Care (LTC) (SOC/No SOC)
<b>D5</b>	OBRA Aliens - Not PRUCOL and Unverified Citizens - Blind - Long Term Care (LTC) - (SOC)	<b>23</b>	Blind - Long Term Care (LTC) (SOC/No SOC)
<b>D6</b>	OBRA Aliens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (No SOC)	<b>63</b>	Disabled - Long Term Care (LTC) (SOC/No SOC)
<b>D7</b>	OBRA Aliens – Not PRUCOL and Unverified Citizens - Disabled - Long Term Care (LTC) (SOC)	<b>63</b>	Disabled - Long Term Care (LTC) (SOC/No SOC)

Attachment A – Aid Code Crosswalk for the Transition of Young Adults Age 19 Through 25

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>D8</b>	OBRA Unverified Pregnant Women - Medically Indigent (MI) Confirmed Pregnancy – Age 21 or older without SIS who meet the eligibility requirements of MI (No SOC)	<b>86</b>	Medically Indigent (MI) Confirmed Pregnancy - Age 21 or older who meet the eligibility requirements of MI (No SOC)
<b>D9</b>	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)	<b>87</b>	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)
<b>F2<sup>1</sup></b>	Inmate – Adult State Inmate Program (ASIP) – Undoc - Limited to covered inpatient hospital and inpatient pregnancy-related services only (No SOC)	<b>F1<sup>1</sup></b>	Inmate – Adult State Inmate Program (ASIP) – Limited to covered inpatient hospital and inpatient pregnancy-related services only (No SOC)
<b>F4</b>	Inmate - Adult County Inmate Program (ACIP) – Undoc - Limited to covered inpatient hospital emergency, inpatient mental health emergency, an inpatient pregnancy-related services only (No SOC)	<b>F3</b>	Inmate – Adult County Inmate Program (ACIP) – Limited to covered inpatient hospital and inpatient mental health services only (No SOC)
<b>G9<sup>1</sup></b>	Inmate - State Medical Parole Program (MPP) – Individual without SIS – Limited to covered emergency and pregnancy-related services only (No SOC)	<b>G0<sup>1</sup></b>	Inmate - State Medical Parole Program (MPP) - Entitled to all M/C covered services because they are not considered to be incarcerated (No SOC)

Attachment A – Aid Code Crosswalk for the Transition of Young Adults Age 19 Through 25

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>J3</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) – Undoc or individual without SIS – Limited to all M/C covered emergency, mental health emergency, and pregnancy-related services only (No SOC)	<b>J1</b>	Inmate - County Compassionate Release/Medical Probation (CCRPCMPP) – Entitled to all M/C covered services because they are not considered to be incarcerated (No SOC)
<b>J4</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - Undoc or individual without SIS – Limited to all M/C covered emergency, mental health emergency, and pregnancy-related services only (SOC)	<b>J2</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - Entitled to all M/C covered services because they are not considered to be incarcerated (SOC)
<b>J8</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - LTC - Disabled Undoc who resides in a LTC facility – Limited to all emergency, mental health emergency and pregnancy-related services. Covers all M/C covered LTC services (SOC/No SOC)	<b>J7</b>	Inmate - County Compassionate Release/Medical Probation (CCRP/CMPP) - LTC - Disabled (not on SSI) who resides in a LTC facility – Entitled to all M/C covered LTC services because they are not considered to be incarcerated (SOC/No SOC)
<b>K3<sup>1</sup></b>	Inmate – State Medical Parole Program (MPP) - Newly eligible Undoc age 19 up to 65 – with (MAGI) income 0% to 138% FPL, including disabled/blind with income 128% to 138% FPL	<b>K2<sup>1</sup></b>	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

Attachment A – Aid Code Crosswalk for the Transition of Young Adults Age 19 Through 25

