

Let's Get Everyone Covered!
Medi-Cal Eligibility and Enrollment Tips for
Providers of Homeless Assistance and Supportive Housing
March 24, 2014

Introduction

Since January 1, 2014, California has expanded eligibility for Medi-Cal and streamlined the enrollment process. This means that **nearly all of the people who are experiencing homelessness or living in supportive housing are now eligible to enroll in Medi-Cal.** Until recently, most of these individuals were uninsured.

As providers of homeless assistance and supportive housing, you can play an important role in helping the people you serve, by making sure they have coverage through Medi-Cal and access to the health care and treatment services they need. As you know, people who are (or have been) experiencing homelessness sometimes find it challenging to obtain and understand information that comes from other sources, or to follow through on applications without assistance. So you may be able to offer explanations and encouragement that can have a big impact on getting people covered.

If your organization or your partners provide Medi-Cal reimbursed health services, helping people with enrollment and the selection of a health plan and primary care provider could have a big impact on your capacity to pay for and sustain those services and partnerships. This document was prepared collaboratively by the State of California Department of Health Care Services and Department of Housing and Community Development to assist in enrollment efforts.

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Who is eligible for Medi-Cal?

California’s decision to implement the Medicaid eligibility expansion authorized by the Affordable Care Act greatly **expands** and simplifies eligibility for Medi-Cal for many extremely low-income people. (Please note that people with disabilities who qualify for SSI, and most low-income children, pregnant women, and many parents or caretaker relatives who are living with these children were already eligible for Medi-Cal; these individuals should **already** be enrolled.)

Income Requirements

In 2014, most people with incomes below 138 percent of the Federal Poverty Level (FPL) are eligible for Medi-Cal.¹

2014 Annual Income Limits	
Single adult (without children)	< \$16,105
Two-Person households	< \$21,708

You can find more information about income limits for households of different sizes at: <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL2014/14-04.pdf>

People whose incomes are too high to qualify for Medi-Cal may qualify for financial assistance to purchase health insurance through Covered California: <https://www.coveredca.com/>

Residency Requirements

To qualify for Medi-Cal, a person must be a California resident. A person who is experiencing homelessness is a California resident if he or she is in California and intends to live in the state. Undocumented immigrants and some recent immigrants are not eligible for Medi-Cal under federal law except under very limited circumstances.

Who needs to apply?

People who are not already enrolled in Medi-Cal should apply now if they are potentially eligible and if they were not enrolled in a county Low Income Health Program (LIHP) at the end of 2013.

¹ This income limit is sometimes described as 133% of FPL. With a standardized adjustment or income “disregard” the actual limit is 138% of FPL. Household income is calculated using Modified Adjusted Gross Income (MAGI) for purposes of eligibility for Medi-Cal. There is no assets test for households that qualify for Medi-Cal based on MAGI. For more information see http://healthconsumer.org/New_Health_Law_CA_IssueBrief_2_Final.pdf

Treatment of Low-Income Health Program Enrollees

What about people who enrolled in a Low Income Health Program before the end of 2013?

Over the past two years, most California counties implemented a Low Income Health Program (LIHP) to provide coverage for many uninsured people who are now eligible for Medi-Cal. Use this link to find the name of the LIHP in your county and contact information: <http://www.dhcs.ca.gov/provgovpart/Documents/LIHP/Local%20LIHP%20Contacts%20for%20Consumers.pdf>. In some counties most of the people who are now newly eligible for Medi-Cal enrolled in coverage through the LIHP. Other counties enrolled relatively fewer people in coverage, and a few counties did not implement a LIHP.

People who were enrolled in a LIHP at the end of 2013 do not need to apply for Medi-Cal now. These individuals were automatically transitioned from the LIHP into Medi-Cal², and most of them were assigned to a Medi-Cal managed care plan that includes the health care provider they selected (or were assigned to) in the LIHP. In early 2014, people in some counties experienced problems with this transition. People who enrolled in a LIHP near the end of 2013 may not have been assigned to the same health care provider when they were transitioned in Medi-Cal, or they may encounter other problems. Contact your county LIHP or check the LIHP website for your county for more information about how to help people solve these problems.

