Selecting Your Language
Seleccionando Su Idoma

• Locate the globe at the bottom of your Zoom screen. Click the globe.

• Select your preferred language for the webinar.

• Localiza el globo en la pantalla de Zoom. Haga click en el globo.

• Selecciona su idoma preferido para esta presentación.
Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we’ve focused our efforts primarily on fighting for people who have been marginalized and excluded from justice, such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.
Housekeeping

- All on mute. Use Questions function for substantive questions and for technical concerns.
- Problems with getting on to the webinar? Send an e-mail to trainings@justiceinaging.org.
- Find materials for this training and past trainings by searching the Resource Library, justiceinaging.org/resource-library. A recording will be posted to Justice in Aging's Vimeo page at the conclusion of the presentation, vimeo.com/justiceinaging.
- Enable closed captioning by selecting “CC” from the Zoom control panel.
Want to receive Justice in Aging trainings and materials?

*Join Our Network!*

Go to [justiceinaging.org](http://justiceinaging.org) and hit “Sign up” or send an email to info@justiceinaging.org.
Justice in Aging’s Commitment to Advancing Equity

To achieve Justice in Aging, we must:

• **Advance equity** for low-income older adults in economic security, health care, housing, and elder justice initiatives.

• Address the enduring harms and inequities caused by systemic racism and other forms of discrimination that uniquely impact low-income older adults in marginalized communities.

• Recruit, support, and retain a diverse staff and board, including race, ethnicity, gender, gender identity and presentation, sexual orientation, disability, age, and economic class.
Agenda

• Medi-Cal Unwinding
• Medi-Cal Updates in 2023
• Medi-Cal Updates 2024
• Q&A
What is the Medi-Cal Unwinding?

- Medi-Cal renewals resumed after 3 year pause – the “unwinding”
  - Negative actions and terminations paused during pandemic
- 14 month period from April 2023 to May 2024
  - Every Medi-Cal individual will undergo renewal
  - Keep original renewal month
Medi-Cal Renewals

• Annual process to certify ongoing Medi-Cal eligibility

• Counties must 1st attempt ex parte renewal
  • Use existing information already on file (case information and other electronic info sources) to determine eligibility
  • If ex parte review is not successful, paper renewal packet mailed

• 60 days to complete and return renewal information
2023 Unwinding Statistics

- Approx 15 million people enrolled in Medi-Cal as of June 2023
- High number of “procedural discontinuances”
  - Not a finding of ineligibility
- >1% ex parte renewal rate for non-MAGI older adults & ppl with disabilities

Source: DHCS Continuous Coverage Unwinding Dashboard
Unwinding Flexibilities

- Renewals will not **count assets/property**
  - Counties should not ask for written documentation about bank accounts, retirement accounts, property etc
- Individuals with **only stable income** do not need to submit income proofs
  - SSA, pension, disability payments
  - No contradicting information on file
- Can provide verbal or written **reasonable explanations** to explain differences in income without additional proofs
Why the Unwinding Matters for Older Adults & Dual Eligibles

• Medi-Cal is primary payor of long-term services and supports for older adults and dual eligibles (IHSS, HCBS)

• Loss of Medi-Cal funded transportation to and from medical appts, dialysis treatment

• Financial insecurity due to Medi-Cal/Medicare Savings Program terminations and loss of subsidies
Medicare Savings Programs Terminations

• Medicare Savings Program (MSP) are a Medi-Cal program
  • Payment of Medicare Part A and/or Part B, co-insurance, deductibles, co-payments
  • Sudden deduction of Medicare premiums from SSA/SSDI/SSI monthly benefit

• Loss of Medi-Cal affects dual eligibles not in a MSP too
  • Medi-Cal includes payment of Medicare premiums co-payments, co-insurance and deductibles
Dual Eligibles in Part C Medicare Advantage Plans

- Disenrollment from Dual Eligible Special Needs Plans (D-SNPs) if Medi-Cal terminates
  - Potential disruption in access to current providers or delays in scheduled appointments/care.
  - Loss of supplemental benefits
- D-SNP is also prescription drug plan (PDP), must enroll in new PDP
- Deeming Period: 3-6 months depending on plan
Protects: 90 Day Cure Period