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
	– Limited to all M/C covered emergency, mental health emergency, and pregnancy-related services (No SOC)		128% to 138% FPL – Covers all M/C covered services, including mental health services (No SOC)
<b>K5<sup>1</sup></b>	Inmate – State Medical Parole Program (MPP) – Not newly eligible Undoc age 19 up to 65, including disabled/blind (MAGI) 0% to 128% FPL – Limited to all covered emergency, mental health emergency, and pregnancy-related services (No SOC)	<b>K4<sup>1</sup></b>	Inmate - State Medical Parole Program (MPP) – Newly eligible, Citizen/with SIS age 19 up to – with (MAGI) income 0% to 138% FPL, including disabled/blind individuals with income 128% to 138% FPL – Covers all M/C covered services, including mental health services (No SOC)
<b>K7</b>	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Newly eligible Undoc age 19 up to 65, including disabled/blind - (MAGI) 0% to 138% FPL - Limited to all M/C covered emergency, including labor/delivery and mental health, and all pregnancy-related services only (No SOC)	<b>K6</b>	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)
<b>K9</b>	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Not newly eligible Undoc age 19 up to 65, including disabled/blind (not on SSI) - (MAGI) 0% to 128% FPL - Limited to all M/C covered emergency, including mental health, and all pregnancy-related services (No SOC)	<b>K8</b>	Inmate – County Compassionate Release/Medical Probation (CCRP/CMPP) – Not newly eligible Citizen/with SIS age 19 up to 65, including disabled/blind (not on SSI) - (MAGI) 0% to 128% FPL – Covers all M/C covered services, including mental health services (No SOC)



Attachment A – Aid Code Crosswalk for the Transition of Young Adults Age 19 Through 25

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>L7<sup>2</sup></b>	ACA - Undoc Disabled/Blind Adults - Age 19 up to 65 - (MAGI) at or below 128% FPL (No SOC)	<b>L6<sup>2</sup></b>	ACA – Citizen/lawfully present Disabled/Blind Adults - Age 19 up to 65- (MAGI) at or below 128% FPL (No SOC)
<b>M0<sup>2</sup></b>	Pregnant Undoc women - (MAGI) 139% up to and including 213% FPL – Limited to family planning, pregnancy-related, postpartum and emergency services (No SOC)	<b>M9<sup>2</sup></b>	Pregnant Citizen/lawfully present woman - (MAGI) 139% up to and including 213% FPL – Limited to family planning pregnancy- related, postpartum and emergency services (No SOC)
<b>M2<sup>2</sup></b>	Adults – Undoc Age 19 up to 65 - (MAGI) at or below 138% FPL – Provides pregnancy-related services, including services for conditions that may complicate the pregnancy, postpartum services, emergency services and LTC services (No SOC)	<b>M1<sup>2</sup></b>	Adults - Age 19 up to 65 - (MAGI) at or below 138% FPL (No SOC)
<b>M4<sup>2</sup></b>	Parents and Caretaker Relative – Undoc - (MAGI) At or below 109% FPL (No SOC)	<b>M3<sup>2</sup></b>	Parents and Caretaker Relative – Citizens/lawfully present - (MAGI) at or below 109% FPL (No SOC)
<b>M8<sup>2</sup></b>	Pregnant Undoc Women - (MAGI) Up to and including 138% FPL (No SOC)	<b>M7<sup>2</sup></b>	Pregnant Citizen/lawfully present Women - (MAGI) up to and including 138% FPL (No SOC)
<b>N6<sup>1</sup></b>	Inmate – Adult State Inmate Program (ASIP) – Undoc Age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to inpatient hospital emergency services only (No SOC)	<b>N5<sup>1</sup></b>	Inmate – Adult State Inmate Program (ASIP) – Age 19 up to 65 - (MAGI) 0% to 138% FPL (No SOC)

<sup>2</sup> Aid Code in CalHEERS System

Attachment A – Aid Code Crosswalk for the Transition of Young Adults Age 19 Through 25

<b>Restricted Scope Aid Code</b>	<b>Description</b>	<b>Full Scope Aid Code</b>	<b>Description</b>
<b>N8</b>	Inmate – Adult County Inmate Program (ACIP) – Undoc Age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to inpatient hospital emergency, inpatient mental health emergency, and inpatient pregnancy-related services only (No SOC)	<b>N7</b>	Inmate - Adult County Inmate Program (ACIP) - Age 19 up to 65 - (MAGI) 0% to 138% FPL – Limited to all covered inpatient hospital and inpatient mental health services only (No SOC)