How to find out if someone is already enrolled

County Social Services offices can assist in confirming current Medi-Cal eligibility for individuals.³ Alternatively, a Medi-Cal provider (community clinic or other health care provider) or a certified enrollment counselor can look up information about a person's current enrollment status. Some people who were automatically enrolled in a LIHP before 2014 may not know that they have Medi-Cal coverage, while some people who have been enrolled in Medi-Cal in the past may not know if they have lost coverage for some reason, particularly if they have been homeless or haven't had a reliable mailing address.

How can people apply?

There are several ways to apply for Medi-Cal. The state's goal is to have "no wrong door" meaning that any of these approaches will lead to enrollment for people who are eligible. Regardless of which way an application is submitted, the county social services department is responsible for determining eligibility for Medi-Cal.

² In Los Angeles, the LIHP was called Healthy Way LA. Some people who are not eligible for Medi-Cal because of their immigration status or other reasons were enrolled in Healthy Way LA – unmatched, meaning that their coverage did not qualify for matching federal funds. These individuals are not transitioning to Medi-Cal. Los Angeles County continues to have an unmatched program that provides coverage to people who are undocumented.

³ To find County contact information, see the link above under "Apply in person".

<p>Apply in person at a County Social Services office.</p>	<p>Use this link to find where to call or go in your county: http://www.dhcs.ca.gov/services/medica/Pages/CountyOffices.aspx</p>
<p>Apply in person with a Certified Enrollment Counselor</p>	<p>CoveredCA offers additional in-person options for enrollment. To find a certified enrollment counselor, use the link at https://www.coveredca.com/enrollment-assistance/.</p>
<p>Apply online.</p>	<p>Create an account complete an application at https://www.coveredca.com/. An applicant who sets up an online account can check the status of their application online, or they can provide an email address for receiving notifications about the status of their application and benefits.</p>
<p>Apply by mail.</p>	<p>This links to the state’s single streamlined application for Medi-Cal or health insurance coverage that is available through Covered California: http://www.dhcs.ca.gov/services/medica/eligibility/Pages/SingleStreamApps.aspx. The application is available in English and several other languages. The application form provides a place to indicate if a person does not have a home address.</p>
<p>Use “Express Lane Enrollment” into Medi-Cal for people who are enrolled in CalFresh (Food Stamps).</p>	<p>People who receive CalFresh benefits are eligible to be enrolled into Medi-Cal without submitting additional application information: they just need to affirm that they want Medi-Cal.</p> <p>Letters were sent to certain CalFresh participants in February 2014. Those CalFresh participants mailed to were 64 years and younger and currently not receiving Medi-Cal, Medicare, or Low Income Health Plan benefits. The letters contain information about how to complete the enrollment process online, by phone, or by signing a form and returning it by mail. Each letter also includes a Personal Identification Number (PIN) which is required to complete the process online and by mail.</p> <p>The PIN number is not required if applying in person or by phone. If a person enrolled in CalFresh did not receive the notification letter (or lost it), they can call Health Care Options (HCO), Monday-Friday, 8 a.m. to 5 p.m. at 1-844-212-0003 and ask for “Express Lane.” HCO can also help people choose a Medi-Cal health plan. Individuals may provide other identifying information to facilitate enrollment when applying in person or by phone.</p> <p>For more information about Medi-Cal Express Lane Enrollment, including links to sample notification letters: http://www.dhcs.ca.gov/services/medica/eligibility/Pages/ExpressLane.aspx .</p>

When can people apply?

There is no deadline for applying for Medi-Cal. People should apply now but they can apply at any time during the year.

What documentation do people need when they apply?

Electronic verification

Counties and the State of California are utilizing electronic verification for much of the information needed to determine Medi-Cal eligibility. This means that many people may not need to provide copies of documents to prove their identity, income, residency, etc. if they can provide accurate information about name, date of birth, social security number, and income.