- 90 day period to “cure” a procedural discontinuance & submit missing renewal information
- Retroactive Medi-Cal coverage if ultimately found eligible
Appeal Rights

• Right to appeal an eligibility decision you disagree with by filing for State Fair Hearing
  • Deadline to request a hearing extended to 120 days (until September 2024).
  • Regular deadline is 90 days

• Aid Paid Pending – 10 days after Notice of Action or before negative action takes effect
  • Medi-Cal coverage ongoing during appeal process
Advocacy Tips

• Low Income Subsidy/Extra Help is ongoing
  • LIS continues after Medi-Cal termination
  • Coverage runs until end of 2023 and/or 2024
• Disruption of Rx access for D-SNPs
  • Promptly choose new Part D plan
• Restore Medi-Cal coverage using 90 day cure period or appeal
Example (1 of 3)

Maria has Medi-Cal and her renewal month is Sept 2023. In July, the county attempted to renew Maria “ex parte” but fails. The county mails Maria a renewal packet to complete. Maria’s renewal packet is due on or before September 30th, 2023. Maria completes the renewal packet and returns it in-person at her local county office.

• What happens if Maria returns her renewal packet on Sept 15th?
Sept 15th Submission: The county must process her renewal packet as received. Medi-Cal coverage continues until the county reviews her renewal information and determines if she still meets Medi-Cal’s eligibility criteria. The county must mail Maria a Notice of Action notifying her of their decision.

• What happens if Maria returns her packet after the deadline of Sept 30th?
Example (3 of 3)

Maria’s Medi-Cal is terminated effective October 1st, the day after the Sept. 30th deadline. The county mailed a Notice of Action at least 10 days before Sept 30th notifying Maria of the upcoming termination if she did not submit her renewal information. What else can Maria do?

Maria has a 90 day “cure” period. Maria can “cure” the termination by submitting her renewal information/packet between October to December 2023 (90 days). If she still meets the eligibility requirements, Medi-Cal will be reinstated retroactive to October 1st.
Medi-Cal Updates
2023: Enhanced Care Management (ECM) and Community Supports

- In 2022, **109,004** received ECM & **36,391** received Community supports
  - Dually Eligible: 16,630 (ECM); 7,863 (CS)
- Wide variation in type of Community Supports offered by Medi-Cal plans
  - Need for standardization & uniformity
- Even when community supports are offered, those offerings are not equally available
  - Some reported zero utilization of an offered community support in 2022
ECM Populations of Focus

• 2022:
  • Adults & Families Experiencing Homelessness
  • Adults At Risk for Avoidable Hospital or Emergency Department Utilization
  • Individuals with Serious Mental Health/and or Substance Use Disorder (SUD) Needs
  • Individuals Transitioning from Incarceration*

• 2023:
  • Adults Living in the Community & At Risk for Long Term Care Institutionalization
  • Adult Nursing Facility Residents Transitioning to the Community

• 2024:
  • Individuals Transitioning from Incarceration (statewide)
2024: Asset Limit Elimination

- Asset limit completely eliminated on January 1, 2024 in Medi-Cal
- Asset limits will not be applied when determining eligibility
- 2023 Asset Limits:
  - $130,000/single
  - $195,000/couple
Non-MAGI Groups

• Aged, Blind, Disabled
• Long Term Care
• 250% Working Disabled Program
• Share of Cost Medi-Cal (Medically Needy program)
• Medicare Savings Programs
• Supplemental Security Income (SSI) Deemed Groups
  • Pickle, Disabled Adult Child, Disabled Adult Widower
• All other non-MAGI programs
  • Does not apply to SSI-linked or CalWorks linked Medi-Cal
  • Does not apply to any other public benefit program
Estate Recovery

- Asset elimination does not change Medi-Cal estate recovery
- Federal law requires CA to seek recovery from estates of deceased Medi-Cal beneficiaries in limited circumstances
- Estate recovery exceptions exist
  - California Advocates for Nursing Home Resource
Advocacy Tip

• Denials or Terminations from now to January 2024:
  • Reapply after January!
    • Applications denied for being over-asset between now and January 2024
    • Medi-Cal terminations because of assets
2024: Phase 2 of Long-Term Care Carve-In (1 of 2)

