

-MCHA Advocate Update-

June 2nd, 2009

ADULT MEDI-CAL BENEFICIARIES TO GET NOTICES - REDUCTIONS IN BENEFITS

The State Department of Health Care Services will begin sending notices in 13 threshold languages to ALL Medi-Cal beneficiaries 21 and older about reductions in Medi-Cal benefits for adults, slated for July 1. The notices will be sent in the first week in June. Non-English speaking beneficiaries will receive the notice in the language they have on record at DPSS (if it's a threshold language) and in English.

These cuts to "optional" benefits, so named because they are not required by the Federal Government, even though they are critical to health and well-being, are still available under some circumstances. Please read the beneficiary notice carefully - if someone is in a course of treatment on July 1st, or begins a course of treatment after the benefits have been cut and needs that treatment prior to receiving another benefit that is still available (such as a tooth cleaning before heart surgery), or is pregnant and needs the service to avoid harm to her baby - services may still be available.

The state website also has a posting about the cuts in benefits at www.medi-cal.ca.gov ("Change in California State Law for Medi-Cal Benefits") and you may read the bulletin that went to dental providers this month at www.denti-cal.ca.gov under "What's New".

Check with the State, with MCH Access, or with the Health Consumer Center (800)896-3203 about any denials before July 1 and afterward if you think these exceptions to the ability to get care are not being honored or need help making a case for an adult who should receive these benefits.

STATE TO PROVIDE FULL-SCOPE MEDI-CAL WHILE CITIZENS GATHER DOCUMENTS FOR CITIZENSHIP STATUS

The State Department of Health Care Services (DHCS) just issued its new instructions to the counties on U.S. citizenship and nationality documentation for Medi-Cal. You can see the new instructions at our

website <u>CLICK HERE</u>. These instructions to the counties include the forms that people might get when they apply or renew their Medi-Cal.

Applicants who declare that they are U.S. citizens or nationals will get full-scope Medi-Cal while they look for and submit documents to prove their status. Full-scope benefits will start as soon as the county determines the applicant meets all of Medi-Cal's other eligibility requirements. This is especially important for pregnant women or anyone with a more immediate need for full-scope Medi-Cal.

If documentation about US citizenship or nationality isn't submitted after the applicant or beneficiary has had a "reasonable opportunity" to gather and submit these documents, the person's Medi-Cal benefits will be reduced to limited scope. In deciding whether a person has had a "reasonable opportunity" to submit the required documentation of U.S. citizenship or nationality, the county must consider the individual's specific circumstances.

These new Medi-Cal rules implement a clarification on citizenship documentation included in the federal CHIP reauthorization law that took effect February 4, 2009. DHCS will be following up with additional instructions to the counties for identifying Medi-Cal applicants who are U.S. citizens or nationals who should have benefited from the new rules starting February 4 and for granting such individuals full-scope benefits retroactively to February 4. Keep in mind U.S. citizen or national clients who have paid or been billed for services that should have been covered by full-scope Medi-Cal while the client searched for citizenship documents and had coverage only for limited scope.

Maternal and Child Health Access and other advocates worked hard to ensure that the new federal clarification would be correctly and promptly implemented in California. Please let <u>Donald Nollar</u> (213) 749-4261 ext. 101 know if you or your clients have had problems with DRA documents.



Contact Info

If you have questions regarding our specialized trainings or have technical questions, please contact:

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