Counties will first try to use electronic databases to validate information applicants provide on their application. For example, if a person recently received CalFresh or some other benefits, the county should be able to verify the information on the application. If the county cannot validate the information on the application or if there are significant inconsistencies, a person may be asked to provide more information or copies of documents.

If the county needs more information

If the county needs more information, the applicant will be notified via a Notice of Action, and the county will attempt to follow up with the individual to obtain additional information. Given the heavy volume of applications, an individual may need to wait for about 45 days before they can get more information from the county about their application status. If a certified enrollment counselor (CEC) or certified application assistant (CAA) is helping the individual with the Medi-Cal application process, that person can look at CalHEERS (the state's on-line enrollment system) to check on the status of a pending application and any requests for documentation. If a case manager or other service provider is helping a person with the application process, the applicant may designate that person as an authorized representative, and request that notices will be sent to their authorized representative.

Workers helping a person with a Medi-Cal application can be prepared to submit additional information (again, only if County cannot verify electronically and requests).

Guidance on verification of income and on citizenship/immigration status has not changed under ACA and a complete list can be found in the linked "Medi-Cal Eligibility Procedures Manual, 4M- Verifications" found in Section 50167 of Manual Letter.: 274, dated 2/25/03.

<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Article4-ApplicationProcess.pdf>

Item	Examples of Acceptable Verification
Residency	See next section.
Income	<p>If <u>earned income</u>, one of the following</p> <ul style="list-style-type: none"> ○ One pay stub reflecting the amount reported; ○ Copy of last year’s federal income tax; ○ Signed letter from the employer that shows gross amount and date of paycheck; ○ If verification cannot be obtained by one of the above methods, the applicant can sign a statement, under penalty of perjury, indicating his/her gross monthly earned income. <p>If <u>unearned income</u>:</p> <ul style="list-style-type: none"> ○ Award letter or most recent cost of living increase notice; ○ Current bank statement if applicant has direct deposit; ○ Copy of current benefit check; or ○ Signed statement from person or organization providing the income. <p>If <u>fluctuating income</u>:</p> <ul style="list-style-type: none"> ○ Check stubs or a signed statement from the person or organization making the payments including the amount and frequency of payments
Citizenship/ Immigration Status	<p>Verification of U.S. citizenship is not required unless:</p> <ul style="list-style-type: none"> ○ Individual claims US citizenship but was born outside of U.S. ○ There is conflicting information about citizenship status; ○ Citizenship is doubtful; ○ Documentation provided does not appear valid; ○ Individual claims to be a naturalized citizen. <p>The Systematic Verification of Entitlements (SAVE) system is used to verify immigration status of Medi-Cal applicants and beneficiaries who claim Satisfactory Immigration Status (SIS).</p>

How can a person who is homeless prove residency?

If the county is unable to verify residency using electronic data, California Welfare and Institutions Code, Section 14007.1(b) provides for acceptable documentation of residency as listed below. For example, the person may provide a California driver's license or identification card issued by the DMV. Or an applicant may provide a written statement indicating that they are a resident of the state, do not have a fixed address and cannot provide any of the other documents.

On March 18, 2014, the Department of Health Care Services notified all counties that paper verification requirements for state residency are immediately suspended until May 1, 2014. Counties have been directed to accept residency verifications for all pending and current applications if the applicant has attested to living within California by verbal contact or by listing a California address in the web or paper application. This notice is available at <http://www.dhcs.ca.gov/services/med-cal/eligibility/Documents/MEDIL2014/MEDILI14-20.pdf>

If the County is unable to verify residency electronically and the individual is 21 years of age or older, is capable of indicating intent, and is not residing in an institution, state residency is established when the individual provides one of the following:

