

# Important Health Care Changes Coming in 2022 for Low-Income Older Californians

OCTOBER 2021

Starting January 1, 2022, California is implementing a number of significant changes in Medi-Cal that will impact how low-income older adults and people with disabilities receive their benefits.

The changes outlined in this fact sheet are part of California's five-year initiative, California Advancing and Innovating Medi-Cal (CalAIM), and policies signed into law during the 2021 legislative session.<sup>1</sup> Some changes will impact Medi-Cal enrollees statewide. Other changes will only impact Medi-Cal enrollees in the seven Coordinated Care Initiative (CCI) counties: Los Angeles, San Bernardino, Riverside, Orange County, San Diego, Santa Clara, and San Mateo. This factsheet focuses only on changes that impact low-income older adults enrolled in Medi-Cal.

## Individuals with a Share of Cost Transition to Fee-For-Service

**Summary of Change:** Individuals with a Medi-Cal share of cost (SOC) will be mandatorily enrolled in fee-for-service Medi-Cal. Today, individuals who have a Medi-Cal SOC and who reside in one of the seven CCI counties or in a County Organized Health System (COHS) are enrolled in a Medi-Cal plan to receive their Medi-Cal benefits.<sup>2</sup> Effective January 1, 2022, these individuals will transition out of their Medi-Cal plan into Medi-Cal fee-for-service. This change impacts both individuals dually enrolled in Medicare and Medi-Cal and individuals enrolled in Medi-Cal only. Dual eligibles with a SOC who are enrolled in a Cal MediConnect plan will be disenrolled from Cal MediConnect. These dual eligibles will have to select a new Part D prescription drug plan since the Cal MediConnect plan will no longer cover their prescription drugs.

**Effective Date:** January 1, 2022

**Where:** Seven CCI counties and 22 COHS counties

**Exception:** Individuals with a share of cost in long-term care facilities are exempt and will remain in Medi-Cal managed care plans and Cal MediConnect plans.

**Notices:** Beneficiaries will receive notices of this change starting in fall 2021.

### Advocacy Tips

- Advocacy will be needed to ensure that access to critical benefits and care is maintained during this transition to fee-for-service Medi-Cal. One area of particular concern is maintaining access to transportation. Enrollees will no longer be able to contact a health plan to arrange transportation.

Instead, they will need to work with their health care providers and transportation providers. [See DHCS's Frequently Asked Questions for Medi-Cal Transportation Services](#) for instructions on how your client can obtain transportation in fee-for-service and for a list of approved transportation providers.

- For dual eligibles disenrolled from Cal MediConnect, advocacy will be needed to ensure the dual eligible chooses a new Part D plan that will cover their current medications. Advocacy may also be needed with pharmacies to ensure there is no disruption. [Read our fact sheet on Part D transition rights.](#)

## Mandatory Managed Care Enrollment

**Summary of Change:** On January 1, 2022, non-dual eligible Medi-Cal enrollees (without a share of cost) and some dual eligibles will be required to join a Medi-Cal managed care plan statewide.<sup>3</sup> A large number of Medi-Cal enrollees are already in Medi-Cal managed care, but DHCS is expanding the groups who will be mandatorily enrolled in Medi-Cal managed care. Older adults who are most likely to be impacted by this change include those in the following population groups:<sup>4</sup>

- Beneficiaries with other health coverage (e.g. employer sponsored coverage) (non-dual)
- American Indians (non-dual)
- Beneficiaries living in certain rural zip codes (non-dual)<sup>5</sup>
- Trafficking and Crime Victims Assistance Program (non-dual and dual eligibles)
- Individuals participating in accelerated enrollment (non-dual and dual eligibles)<sup>6</sup>

**Effective Date:** January 1, 2022

**Where:** Statewide (already mandatory in COHS counties)

**Notices:** Individuals will receive two notices to enroll in a Medi-Cal managed care plan in fall 2021. If an individual does not make a selection, they will be defaulted into a managed care plan the state selects.

## MSSP Transition Out of Medi-Cal Managed Care

**Summary of Change:** The Multipurpose Senior Services Program (MSSP) will transition from a managed care plan benefit in all CCI counties back to a carved-out waiver benefit effective January 1, 2022.<sup>7</sup> Currently, Medi-Cal plans and Cal MediConnect plans in CCI counties contract with MSSP sites to deliver MSSP services to enrolled members. Effective January 1, 2022, MSSP will become a carved-out waiver benefit again in CCI counties. MSSP recipients should not experience a disruption or reduction in services.

**Effective Date:** January 1, 2022

**Where:** CCI Counties

**Exception:** Health Plan of San Mateo will continue to offer MSSP as a managed care benefit.

# Enhanced Care Management and Community Support Services

**Summary of Change:** Starting January 1, 2022, Medi-Cal plans can begin to offer Enhanced Care Management (ECM) and Community Support Services (previously known as “in lieu of services”).

