The Medi-Cal Young Adult Expansion

Some exciting mail is arriving for nearly 70,000 households this month: letters and notices about the Medi-Cal Young Adult Expansion. As a result of robust organizing and advocacy, and a key feature in Governor Newsom’s first budget, Medi-Cal is expanding full-scope coverage to all young adults ages 19 through 25 regardless of immigration status.

Although there are many materials available to advocates and community organizations, public awareness about the program seems to be quite low. So read on for a few tips on how to help!

Tip 1: Acknowledge concerns around immigration status

The Young Adult Expansion is happening at time of considerable confusion and understandable fear about being undocumented and using Medi-Cal. Because the Young Adult Expansion is state-funded, it is NOT subject to “public charge.” (And as of this writing, the expanded public charge rules have been stopped by courts and is not in effect.)

The advocate webinar on the Young Adult Expansion has an overview of immigration concerns in healthcare including public charge and information privacy at 23:05, featuring Sarah Dar of the California Immigrant Policy Center. The advocate webinar also has a powerful framework of how to work with immigrant communities at 31:21, featuring Héctor Plascencia-Juarez of Plascencia Consulting Inc. Copies of the webinar slides are also available.

If you or any of the families you work with have questions about immigration status, they can go to One California to seek assistance from free, confidential immigration advocates across the state.

The advocate website Health4AllYoungAdults.org provides information and resources for Young Adult Expansion, including the advocate webinar and materials you can distribute (scroll down to the “Resources” section).

Tip 2: Understand the notices

All young adults currently on restricted scope Medi-Cal will get two notices in November about their eligibility for full-scope benefits starting January 1, 2020. These notices may come as a surprise to the recipients and their families—you can help educate them on the expansion and what it means for them.

The first letter and FAQ from DHCS generally describes the expansion—this went out mid-November. The second is a Notice of Action from their county telling them that their eligibility will change on January 1, 2020—this will go out late November. Copies of the notices are in the DHCS Eligibility & Enrollment Plan (first notice starts at page 19; the “snippets” for the second notice start at page 21). DHCS explains eligibility rules and the “Aid Code Crosswalk” in All County Welfare Director’s Letter (ACWDL) 19-23.

For almost everyone in this group, their eligibility will automatically switch over to full-scope and they do not have to do anything. Of course, nothing is perfect, so be prepared to answer questions and ask for help, especially if their eligibility needs to be corrected.

Tip 3: Get eligibility right
Both new applicants and existing beneficiaries on restricted-scope must meet the Medi-Cal income requirements. For most young adults, their eligibility will be based on MAGI and its income limit of 138% FPL. Many people in this age group are in new and different stages in their life—going to school, working, living at home, living alone, etc. They may need help thinking through what their MAGI household is and how they plan to file taxes. This is especially important for children turning 19 and aging out of the Medi-Cal programs with higher income limits (i.e. up to 266% FPL).

New applicants can apply through any of the Medi-Cal portals—including www.CoveredCA.com. If you or they need help with the Medi-Cal eligibility rules, call the Health Consumer Alliance at 888-804-3536. The advocate webinar on the Young Adult Expansion has a great recap on Medi-Cal eligibility rules (starting at 4:06, featuring Donald Nollar of Maternal & Child Health Access).

Tip 4: Connect to services

The Young Adult Expansion to full-scope Medi-Cal means that this group is eligible for all Medi-Cal covered benefits and services, including primary care, dental and mental health. Almost all of the young adults are required to enroll in a Medi-Cal managed care plan.

- COHS counties: Those living in a county with a County Organized Health System (COHS) will automatically be enrolled in the COHS plan the month after their eligibility determination. The plan will mail a Welcome Packet within a week of enrollment.
- Non-COHS: Those living in non-COHS counties will get a “choice packet” from Health Care Options. They will have 30 days to choose a plan. If no plan choice is made, DHCS will assign them to a plan in their county.

The advocate webinar on the Young Adult Expansion has a helpful explanation process of this starting at 22:05, featuring Alicia Emanuel of NHeLP.

This is a good opportunity to explain how managed care works. If you work with a young adult who has a relationship with a provider, explain whether they can pick a plan that will allow them to remain with that provider.

Tip 5: Stay involved

If you or your clients or patients have any questions or concerns about the Young Adult Expansion program, including individual eligibility problems, general questions, or systemic concerns, contact Cori Racela & Alicia Emanuel. We are monitoring how the Young Adult Expansion is being implemented across the state and want to make sure to identify and address any problems or trends that arise!