- ✓ A recent California rent or mortgage receipt or utility bill in the individual's name
- ✓ A current California motor vehicle driver's license or California Identification Card issued by the Department of Motor Vehicles in the individual's name.
- ✓ A current California motor vehicle registration in the individual's name.
- ✓ A document showing that the individual is employed in this state or is seeking employment in the state.
- ✓ A document showing that the individual has registered with a public or private employment service in this state.
- ✓ Evidence that the individual has enrolled his or her children in a school in this state.
- ✓ Evidence that the individual is receiving public assistance in this state. For purposes of this paragraph, "public assistance" shall not include unemployment insurance benefits.
- ✓ Evidence of registration to vote in this state.
- ✓ **A declaration by the individual under penalty of perjury that he or she intends to reside in this state and does not have a fixed address and cannot provide any of the documents listed above.**
- ✓ A declaration by the individual under penalty of perjury that he or she has entered the state with a job commitment or is seeking employment in the state and cannot provide any of the documents listed above.

Please note: While verification of **state residency** is required for purposes of Medi-Cal eligibility, the applicant applies through the county in which he or she is living, and the county of residency determines which Medi-Cal health plans and providers are available to the person, as discussed below. When people move from one county to another, they usually have to select a new health plan and may need to select a new health care provider.

What happens after enrollment and how can Medi-Cal help people access healthcare?

Most people who enroll in Medi-Cal also must enroll in a Medi-Cal managed care plan or health plan and select a primary care provider. This is a very important step in the enrollment process. People must select a managed care plan within the first 60 days after enrolling in Medi-Cal or they will be assigned to a plan if they do not make a choice. Until they are enrolled into a plan they can access Medi-Cal covered services from doctors, clinics, hospitals or other health care providers who are willing to see them, but people usually have a much easier time getting appointments after they are enrolled in a health plan.

How does Medi-Cal managed care work?

The choice of a health plan and primary care provider is very important.

With managed care, a person enrolled in Medi-Cal gets most of their health care services only from their designated primary care provider or from specialists, hospitals, laboratories, pharmacies, and other health care providers that are part of a network connected to their health plan. The primary care provider (sometimes called a medical home) may be a doctor or clinic. In some cases the health plan may contract with a network that includes a group of primary care providers, clinics, specialists, and hospitals. When this happens, the selection of a primary care provider can determine which hospitals and specialists a person can use.

Most counties offer a choice of Medi-Cal managed care plans with at least two plans available, but some counties offer only one plan. When more than one plan is available in the county, some clinics, hospitals and other health care providers are part of the provider networks for all of the plans, but some providers may participate in only one plan, or they may be part of a provider network that contracts with one or more health plans.

How do people choose a Medi-Cal managed care health plan and provider?

After a person enrolls in Medi-Cal, a plan choice packet is mailed to them shortly after they are enrolled. The packet explains Medi-Cal managed care and the choices available in their county, and includes a plan choice form for selecting a plan and a primary care provider. You can find copies of the plan choice notices for each county here: http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Enrollment/Informing_Materials.aspx

A complete list of Medi-Cal managed care plans in each county is available here: <http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>

More information about the plans available in each county is available here:
http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Enrollment/Plan_Comparison_Charts.aspx

People who were transitioned from a LIHP to Medi-Cal also received notices by mail in late 2013 about choosing a Medi-Cal managed care plan. Here is a link to the notices that were sent in each county: <http://www.dhcs.ca.gov/provgovpart/Pages/LIHPNoticesByCounty.aspx>

If a person does not choose a health plan, the Medi-Cal program assigns them to a Medi-Cal managed care health plan using a computer program (default algorithm) and then the health plan assigns the person to a primary care provider or clinic in its network. As part of this default assignment process, the computer programs attempt to connect each person to a plan that allows them to stay connected to their current primary care provider, but often accurate data isn't available to ensure that connection. As a result people who do not make a choice often find themselves assigned to an unfamiliar provider.