ECM is defined as comprehensive, whole person care management that will be available to high-need, high-cost Medi-Cal Managed Care enrollees with the goals of better coordinating care, addressing social determinants of health, and improving health outcomes.<sup>8</sup> ECM will be available to individuals and families experiencing homelessness; high utilizer adults; and adults with serious mental illness or substance abuse disorder. ECM will expand to other population groups in January 2023 including individuals transitioning to the community from nursing facilities, individuals at risk for institutionalization, and individuals transitioning out of incarceration. Individuals enrolled in Cal MediConnect, PACE, or a Fully-Integrated Special Needs Plan as well as individuals enrolled in Home and Community-Based (HCBS) waivers are not eligible for ECM. ECM will be phased in by county beginning January 2022 starting with counties that implemented Whole Person Care Pilots and Health Homes Programs. The remaining counties will make ECM available July 1, 2022.<sup>9</sup>

Community Support Services are services that Medi-Cal plans can begin offering January 1, 2022, in lieu of covered Medi-Cal benefits. Such services can include housing transition services, housing deposits, respite services, sobering centers, meals, and more.<sup>10</sup> Plans are strongly encouraged to offer Community Support Services, but are not required to do so. Community Support Services offerings will vary from Medi-Cal plan to Medi-Cal plan. Medi-Cal plans cannot require enrollees to use Community Support Services instead of a covered benefit.

**Effective Date:** January 1, 2022; July 1, 2022

**Where:** Statewide (ECM phased in by county)

## Medi-Cal Prescription Drugs

**Summary of Change:** On January 1, 2022, the Medi-Cal prescription drug benefit will be carved out of managed care plans and into fee-for service. This means managed care plans will no longer be responsible for providing or approving prescription drug coverage or related medical supplies for Medi-Cal beneficiaries.<sup>11</sup> This change will occur statewide in all counties. Dual eligibles will continue to access most of their prescription drugs through Part D plans as Medicare is the primary payor for most drug coverage. Dual eligibles may experience a transition if they use medication not covered under Medicare Part D, like over-the-counter medications and medications for weight loss or gain. DHCS is providing beneficiary protections to minimize disruption to prescription drugs during this transition.<sup>12</sup>

**Effective Date:** January 1, 2022

**Where:** Statewide

**Exceptions:** Medi-Cal prescription drugs will not be carved out of Cal MediConnect plans, Program for All Inclusive Care for the Elderly (PACE), Senior Care Action Network (SCAN), and Major Risk Medical Insurance Program (MRMIP).

# Expanded Medi-Cal Coverage for Undocumented Older Adults

**Summary of Change:** Beginning May 1, 2022, Medi-Cal full-scope benefits will be provided to all individuals age 50 or older, regardless of immigration status, who meet Medi-Cal financial eligibility requirements. Previously, individuals without legal status only had access to restricted scope Medi-Cal, even if they met other Medi-Cal criteria such as income and assets. With this new change, anyone age 50 or older is eligible for full Medi-Cal benefits including primary, specialty, behavioral health, long-term care, In-Home Supportive Services, and other home and community-based supports, transportation, vision (eyeglasses) and hearing aid coverage. Individuals age 50 or older on restricted scope Medi-Cal will automatically be transitioned into full-scope Medi-Cal on May 1, 2022. Eligible beneficiaries do not need to take any affirmative steps to receive full-scope Medi-Cal. Individuals who are not currently enrolled in restricted scope Medi-Cal will need to apply and be evaluated for eligibility.

**Effective Date:** May 1, 2022

**Where:** Statewide

# Asset Test Elimination in Medi-Cal and Medicare Savings Programs

**Summary of Change:** On July 1, 2022, the Medi-Cal asset test will significantly increase for the Aged & Disabled, medically needy with a share of cost, and long-term care Medi-Cal programs from \$2,000 to \$130,000 for an individual and \$65,000 for each additional family member. The asset limits will also increase to \$130,000 for Medicare Savings Programs (MSPs) including the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), Qualified Income (QI), and Qualified Disabled Working Individual (QDWI) programs. The MSPs help low-income Medicare enrollees pay for Medicare out-of-pocket expenses including premiums and cost-sharing.

The asset test will be fully eliminated for these Medi-Cal programs effective July 1, 2024.

**Effective Dates:** July 1, 2022; July 1, 2024

**Where:** Statewide

**Notices:** Once effective, DHCS will send outreach notices to individuals who were denied Medi-Cal or who were terminated from Medi-Cal coverage for being over the asset limit during the 90-day period preceding the effective date.

# Cal MediConnect Plans Ending

**Summary of Change:** Cal MediConnect health plans in the seven CCI counties will sunset on December 31, 2022. Cal MediConnect members will automatically transition into Dual Special Needs Plans (D-SNPs) operated by the Medi-Cal plans operating in these counties.<sup>13</sup> Cal MediConnect plans integrate both Medicare and Medi-Cal benefits into one health plan. D-SNPs are Medicare Advantage (MA) plans that contract with Medi-Cal plans to coordinate care and Medi-Cal benefits, so members will be enrolled in two plans – one for their Medicare and one for their Medi-Cal.

