RMD Bulletin

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Important Medi-Cal Changes for People with Disabilities and Seniors under California's 1115 Waiver

Section 1115 of the Social Security Act allows the federal government to waive certain Medicaid rules for the State of California in order to develop new strategies to provide health care to more individuals. The federal government granted California a 5-year 1115 Waiver (2010-2015), titled Bridge to Healthcare Reform. It requires the majority of Medi-Cal beneficiaries who are seniors or persons with disabilities to join one of two Medi-Cal Managed Care Plans (MCP): Health Net or L.A. Care Health Plan.

For those seniors and people with disabilities who do not qualify for a medical exemption, they must enroll in a Medi-Cal Managed Care Plan by the end of their birth month between June 2011 and May 2012. They will receive an information notice by mail approximately 90 days prior to their birth month, an enrollment packet approximately 60 days prior to their birth month, and two reminder phone calls within 90 days prior to their birth month. If an individual does not enroll by the end of their birth month, individuals will be automatically enrolled in a plan.

- Please note: this change does not impact access to mental health services an individual may be receiving through the Los Angeles County Department of Mental Health.

The following Seniors and Person with Disabilities (SPDs) are exempt from mandatory enrollment:

- Beneficiaries with Medi-Cal and either Part A or Part B Medicare,
- Children who are enrolled in California Children Services (CCS) and have a disability-based Medi-Cal aid code,
- And children who receive foster care or adoption assistance benefits.

Below are the mandatory and voluntary aid codes for the managed care plans: aid codes that are identified as "mandatory" must join an MCP; aid codes that are identified "voluntary" are not required to join an MCP.

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MANDATORY		VOLUNTARY	
01	3L	03	4A
02	3M	04	4F
08	3N	06	4G
0A	3P	0M *	4H
30	3R	0N	4K
32	3U	0P	4L
33	3W **	0R *	4M
34	47	0T *	4T
35	54	0U *	5K
38	59	40	7J
39	72	42	86
3A	7A	45	
3C	7X*	46	
3E	82		
3G	8P		
3H	8R		

SPD AID CODES – Mandatory Medical & Voluntary Dental					
10	1H	2E	64	6E	6N
14	20	2H	66	6G***	6P
16	24	36	6A	6H	6V
1E	26	60	6C	6J	

* Eligible for Dental plans only.

** Not Eligible Aid Code for Dental Plans

***** May indicate numbers in Share of Cost (SOC) field in MEDS – Disregard – This Aid Code is eligible for enrollment.**

Fee-For-Service is always an option for beneficiaries with voluntary aid codes.

Found only on MEDS special program screens under child, IH/PCS, or BCCTP.

Aid codes not listed here are not eligible for HCO enrollment.

An individual can request a medical exemption from this requirement if s/he has a complex or high-risk medical condition which requires current and continuing care from a provider. This provider, a Fee-For-Service (FFS) provider, must only accept straight Medi-Cal and cannot be in any Medi-Cal Plan network. The patient must provide a signed Medi-Cal Exemption Form (Form HCO-02 included in their enrollment packet) to the FFS provider, who then submits the form directly to Health Care Options. If the request is denied, the patient must select a Medi-Cal Managed Care Plan; however, they also may appeal the denial and request a State Fair Hearing.

We're here to help you…If you have any questions or require further information, please do not hesitate to contact RMD at (213) 480-3444 or via e-mail at RevenueManagement@dmh.lacounty.gov.