A person who is enrolled in a health plan and assigned to a primary care provider usually cannot receive services from other Medi-Cal providers who are "out of network" without requesting a change in health plan and/or primary care provider. For people experiencing homelessness or living in supportive housing, this can disrupt connections to care from health care providers who deliver services designed to meet their needs, including services that are available in a shelter, supportive housing building, or mental health clinic.

People enrolled in Medi-Cal managed care who want to change their assigned primary care provider need to contact their health plan. Use this link to find contact information for each health plan <http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx> Changes can be requested at any time. Usually changes do not go into effect until the following month. This can result in a delay in being able to access care from an "out of network" provider.

How can we help people choose a health plan and provider so they will have access to the services they need?

Applicants don't have to wait to receive the plan choice notice in the mail if they want to select a health plan and provider at the time they are completing the application for enrollment in Medi-Cal. Particularly for people experiencing homelessness, and for those who are living in supportive housing who want to be sure to have access to the most appropriate health care provider, it may be helpful to complete the plan and provider selection process at the same time as the Medi-Cal application is completed.

Plan choice forms for each county are available

here. http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Enrollment/content/en/forms/AL_0MM3452.pdf. The form can be used to select a health plan at (or soon after) the time of Medi-Cal enrollment or to request a change if a person is unhappy with their health plan for any reason.

For most people who experience homelessness, the most important consideration when choosing a plan is being able to keep their current health care provider(s) or to have access to the health care provider(s) they want to see. For some people a primary consideration may be finding a provider who is close to where they live or stay. You can use this link to find a doctor, clinic, or hospital and information about which health plans the provider participates in. The site also provides the doctor / clinic code needed to complete the plan choice form. <http://www.healthcareoptions.dhcs.ca.gov/HCOCS/PIN/default.aspx>

Medi-Cal Managed Care Health Care Options is part of the state Department of Health Care Services. Health Care Options provides information about Medi-Cal managed care plans and helps people choose a plan. An applicant or a person enrolled in Medi-Cal can call Health Care Options for assistance with the plan selection process. If they **contact Health Care Options by phone at (800) 430-4263** or submit the plan choice form by mail before their Medi-Cal application is approved, Health Care Options can “hold” the person’s choice until they are enrolled in Medi-Cal.

How can providers of homeless assistance and supportive housing help people get enrolled in Medi-Cal?

- **Provide or help people get a mailing address and encourage them to check in regularly to get their mail.** Every Medi-Cal applicant must provide a mailing address. This is used to send notices to applicants and people who are enrolled in Medi-Cal. This is where the Medi-Cal program will send a Beneficiary Identification Card. For people who are experiencing homelessness, it can be difficult to get mail without a reliable mailing address, and they can miss important notifications if they don’t pick up their mail. Some organizations have set up a PO Box to receive mail for homeless Medi-Cal applicants, and others allow homeless people to use the address of a clinic, shelter, program site, or office where they receive services.
- **Partner with an organization that has received training and funding to conduct outreach and provide enrollment assistance.** For example, many community clinics and Health Care for the Homeless programs have received grants to help enroll people in Medi-Cal and health insurance through Covered California. Other organizations have become certified enrollment entities, and they can provide in-person assistance with the enrollment process.

To find a certified enrollment counselor, you can search on the Covered California website at <https://www.coveredca.com/enrollment-assistance/>. Homeless assistance program sites and affordable and supportive housing sites can be used to host events where people get information about health coverage and help with the enrollment process. Outreach teams can help to facilitate connections between enrollment counselors and people experiencing homelessness.

