

Senate Bill (SB) 75: Full Scope Medi-Cal Coverage for All Children Frequently Asked Questions (FAQ)

1. Why is my health coverage changing?

SB 75 is a new law in California. It gives full scope Medi-Cal to children under the age of 19. And your immigration status does not matter. You still have to meet all other Medi-Cal rules. SB 75 will begin on or after May 1, 2016.

2. What is full scope Medi-Cal?

Medi-Cal provides free or low-cost health coverage for some people who live in California. Full scope Medi-Cal covers more than just care when you have an emergency. It provides medical, dental, mental health, and vision (eye) care. It also covers alcohol and drug use treatment, drugs your doctor orders, and more. You can learn more about Medi-Cal at www.dhcs.ca.gov.

3. How will I get full scope Medi-Cal?

If you are under the age of 19, and you have restricted scope Medi-Cal (also called emergency Medi-Cal), you will get full scope Medi-Cal. This change will happen on or after May 1, 2016. Since you have Medi-Cal, you do not need to apply to get full scope Medi-Cal. After you get full scope Medi-Cal, you will have to enroll into a Medi-Cal managed care health plan (Medi-Cal plan). You will get a notice in the mail. It will tell you how to enroll in a Medi-Cal plan.

If you will turn 19 within six months of qualifying for full scope Medi-Cal, you may have more choices. You may get to choose to enroll in a Medi-Cal plan, or to stay in fee-for-service Medi-Cal (Regular Medi-Cal). This will depend on what county you live in. You will get services in Regular Medi-Cal, if you do not enroll in a Medi-Cal plan.

Some people may not be able to enroll in a Medi-Cal plan. You can't enroll in a plan if:

- You live in a county that has more than one Medi-Cal plan, and
- You have a share of cost or you have other health coverage

You will get your full scope benefits in Regular Medi-Cal.

4. I do not have Medi-Cal. How do I enroll to get Medi-Cal services?

You must apply for Medi-Cal. You can enroll in restricted scope Medi-Cal through your local county office. You can enroll in person, over the phone, or by mail. Or you can submit an application online at www.coveredca.com.

5. What if I get a renewal packet before May 1, 2016? Will I still be able to get full scope Medi-Cal when the program starts?

If you get a renewal packet in the mail, you should fill it out. Then you can still get your restricted scope benefits, until the new law starts. On or after May 1, 2016, you will be

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able to change to full scope benefits. The county may ask you for your renewal information. Any time there are changes to your information, be sure to tell your county office.

6. Will using full scope Medi-Cal make me a public charge?

The Department of Health Care Services (DHCS) keeps your information private. DHCS will only use your information to check your Medi-Cal eligibility.

DHCS cannot give you advice on public charge. For a public charge fact sheet, go to the United States Citizenship and Immigration Services (USCIS) website at <http://www.uscis.gov/news/fact-sheets/public-charge-fact-sheet>. If you have more questions, please call an immigration attorney or your local legal aid office.

7. Will I pay monthly premiums in Medi-Cal?

It depends. If you do not pay a premium for your restricted scope Medi-Cal, you may not have to pay a premium for full scope Medi-Cal. If you are under the age of 19, and your income is less than 160 percent of the federal poverty level, then you will not have a premium.

Some families will have to pay a monthly premium. It depends on the family's income. If it is more than 160 percent and less than 266 percent of the federal poverty level, they will have a monthly premium. The federal poverty level is based on family size.

How much is 160 percent of the federal poverty level?

- For a family of 3, it is a monthly income of \$2,679.
- For a family of 4, it is a monthly income of \$3,234.

If a family's income is at or below 160 percent of the federal poverty level, they will not have to pay a premium.

How much are the monthly premiums?

- It is \$13 for each child. But the most any family will have to pay is \$39 a month.
 - If you have 1 child, it is \$13 a month.
 - If you have 2 children, it is \$26 a month.
 - And if you have 3 or more children, it is \$39 a month.

