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# **Fact Sheet: California's 1115 Waiver and Enrollment of Seniors and People with Disabilities into Medi-Cal Health Plans**

*Revised 2/14/11*

*Answers to frequently asked questions for  
community-based organizations, advocates and healthcare  
providers*

**Also see the State of California  
Department of Health Care Services 1115 waiver website:  
<http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDENrollment.aspx>**

**Q: What is the "1115 Waiver"?**

**A:** In November, 2010, the Federal Centers for Medicare and Medicaid Services (CMS) approved the State of California's proposal to restructure some of its public programs in order to improve the quality of healthcare, control healthcare spending, and help prepare the state for healthcare reform in 2014. One part of the waiver grants permission to the state Department of Health Care Services (DHCS) to move most Medi-Cal beneficiaries who are seniors and people with disabilities into Medi-Cal health plans.

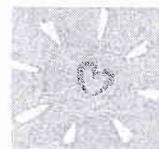
**Q: Who will this waiver impact?**

**A:** Medi-Cal beneficiaries who are seniors and people with disabilities, and their families, caregivers, healthcare providers and other agencies and organizations who serve them.

**Q: Who will be required to join a Medi-Cal Health plan?**

**A:** Most Supplemental Security Income (SSI) beneficiaries with Medi-Cal:

- **Seniors/Aged.** Persons 65-years old and older.
- **Blind.** Persons of any age group, including children, who have been declared legally blind by the Social Security Administration.
- **Disabled.** Persons of any age group, including children, who have been declared legally disabled by the Social Security Administration; disability prevents "meaningful work."
- **Supplemental Security Income (SSI).** SSI is a federal income supplemental program designed to help seniors and people with disabilities who have little or no income or assets. It provides cash to meet basic needs for food, clothing, and shelter.



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**Q: Is anyone exempt from mandatory enrollment?**

**A:** Yes. People who also have Medicare in addition to Medi-Cal (aka Medi/Medis, or dual eligibles) will not be required to join (though they may join voluntarily). In addition, people who meet any of the following criteria are exempt:

- Residing in long-term care or institutional settings
- CCS-eligible children (*NEW as of 2/11*)
- Have private or other health insurance
- Meet medical exemption guidelines
- Participate in certain home and community-based waiver programs

*There are additional exemptions. Please contact Health Care Options at (800) 430-4263 with questions.*

**Q: How many people in Los Angeles County will be required to join a Medi-Cal health plan?**

**A:** According to DHCS, approximately 172,000 Medi-Cal beneficiaries county-wide will be required to join a plan.

**Q: What is the timeframe for the enrollment process?**

**A:** Enrollment will be staggered over a 12-month period, starting June 1, 2011, and concluding by the end of May, 2012. Beneficiaries will be required to join based on their birthday month. For example, people with a May birthday will be required to be in a health plan as of June 1<sup>st</sup>. Anyone who is newly eligible for Medi-Cal after June 1, 2012 will have to join a health plan as soon as their Medi-Cal coverage begins.

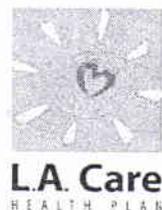
**Q: Can people only enroll according to birth month?**

**A:** Beneficiaries do not have to wait until their birth month to enroll. They can voluntarily enroll anytime before that, and can request an enrollment packet by calling Health Care Options at (800) 430-4263 or by visiting <http://www.healthcareoptions.dhcs.ca.gov>.

**Q: How will Medi-Cal beneficiaries be notified about the change?**

**A:** DHCS will send letters and make phone calls beginning 90 days in advance of a beneficiary's enrollment date. The first letters will be sent March 1, 2011 for people with a May birthdate. Letters can be viewed here: <http://www.dhcs.ca.gov/individuals/Pages/MMCDSPDEnrollment.aspx>. Enrollment packets will be mailed 60 days before the beneficiary's enrollment date (April 1<sup>st</sup> for people with May birthdays who must join on June 1<sup>st</sup>). In addition, DHCS will offer one community presentation in Los Angeles County on March 29, 2011 at 10 a.m. at Rancho Los Amigos Hospital.

**L.A. Care is working with Neighborhood Legal Services to provide additional education about the enrollment of seniors and people with disabilities into Medi-Cal health plans.** These county wide community events will be offered starting in April and are free and open to the public. Please contact NLS at (818) 834-7532 to find a presentation near you.



**Q: What if a Medi-Cal beneficiary does not choose a health plan in time?**  
**A:** If a beneficiary does not make a choice, DHCS will assign them to one of the two Medi-Cal health plans in Los Angeles County, either L.A. Care Health Plan or HealthNet. Each of those plans also works with additional partner health plans; please contact plans directly for more information about their provider networks, programs and services. DHCS will try to assign people to health plans that have most of an individual's doctors in the plan's provider network.

**Q: Why is it important for seniors and people with disabilities to make an active choice of a health plan and primary care provider?**

**A:** In general, seniors and people with disabilities with Medi-Cal have more health problems and chronic medical conditions than average. They also have important relationships with doctors, specialists and other healthcare providers like wheelchair vendors and pharmacies. If those relationships are important, people should choose a health plan where they can continue to see as many of those important providers as possible, and should choose a primary care provider they want to see.  
*Please encourage consumers to make a choice!*

**Q: If someone is assigned to a Medi-Cal health plan, is switching allowed?**

**A:** Yes. Members of Medi-Cal health plans are free to change their health plan, whether they chose or were assigned to the original plan. Please call Health Care Options for more information.

