



TOBY DOUGLAS
Director

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



EDMUND G. BROWN JR.
Governor

May 23, 2011

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 11-24
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: MANDATORY MEDI-CAL MANAGED CARE FOR SENIORS AND
PERSONS WITH DISABILITIES

As part of California's Section 1115 Federal Waiver, to improve outcomes for Seniors and Persons with Disabilities (SPDs), the Department of Health Care Services (DHCS) is implementing mandatory enrollment into Medi-Cal managed care for Medi-Cal Only SPDs in Two-Plan and Geographic Managed Care (GMC) counties only for the following Medi-Cal aid codes:

10,14,16, 20, 24, 26, 36, 60, 64, 66, 1E,1H, 2E, 2H, 6A, 6C, 6E, 6G, 6J, 6H, 6N, 6P, and 6V.

Currently, individuals in these aid codes can enroll in managed care on a voluntary basis in Two-Plan and GMC counties.

Exemptions

The change to mandatory managed care in the Two-Plan and GMC counties will apply unless the individual meets the standard medical exemption criteria or the individual is:

- In foster care, or receives adoptive assistance or Kinship Guardianship Assistance Payment benefits;
- A beneficiary with a Medi-Cal Share of Cost;
- Not eligible to enroll in managed care in the Two-Plan and GMC counties. These individuals will remain in Medi-Cal Fee-For-Service. This includes individuals that are dually eligible for Medi-Cal and Medicare, those that have another form of Other Health Coverage, and those in Long Term Care (LTC).

Long Term Care (LTC)

Counties are reminded of the necessity to redetermine eligibility under the appropriate LTC aid code when counties learn an individual is in LTC 60 days or more. Counties may learn that an individual is in LTC through the family, through the facility, or by receiving the "LTC not in LTC aid code" report from the Medi-Cal Eligibility Division. Delays in redetermining the eligibility in the appropriate aid code may trigger mandatory enrollment into managed care.

California Children's Services (CCS)

Currently, individuals receiving services from the CCS program in disability aid codes are exempt from mandatory enrollment in managed care in the Two-Plan and GMC counties. However, per the Section 1115 Federal Waiver, DHCS is establishing CCS pilot programs in counties across the state. Once the counties participating in these pilots have been identified, currently scheduled for October 2011, any individual in a Two-Plan or GMC county receiving services from the CCS program will be required to enroll in managed care, unless they reside in one of the CCS pilot counties. In the non-CCS pilot counties, CCS services will remain carved out of all Two-Plan and GMC managed care plans, and these individuals will continue to receive these services through the CCS program.

Informing

DHCS began informing all eligible and non-exempt beneficiaries affected in Two-Plan or GMC counties of the change to mandatory Medi-Cal managed care enrollment on March 1, 2011. However, the actual roll out for enrollment into Medi-Cal managed care for the affected population will begin June 2011, and will be based on beneficiary's birth month. Beneficiaries will begin receiving informational packets approximately 90 days prior to the month of their birthday.

For more detailed information, including contact information and the informing materials being sent to beneficiaries, please refer to the DHCS website <http://dhcs.ca.gov/spdinfo>.

Original signed by

René Mollow, MSN, RN, Chief
Medi-Cal Eligibility Division