- **Collaborate with your county.** Grant funding has been provided to several counties in California to conduct targeted outreach and enrollment assistance activities that are intended to reach groups of people who need extra help to enroll in Medi-Cal and stay enrolled, including people experiencing homelessness, people with needs related to

mental health and substance use disorders, young men of color and people involved with the criminal justice system. Counties are working with community-based organizations (CBOs) and will be sharing funding with CBOs. More information is available

here: <http://www.dhcs.ca.gov/formsandpubs/publications/opa/Documents/2014NewReleases/14-01Medi-CalGrant1-28-31.pdf>

- **Become a certified enrollment entity, and designate staff members who become certified enrollment counselors or certified application assistants⁴.** For more information about how to do this visit the Covered California website: <https://www.coveredca.com/hbex/entities/> <https://www.coveredca.com/hbex/counselors/>

Tips for Success

- ✓ **Trusting relationships make a big difference.** Many people who have experienced homelessness and people living with mental illness or substance use disorders may be wary of government programs or reluctant to share information with strangers. They may be more likely to trust housing and service providers they know, or the health care providers who deliver care where they live or receive services. Medi-Cal enrollment efforts can be more effective if they include partnerships with outreach workers or teams that have established trusting relationships with people who are homeless.
- ✓ **Outreach and enrollment assistance takes sustained effort.** Some people may not be persuaded to complete the application the first time you talk to them, but continued conversations may help them understand the value of getting covered. They may be motivated to complete the enrollment process if there is a clear way to show them how coverage translates into access to the health care services they need.
- ✓ **Provide options for people who do not have a mailing address,** and try to obtain multiple ways to contact them through friends, family members, or other places where they get food, shelter, or services.
- ✓ **Use mobile technology** to complete enrollment forms and submit on-line applications wherever you can meet with people experiencing homelessness and supportive housing tenants. Use mobile devices to take photos of identification cards and any other documents that may be needed to complete the application process, so you can upload copies if requested by the county.
- ✓ **Become or establish a partnership with a certified enrollment entity,** or partner with a Community Health Center. All Community Health Centers are certified enrollment entities and they have staff members who have been trained as certified enrollment counselors. To find a nearby Community Health Center you can search here <http://www.californiahealthplus.com/index.cfm/find-my-health-center/>

⁴ For a summary of the differences between Certified Enrollment Counselors and Certified Application Assistants see [http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Outreach_and_Enrollment\(OE\)/MCED_CAA_and_CEC_Outreach_Certification_Attributes.pdf](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Outreach_and_Enrollment(OE)/MCED_CAA_and_CEC_Outreach_Certification_Attributes.pdf)

- ✓ **Help people choose a Medi-Cal managed care plan and provider.** Help people think about where they get care now and where they want to get care from primary care providers, specialty care providers (if needed) and hospitals. Get information about which health plans and provider networks include the health care providers who have connections to the people your organization serves, including clinics that may be co-located in supportive housing, mental health, or homeless assistance programs.
- ✓ **Try to complete the process at one time** because it can be difficult to follow up with people experiencing homelessness to get additional information or documents if needed to complete enrollment, and to select a health plan and provider. When people are unable to complete the process they may not get covered, or they may find themselves assigned to a health provider they don't know, and this can disrupt their current connections to care.
- ✓ **Create a “culture of coverage”** within your organization and programs. Staff members with a variety of roles should understand and communicate the importance of helping everyone get covered and connected to health care. For example, affordable and supportive housing providers could ask questions about health coverage as part of the process of updating information about tenants' income and benefits. Track and celebrate progress toward the goal of getting everyone covered.

Where to find more information

Medicaid Enrollment: Your Guide to Engaging People Experiencing Homelessness is available from the US Interagency Council on Homelessness and the National Health Care for the Homeless Council. Find it here: [http://usich.gov/resources/uploads/asset_library/Medicaid Enrollment Guide for Engaging People Experiencing Homelessness.pdf](http://usich.gov/resources/uploads/asset_library/Medicaid_Enrollment_Guide_for_Engaging_People_Experiencing_Homelessness.pdf)

For more information about helping people enroll in coverage: <http://www.enrollamerica.org>

For answers to frequently asked questions about Medi-Cal managed care – use this link: [http://www.healthcareoptions.dhcs.ca.gov/HCO_CSP/HCO_Program/Frequently Asked Questions.aspx](http://www.healthcareoptions.dhcs.ca.gov/HCO_CSP/HCO_Program/Frequently_Asked_Questions.aspx)