The premiums are the same for restricted scope and full scope Medi-Cal. If you pay a premium for restricted scope Medi-Cal, you will pay the same premium for full scope Medi-Cal. Unless your income changes. If your income goes down, you may not have to pay.

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8. Will I pay co-payments when I am in a Medi-Cal health plan?

No. Children in Medi-Cal plans do not have co-payments. Medi-Cal plans cover all medical costs.

If you have Medi-Cal with a Share of Cost (SOC) for restricted scope Medi-Cal, you will still have a SOC in full scope Medi-Cal. You must pay the SOC in any month that you have any medical costs. After you pay your SOC, Medi-Cal will pay the rest of your medical bills for that month. If you don't pay a SOC for your restricted scope Medi-Cal, you will not pay a SOC when you get full scope Medi-Cal. If your income changes, you may have to pay a SOC.

9. Who will be my doctor when I am in a Medi-Cal health plan?

You need to choose a doctor who works with your Medi-Cal plan. Ask your doctor if he/she works with a Medi-Cal plan. If your doctor works with a Medi-Cal plan in your county, you can keep your doctor. Then choose that doctor when you enroll with the plan.

If you need help, the Medi-Cal plan will send you a list of doctors. The plan's member services can help, too. If you do not choose a doctor, the plan will choose one for you. You can change your doctor at any time. Call your Medi-Cal plan's member services line.

For more information, go to:

<http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Enrollment/default.aspx>.

10. How do I get care before I am enrolled in a Medi-Cal health plan?

You will have Regular Medi-Cal until you are enrolled in a Medi-Cal plan. You can go to any doctor that takes Regular Medi-Cal. To find a doctor, you can look on Google, ask friends, or ask a doctor you have gone to before. When you call a doctor's office, ask if they are taking new "Medi-Cal fee-for-service" patients. You can also use this online list of doctors who are in the Medi-Cal fee-for-service Program:

<https://chhs.data.ca.gov/Facilities-and-Services/Profile-of-Enrolled-Medi-Cal-Fee-for-Service-FFS-P/nnz9-spdi>.

11. How do I determine if my county managed care is operated by a single County Organized Health System (COHS)?

Medi-Cal Managed Care is an organized system to help you get high quality care and stay healthy. Medi-Cal managed care health plans help Medi-Cal beneficiaries find doctors, pharmacies and health education programs.

For more information, go to:

<http://www.dhcs.ca.gov/provgovpart/Documents/MMCDModelFactSheet.pdf>.

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What else should I know?

a). Vision (Eye) Care

1. Can I get vision (eye) care?

Yes. You will have vision care through the Medi-Cal health plan. Full scope Medi-Cal also covers glasses for children.

b). Dental Services

1. Can I get dental care?

Yes. With full scope Medi-Cal, you will also get dental services. You will be enrolled in a dental managed care plan or the dental fee-for-service program. It will depend on where you live.

2. What kind of dental benefits will I have?

You may see a Medi-Cal dentist for exams, x-rays, cleanings, fillings, and other dental services.

3. How do I know if I am in a dental managed care plan or the dental fee-for-service program?

Once you have full scope Medi-Cal, you will be sent a letter. It will tell you about the dental program you are in. If you live in a county that has dental managed care plans, you will get a packet. It will tell you how to choose a dental plan.

4. Can I choose to go into a dental managed care plan or the dental fee-for-service program?

It depends on where you live. In most counties, you will be enrolled in the dental fee-for-service program. This is called Denti-Cal.

If you live in Sacramento County, you will be enrolled into a dental managed care plan. You will get a packet in the mail with your plan choices. Then you will need to choose a dental plan.

If you live in Los Angeles County, you can choose a dental managed care plan or the Denti-Cal program. You will get a packet in the mail with your plan choices. You can choose a dental managed care plan. If you do not join a managed care plan, you will be enrolled in Denti-Cal. For a list of dental managed care plans in Sacramento and Los Angeles counties, go to:

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<http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCarePlanDir>

c). California Children's Services

1. I have full scope Medi-Cal and I have a chronic medical condition. Will I be referred to California Children's Services (CCS)?