**Q: What if a beneficiary is already in a Medi-Cal health plan?**

**A:** There are many seniors and people with disabilities (more than 60,000) who have already chosen to join Medi-Cal plans. If your clients are satisfied with their current Medi-Cal health plan, they do not need to do anything at all to remain in that plan. They no longer will be able to return to regular Medi-Cal, but are free to change health plans. Contact Health Care Options for more information.

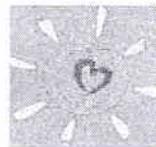
**Q: Do Medi-Cal benefits change when people join health plans?**

**A:** People do not lose any Medi-Cal benefits when they join a Medi-Cal health plan. The health plans must provide at least the same level of benefits as the regular or "straight" Medi-Cal program. Some health plans offer additional services and benefits above and beyond what regular Medi-Cal offers. Please contact the health plans directly to learn more.

**Q: What additional services do Medi-Cal health plans offer?**

**A:** Medi-Cal health plans offer many additional services for all Medi-Cal beneficiaries. These services include:

- Free interpreting services in the beneficiary's preferred language, including American Sign Language, at doctor's appointments
- Materials in the beneficiary's preferred language, or in large print, Braille, or audio
- Member Services Call Center, available 24/7, to answer questions about benefits and request appointments
- Free health education classes in the community
- Disease management programs and care coordination for people with complex conditions



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**Q: What if an individual's doctors aren't in a Medi-Cal health plan's network?**

**A:** Many doctors who accepted regular Medi-Cal also participate in Medi-Cal health plans. New health plan members may be able to see their current doctors for a transition period after enrolling in a health plan. Talk to your doctor and call the health plans to find out more about this and other options.

**Q: What about mental health services?**

**A:** Just as it is today, Medi-Cal beneficiaries in health plans will receive their mental and behavioral health services through the L.A. County Department of Mental Health (DMH). Those services are not part of what the health plans cover. The state still covers those services directly. Seniors and people with disabilities who get their mental health care through DMH should see no change in how that care is provided.

**Q: How can beneficiaries learn more about their enrollment choices?**

**A:** DHCS operates an enrollment assistance center called Health Care Options. They speak many languages and also have TTY access. Please call Health Care Options with questions like these that seniors and people with disabilities may ask your staff:

- Am I going to have to join a Medi-Cal health plan?
- When will I have to join?
- What health plans can I choose from?
- Which health plan(s) are my doctors in?
- After I join, what if I want to change to a different health plan?
- How do I choose or change my primary care provider?

**Contacting Health Care Options:**

1-800-430-4263 (English)

1-800-430-3003 (Spanish)

1-800-430-7077 (TDD for deaf and hard-of-hearing)

<http://www.health.careoptions.dhcs.ca.gov>

(includes phone numbers for 14 languages)

**Q: What about individuals who have intellectual or developmental disabilities, mental or behavioral health diagnoses, or are homeless?**

**A:** There are many Medi-Cal beneficiaries who will need assistance thinking through their health plan choices and completing enrollment forms. They will rely on friends, family members, community-based organizations, consumer advocates, and healthcare providers for help. Those entities should educate themselves about the options available to beneficiaries in order to provide the best possible guidance and support.



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**Q: How can those of us who assist this population find out more about Medi-Cal Health Plans?**

**A:** There is information available to consumers to help them compare the Medi-Cal health plans in their region and make a choice that best suits their needs.

- Plan Comparison Charts are available through Health Care Options; these charts list information in an easy-to-compare format.
- The California Office of the Patient Advocate publishes Medi-Cal Health Plan Quality Ratings, as well as quality report cards for large provider groups. This information is available on the Internet at:  
[http://www.opa.ca.gov/report\\_card/medi-calrating.aspx](http://www.opa.ca.gov/report_card/medi-calrating.aspx).
- Talk to your client's doctor and caregiver, as well as to the client. Help prioritize what is important to the client.
- Call the health plans.

The health plan enrollment packets beneficiaries receive will include the Office of the Patient Advocate Medi-Cal Health Plan Quality Ratings and the Plan Comparison Charts.

**These materials and more are available at the State of California's  
1115 waiver website:**

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

**Q: What if a senior or person with a disability has a problem or complaint about their Medi-Cal health plan?**

**A:** Every Medi-Cal health plan has a Member Services department that is available to assist members and their advocates with questions, problems or complaints. In addition, members have additional rights around getting concerns addressed. All of these rights are clearly spelled out in a new member's health plan welcome packet. Feel free to contact health plans and ask for a copy of these member rights, which are also posted on the plans' websites.

**For more information about L.A. Care's  
programs and services, call 1-888-4LA-Care.**

*Questions about this fact sheet?*

*Please contact Lisa Kodmur, MPH, Senior/Disability Program Director,  
L.A. Care Health Plan, (213) 694-1250 or [lisa.kodmur@lacare.org](mailto:lisa.kodmur@lacare.org)*

*L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is a public entity and community-accountable health plan serving residents of Los Angeles County through a variety of programs including Medi-Cal, Healthy Families, L.A. Care's Healthy Kids, and L.A. Care Health Plan Medicare Advantage HMO SNP. L.A. Care is a leader in developing new programs through innovative partnerships designed to provide health coverage to vulnerable populations and to support the safety net. With over 800,000 members, L.A. Care is the nation's largest public health plan. Visit \_\_\_\_\_ for more information.*