**Effective Date:** January 1, 2023

**Where:** CCI counties

**Notices:** Cal MediConnect enrollees transitioning to new D-SNPs and affiliated Medi-Cal plans will receive notices regarding the transition starting fall of 2022.

## Resources

- **CCI Ombudsman.** The CCI Ombuds is available to provide assistance and advice on upcoming changes in CCI counties including how to access care, beneficiary care protections, and appeal and grievance rights. You should contact the Ombudsman if a beneficiary is having difficulty disenrolling or changing their plan, if the beneficiary has been denied coverage or is experiencing a disruption in care, or if you have general questions about these changes. The Ombudsman program is available by calling (855) 501-3077 (TTY: 855-847-7914), Monday through Friday, 9am-5pm. To find the local program acting as the ombudsman in your county, [visit the CalDuals website](#).
- **HICAP.** Beneficiaries should contact their local Health Insurance Counseling & Advocacy Program (HICAP) to receive free individualized choice enrollment counseling for Medicare Advantage and Part D prescription drug plans. The HICAP counselors can help beneficiaries review their choices and make an informed decision. The HICAP can be reached at (800) 434-0222.
- **Health Consumer Alliance.** The Health Consumer Alliance (HCA) offers free assistance over the phone or in-person to help people statewide who are struggling to get or maintain health coverage and resolve problems with their health plans. The HCA can be reached at call 1-888-804-3536.

## Online Resources

- DHCS's [CalAIM Proposal](#)
- DHCS [CalAIM Webpage](#) and [Executive Summary](#)
- DHCS's [Medi-Cal Rx Webpage](#) and [FAQ](#)
- California Health Care Foundation (CHCF), [CalAIM Implementation Milestones](#)
- Insure the Uninsured (ITUP), [CalAIM Summary and Timeline](#)
- Justice in Aging [CCI Advocate Guide](#)

Please email [thuyenhcho@justiceinaging.org](mailto:thuyenhcho@justiceinaging.org) if you have questions about the information in this fact sheet.

# Endnotes

- 1 DHCS, California Advancing & Innovating Medi-Cal (CalAIM) Proposal, available at <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf>.
- 2 See, Medi-Cal Managed Care County Map, for list of COHS counties available at [https://www.dhcs.ca.gov/services/Documents/MMCD\\_County\\_Map.pdf](https://www.dhcs.ca.gov/services/Documents/MMCD_County_Map.pdf).
- 3 DHCS defines non-dual beneficiaries as Medi-Cal beneficiaries only or Medi-Cal only beneficiaries with Medicare Part A or Part B only.
- 4 For a full list of groups, see Appendix F of DHCS's [CalAIM Proposal](#).
- 5 CalAIM Proposal Zip Codes: 93558, 90704, 92225, 92226, 92239, 92242, 92267, 92280, 92323, 92332, 92363, 92364, 92366, 93562, 9359293555, 93556, 93560, 92252, 92256, 92268, 92277, 92278, 92284, 92285, 92286, 92304, 92305, 92309, 92310, 92311, 92312, 92314, 92315, 92317, 92321, 92322, 92325, 92327, 92333, 92338, 92339, 92341, 92342, 92347, 92352, 92356, 92358, 92365, 92368, 92372, 92378, 92382, 92385, 92386, 92391, 92397, 92398.
- 6 Accelerated enrollment provides immediate access to full-scope benefits for individuals aged 19-64 pending income verifications for individuals who apply for Medi-Cal using the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS).
- 7 DHCS, "Expanding Access to Integrated Care for Dual Eligible Californians," (Mar. 2021), available at <https://www.dhcs.ca.gov/provgovpart/Documents/6422/Expanding-Access-to-Integrated-Care-for-Dual-Eligible-Californians-03-01-21.pdf>.
- 8 DHCS, "Enhanced Care Management Policy Guide," (Sept. 2021), available at <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide-September-2021.pdf>.
- 9 Counties that implemented Whole Person Care pilots and/or a Health Homes Program include Alameda, Contra Costa, Imperial, Kern, Kings, Los Angeles, Marin, Mendocino, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sonoma, Tulare, and Ventura.
- 10 DHCS, "Medi-Cal In-Lieu of Services (ILOS) Policy Guide," (Sept. 2021), available at <https://www.dhcs.ca.gov/Documents/MCQMD/ILOS-Policy-Guide-September-2021.pdf>.
- 11 Durable medical equipment (DME) is excluded from the Medi-Cal Rx transition.
- 12 For more information, see DHCS's [FAQ Paragraph #31](#) and [Pharmacy Transition Policy](#).
- 13 DHCS, "Expanding Access to Integrated Care for Dual Eligible Californians," (Mar. 2021), available at <https://www.dhcs.ca.gov/provgovpart/Documents/6422/Expanding-Access-to-Integrated-Care-for-Dual-Eligible-Californians-03-01-21.pdf>.