Yes, if you are under the age of 21 and you have a CCS medical condition. Then you will be referred to CCS. CCS will help manage your medical care. CCS will approve the services you need to treat your CCS condition.

To find out if you may have a medical condition covered by CCS go to:

<http://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub4.pdf>

2. I get care through the California Children's Services (CCS) program. Will that change?

If you get health care now through the CCS program, CCS will still approve your CCS care. And you will be able to get all your other health care through a Medi-Cal health plan.

3. Will my California Children's Services (CCS) be free of cost?

If you have Medi-Cal, you will not be charged for CCS services. But, some people do have to pay a monthly premium. For more information, see question #7 on page 2.

d). Mental Health Services

1. Can I get Medi-Cal specialty mental health services from the county mental health plan?

When you have full scope Medi-Cal, you may be able to get some specialty mental health services. It will depend on your mental health condition, and the level of care you need. The county mental health plan will decide if you need their services. The county may not feel your condition is severe. They may decide you do not need their specialty mental health services. They will refer you to your Medi-Cal health plan for your mental health services.

Specialty Mental Health Services include:

(a) Rehab Services, this includes:

1. mental health services
2. medication support services
3. day treatment intensive
4. day rehabilitation

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5. crisis intervention
6. crisis stabilization
7. adult residential treatment services
8. crisis residential services
9. psychiatric health facility services

(b) Psychiatric Inpatient Hospital Services

(c) Targeted Case Management

(d) Psychiatrist Services

(e) Psychologist Services

(f) EPSDT Supplemental Specialty Mental Health Services

(g) Psychiatric Nursing Facility Services

[CCR, Title 9, section 1810.247]

If you need mental health services or want more information, call your local County Mental Health Plan. To find the phone number for your county, go to:

<http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

2. If I can't get Medi-Cal specialty mental health services, are there other mental health services for me?

Yes. Your Medi-Cal health plan covers mental health services for members with mild to moderate mental health problems. Talk to your doctor about your mental health concerns. Ask your doctor how to get mental health services from your Medi-Cal health plan.

e). Substance Use Disorder Services

1. What is a substance use disorder?

A substance use disorder is when a person misuses or uses too much alcohol and/or drugs. This includes both legal and illegal drugs. If you have Medi-Cal, you may be able to get treatment for a substance use disorder. Treatment is through the Drug Medi-Cal program. To get these services, a doctor must decide that they are medically necessary.

2. Who can help me get substance use disorder services?

Ask your doctor or your Medi-Cal plan for help. They can tell you where you can get county substance use disorder services.

3. How do I get these new services?

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If you have Medi-Cal, you may be able to get these new services. Your doctor must decide that the services are medically necessary. Substance use disorder services are a covered benefit in full scope Medi-Cal. Drug Medi-Cal provides these services. These services are provided through your county office. Some counties have a contract with private places that they certify to provide Drug Medi-Cal services. Your county human services office can help you get these services. They will help you with any paper work that is needed. You may also have to fill out some paper work for the provider at your first visit.

4. How can I learn more about substance use disorder services in my county?

The Department of Health Care Services (DHCS) has a substance use disorder treatment referral line. If you need help finding treatment, call (916) 327-3728 or the toll free line at (800) 879-2772. They can give you help in both English and Spanish. If you speak another language, call your county office. For a list of county offices, go to: <http://www.dhcs.ca.gov/individuals/Pages/DMC-CountyNumbersDirectory.aspx>

5. Can I get transportation to go to my substance use disorder appointments?

Yes. If you are enrolled in Drug Medi-Cal, you can get help getting to your substance use disorder services. If you need transportation help, contact your county office. The county office may be called the Department of Behavioral Health Services or the Office of Alcohol and Other Drug Services.

Please submit questions and/or feedback regarding SB 75 to the following:

SB75EligibilityandEnrollment@dhcs.ca.gov