- Managed care plans responsible for full Medi-Cal long term care benefit (Phase 2)
  - Skilled nursing facility carved in January 2023

- 2024 Facilities:
  - Intermediate Care Facility for Developmentally Disabled (ICF/DD);
  - Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H);
  - Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N);
  - Subacute Facility;
  - Pediatric Subacute Facility
Phase 2 of Long-Term Care Carve-In (2 of 2)

- **Where**: Counties where subacute or intermediate care facilities are not already carved in to managed care
- **Automatic continuity of care protections**
  - Do not need to move residences – 12 mos
- Notices mailed Fall 2023
Phase 2 of Long Term Care Carve-In

• 2024 Facility types:
  • Intermediate Care Facility for Developmentally Disabled (ICF/DD);
  • Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H);
  • Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N);
  • Subacute Facility;
  • Pediatric Subacute Facility
2024: Medi-Cal Managed Care Plan Changes

• Individuals may need to change Medi-Cal plans in January 2024
  • Some commercial Medi-Cal plans are exiting certain counties in 2024 and other plans are entering in their place

• 17 counties are changing their Medi-Cal plan model
  • Single plan model or County Organized Health System expansion

• Direct Kaiser Permanente contract with DHCS – 32 counties where KP operates
  • Limited enrollment, option for dually eligible individuals
Noticing and Protections

• Individuals in exiting Managed Care Plans (MCPs) will receive mailed notices
  • October, November, and December

• Members in exiting MCPs retain enrollment through December 31, 2023

• Enrollment freeze in exiting MCPs starting October 2023
Continuity of Care

• Continuity of care for providers with whom individuals have a pre-existing relationship
  • Criteria: 1x visit in past 12 mos

• Continuity of care for active treatment and previously authorized services

• Enhanced protections for special populations with chronic or complex conditions
  • Ex: Enhanced Care management, Community support, IHSS recipients
Impact on Medicare Medi-Cal Plans (MMPs)

- Some health plans will not be offering Medicare Medi-Cal Plans (MMPs) in San Diego, San Bernardino, and Riverside
  - Aetna and Healthnet (San Diego)
  - Healthnet in Riverside and San Bernardino
- D-SNP enrollment unchanged but new Medi-Cal plan enrollment
  - Current members transition to unaligned D-SNP + Medi-Cal plan in 2024
Medicare Medi-Cal Plans

• MMPs are exclusively aligned Dual Eligible Special Needs Plan (D-SNP) and matching Medi-Cal plan
  • Medicare D-SNP: Part A, Part B, and Part D
  • Medi-Cal plan responsible for Medi-Cal

• D-SNP and matching Medi-Cal plan coordinate to deliver services

• Built upon Cal MediConnect model w/ integrated notices & materials
MMP Expansion in 2024

• **NEW**: Fresno, Kings, Madera, Sacramento, Tulare

• Orange County, Riverside, San Bernardino, San Diego, San Mateo, Santa Clara, Los Angeles

• [2023 Medicare Medi-Cal Plan](#) list
Resources

• Medi-Cal Managed Care Plan changes
  • Medi-Cal Plan Transition
  • Medi-Cal Managed Care Plan Transition Guide
  • CA Health Care Foundation: Medi-Cal Explained 2024 Medi-Cal Managed Care

• CalAIM:
  • 2022 Enhanced Care Management & Community Supports Report
  • 8.31 Presentation on Dual Eligible Representation in ECM and CS
  • Subacute & Intermediate Care Facility Carve In
Unwinding Resources & Authorities

Medi-Cal Eligibility Division Letters (MEDIL)
• 23-19: Maximize the Number of Non-MAGI based Individuals Renewed Without Requesting Additional Information
• 23-26: Extension of SFH Deadline
• 23-42: Stable Income

All County Welfare Director’s Letter (ACWDL)
• 22-22: Reasonable Explanations

• DHCS:
  • Medi-Cal Renewals
  • Continuous Coverage Unwinding Operational Plan
  • Deeming Period by Plan
Questions?

Tiffany Huyenh-Cho,
thuyenhcho@justiceinaging.org