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

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	<p>Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care services. If you are not sure if a service is covered by restricted scope, call your medical provider.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you send us your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>If you give us acceptable proof within one year, your Medi-Cal may change back to full scope Medi-Cal starting the month your restricted benefits began.</p> <p>In the meantime, your restricted scope Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>&lt;Regulation&gt; 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>
<b>MAGI Restricted Scope Retro Approval</b>	<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 &lt;eligibility month year&gt; because you are 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get or may have already received other notices</p>

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	<p>about your eligibility for other time periods. This notice is only telling you that you got restricted scope Medi-Cal coverage for &lt;eligibility month year&gt;.</p> <p>If you have proof of your citizenship and immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is &lt;household size&gt; and your monthly household income is &lt;modified adjusted gross income&gt;. The monthly Medi-Cal income limit for your household size is &lt;MAGI limit&gt;. 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>&lt;Regulation&gt; 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>
<b>MAGI Restricted Scope Approval</b>	<p>You have been approved for only restricted scope Medi-Cal because you are 26 or older and you did not send us proof of U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are above the age limit, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services, pregnancy related services such as prenatal care, labor, delivery, and postpartum care, and long-term care service. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider.</p>

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	<p>Your eligibility for restricted-scope Medi-Cal begins &lt;effective date- Month Day, Year&gt;. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>We counted your household size and income to make our decision.</p> <p>For Medi-Cal, your household size is &lt;household size&gt; and your monthly household income is &lt;modified adjusted gross income&gt;. The monthly Medi-Cal income limit for your household size is &lt;MAGI limit&gt;. 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>&lt;Regulation&gt; 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>
<b>Non-MAGI Restricted Scope to Full Scope</b>	<p>Good news! Your Medi-Cal changed to full- scope on &lt;month dd, yyyy&gt;.</p> <p>Your Medi-Cal is changing from restricted scope to full scope because you were able to prove your U.S. citizenship or satisfactory immigration status or you are under 26 years old. Your Medi-Cal coverage will continue unless you are found to be no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>Your eligibility for full scope Medi-Cal benefits may cover past months. If you paid for medical care that was not an emergency or pregnancy related service while you had restricted Medi-Cal</p>

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

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	<p>&lt;Regulation&gt; 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>
<b>Non-MAGI Restricted Scope Retro Approval</b>	<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 &lt;eligibility month year&gt; because you are 26 or older and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as prenatal care, labor, delivery, and postpartum care. If you are not sure if a service is covered by restricted scope Medi-Cal, ask your medical provider. You may get or may have already received other notices about your eligibility for other time periods. This notice is only telling you that you got Medi-Cal coverage for &lt;eligibility month year&gt;.</p> <p>If you have proof of your citizenship and immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>&lt;Regulation&gt; 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>
<b>Non-MAGI Restricted Scope Approval</b>	<p>You have been approved for only restricted scope Medi-Cal because you are 26 or older and you did not send us proof of your U.S. citizenship or satisfactory immigration status for Medi-Cal purposes. California law covers full scope Medi-Cal only for individuals who are under age 26 and who do not have or cannot provide proof of citizenship or satisfactory immigration status. Because you are above the age limit, you only qualify for restricted scope Medi-Cal. Restricted scope Medi-Cal only covers emergency services and pregnancy related services such as</p>



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	<p>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 &lt;effective date- Month Day, Year&gt;. Your Medi-Cal coverage will continue unless you are found no longer eligible. This could happen at the time your eligibility is renewed or when your situation changes.</p> <p>If you have proof of your citizenship or immigration status that you can give us now, or want to let us know you are having problems getting your document, please call your county worker at the number listed on this notice. Your benefits may change from restricted scope to full scope when you provide us with your documents. Full scope benefits allow you to see a doctor for all of your medical needs.</p> <p>&lt;Regulation&gt; 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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