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GAVIN NEWSOM
Governor

Office of AIDS (OA)
AIDS Drug Assistance Program (ADAP)

Management Memorandum
Memorandum Number: 2023-08

DATE: June 1, 2023

TO: ADAP ENROLLMENT WORKERS (EWs)

SUBJECT: ADAP PLAN FOR MEDI-CAL UNWINDING

Background

During the COVID-19 Public Health Emergency (PHE), the Department of Health Care Services (DHCS) used program flexibilities to allow Medi-Cal beneficiaries to remain enrolled with continuous health care coverage. These flexibilities allowed clients to stay enrolled in Medi-Cal, even when they no longer met eligibility criteria.

Under the Consolidated Appropriations Act of 2023, the Medicaid continuous enrollment requirement ended March 31, 2023, and required counties to restart eligibility renewals. This process is referred to as Continuous Coverage Unwinding.

Medi-Cal Renewal

Counties will begin renewal activities two months prior to a client's renewal date. For beneficiaries with a June 2023 renewal date, renewal activities began April 1, 2023. Individuals who are no longer eligible for Medi-Cal with a June 2023 renewal month will have their eligibility termed June 30, 2023.

Medi-Cal beneficiaries will retain their original renewal date, which is the same as the issue date on the Benefits Identification Card. Clients can also contact their Medi-Cal office to find out their renewal date. Please see the attached Eligibility Sequencing Map for the renewal timeline.



How to Assist Clients to Update Medi-Cal Contact Information

Enrollment workers can assist clients with updating their contact information with Medi-Cal. Here are some resources:

- Counties use either MyBenefitsCalWin or BenefitsCal. Using this link will direct you or the client to the [correct portal](http://www.keepmedicalcoverage.com): www.keepmedicalcoverage.com
- Find your [local Medi-Cal county office](https://www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx): <https://www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx>
- Medi-Cal Member Helpline (800) 541-5555
- Remind clients to be on the lookout for mail from Medi-Cal and respond promptly.
- Report changes on the [Covered California portal](https://apply.coveredca.com/static/lw-web/login).
<https://apply.coveredca.com/static/lw-web/login>

Transition to Covered CA

Clients who lose Medi-Cal coverage during the unwinding are eligible for a new, temporary, special enrollment period (SEP) known as the Unwinding SEP.

Senate Bill 260, which was approved by the governor in October of 2019, authorizes Covered California to enroll individuals in qualified health plans when they lose coverage from Medi-Cal and individuals may be eligible to receive financial assistance through Covered California.

Clients will not experience a gap in coverage if they confirm their selection of a qualified health plan, and pay a premium (only if required), for Covered California coverage within a month of their disenrollment from Medi-Cal.

Clients who are eligible for the Unwinding SEP can apply for Covered California coverage up to 60 days before losing Medi-Cal and any time between March 31, 2023, and July 31, 2024.

Clients may also transition to health coverage provided by their employer, spouse, or coverage purchased from a private insurance company.

We encourage clients to go through the renewal process. If a client does not qualify for Medi-Cal, they will be seamlessly transitioned to a Covered California policy.

New ADAP Policy

Clients with a known Medi-Cal end date and are ADAP eligible, can simultaneously enroll into ADAP or one of ADAP's insurance programs. EWs will collect all ADAP qualifying documentation, and the documentation of the Medi-Cal term date, which is typically the Medi-Cal Notice of Action (NOA). When enrolling or re-enrolling a client, the EW will upload the documents into the ADAP Enrollment System (AES), and enter the Medi-Cal end date in the health coverage tab. This will allow Medi-Cal to be billed for prescriptions until ADAP coverage begins. Clients without a Medi-Cal termination date will not be allowed to enroll on a Temporary Access Period (TAP). Please see the attached job aid for details on how to add the termination date.

Remember to choose the **Binder Payment work item** if the client needs to make the first month's premium payment. Clients who are placed on a TAP are not eligible for a binder payment.

List of Acceptable Proof of Medi-Cal Termination

The following will be accepted if the Medi-Cal termination date is included.

- Notice of Action from Medi-Cal
- Copy of electronic communication a client received from a verifiable source (County worker, Covered CA, etc.)
- Screenshot of termination notification from BenefitsCal or MyBenefitsCalWin
- Medi-Cal Eligibility Data System (MEDS) printout

After the documents are submitted, the ADAP advisor will verify the termination date in MEDS. If there is no termination date, the client will be disenrolled from ADAP and the client will be able to continue to use Medi-Cal benefits.

If there is a document or source not listed here, please submit to your ADAP advisor for review.

Scenarios

Please review the scenarios below.

Scenario 1-A client is on Medi-Cal and their current income is above 138% of FPL, with no term date. They want to enroll into ADAP.

- The client needs to update their information with Medi-Cal during the renewal process and receive a Notice of Action or other proof of termination. Once the client has proof of a termination date, they can apply for ADAP.

Scenario 2-A client is on Medi-Cal and their current income is above 138% of FPL. They have a term date, but no NOA. They want to enroll into ADAP.

- If the client has other proof of the termination date, the client can apply for ADAP without the NOA. Or, if the EW does not have access to the Medi-Cal Eligibility Data System (MEDS), they can send a secure message to their advisor requesting the advisor check MEDS for a term date. Once confirmed, the client can enroll into ADAP.

Scenario 3-A client is on Medi-Cal and their current income is below 138% of the poverty level, with no term date. They want to enroll into ADAP.

- Do not enroll as the client does not qualify for ADAP. However, the client should update their information with Medi-Cal during the renewal process. If denied by Medi-Cal, the client can apply for ADAP at that time. The denial reason must be

due to not meeting eligibility requirements and not for failure to cooperate or voluntary termination.

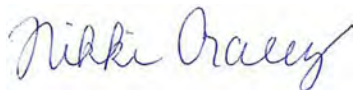
Scenario 4-A client with income above 138% of the FPL does not update their contact information, and they are termed from Medi-Cal.

- The client can apply for ADAP.

Scenario 5-A client with income below 138% of the FPL does not update their contact information, and they are termed from Medi-Cal.

- The client must be referred to Medi-Cal. While awaiting Medi-Cal determination, the new client is placed on a TAP and receives ADAP benefits. If the determination exceeds the 30-day TAP, please submit a Medi-Cal Eligibility Exception Request (MEER).

Thank you,

A handwritten signature in blue ink that reads "Nikki Gracey".

Nikki Gracey, SSM I
ADAP Eligibility and Operations
California Department of Public Health

ELIGIBILITY SEQUENCING MAP



Renewal Periods

This page highlights the timeline for each renewal period. When the continuous coverage requirement ends in March 2023, the DHCS renewal period would begin in April 2023. The 12th month of eligibility would be the May 2024 renewal with activities beginning in March 2024 and ending within the required 14-month period.

Example: County administrative renewal processes will begin in April 2023 for an individual with a renewal month of June 2023.

