OVERVIEW: Medi-Cal is California’s Medicaid, a federal health insurance program that provides health care services for low-income individuals. In Alameda County, Medi-Cal coverage helps clients establish eligibility for key public health services, including housing navigation, case management, substance use disorder (SUD) treatment, and other care management services. All care team providers should share responsibility for ensuring that everyone who is eligible for Medi-Cal has consistent coverage – a key to improving the health of our county’s vulnerable populations.

Check Client’s Status
Alameda County Social Service’s Automated Benefit Line: 1-888-999-4772 or (510) 263-2420
Call to check the status of applications, benefit status, or request verification letters. Client must be present for this call unless you are an authorized representative.

ASSISTING YOUR CLIENT WITH ENROLLMENT
1) Determine Eligibility: There are two primary pathways for establishing Medi-Cal eligibility: 1) income-based eligibility (MAGI-MediCal) or 2) categorical eligibility (non-MAGI MediCal), in which your client fits the criteria for a particular category* that Medi-Cal covers (e.g. over 65 years old, disabled, under 21 years old) and meets income/asset requirements.

Your client may be automatically eligible for non-MAGI Medi-Cal if they receive cash assistance under one of the following programs:
- SSI/SSP (Supplemental Security Income/State Supplemental Program)
- CalWORKs (California Work Opportunity and Responsibility to Kids)
- Refugee Assistance
- Foster Care or Adoption Assistance Program

If they fall outside these categories, you can quickly use Covered California’s Shop & Compare tool or CalWin to fill out your client’s income to determine what type of health care coverage your client is eligible for.

*Additional details on Income-Based Medi-Cal and Categorical Eligibility are provided on the 3rd page.

TIP: If your client is pregnant, they can immediately enroll in Presumptive Eligibility for Pregnant Women, which covers prenatal care for 60 days while the client applies for ongoing Medi-Cal, or MCAP if they meet income requirements.

2) Complete & Submit Application Online on CalWIN:
CalWin automatically screens for additional Social Services, such as CalFresh (food assistance) or CalWorks. Ask your client what other public benefits they need in order to streamline applications. You can assist a client by either helping them create their own account, or through your organization’s “Assistor Account.” If you don’t have an account, you can create an Assistor Account here.

Paper Application: Applying with a paper application may reduce anxiety for some clients. If this seems to be the best option, be sure to schedule follow-up appointments to submit the application at a Social Services Public Office. Offices are open Monday – Friday 8:30am-5:00pm. Call (510) 777-2300 or 1-800-698-1118 to request a Medi-Cal Mail-In Application and Instructions booklet.

Important note: Authorized Representative
To access your client’s application status, list yourself as an authorized representative. Once authorized, you will receive future corresponding mail for the application, including renewal packets and verification letters, unless you opt out. Download the form here: MC 306 Authorized Representative form.

TIP: Expedite approval process by providing as much verifying documentation as possible!

What to ask your client to bring to enrollment:
- Photo identification, such as a driver’s license, passport, or other school/government-issued identification card with a photo
- Proof of address: such as an ID with current address, or utility bill (if client is homeless, use a sworn statement to verify)
- Proof of income: Two (2) of your client’s most recent paycheck stubs, or Federal Income Tax return (if unemployed, simply put N/A)
- Proof of citizenship (if available), such as passport, birth certificate. (Even if your client is not a citizen, they can still receive health services in Alameda County through HealthPAC)
- Social Security number (optional)

Clients have 30 days to verify information, BUT a signed and dated “Sworn Statement” can also be used to verify information, if certain documents are unavailable.
REFERRING YOUR CLIENT TO PRIMARY CARE & CERTIFIED ENROLLMENT COUNSELORS (CECs) OR HEALTH INSURANCE TECHNICIANS (HITs):

If you are unable to immediately assist your client, a warm handoff to a Community-Based Clinic with CECs or HITs on site may be the best option.

- **Alameda Health Consortium** has 8 Community Health Clinics that provide support and expertise on Medi-Cal enrollment and eligibility. They also provide primary care and other healthcare services. To find the closest clinic for your client, call (510) 297-0230 or see their website: [https://www.alamedahealthconsortium.org/health-center/](https://www.alamedahealthconsortium.org/health-center/)
- Use Covered California’s Database of CECs to locate the closest one for your client: [https://apply.coveredca.com/hix/entity/locateassister/searchentities](https://apply.coveredca.com/hix/entity/locateassister/searchentities) (search by zip code)
- **Alameda County’s Health Insurance Enrollment Program** has Health Insurance Technicians (HITs) available for prescreening eligibility calls. They will then schedule an in-person follow-up appointment to complete the application or renewal form with your client.
  - Alameda County Health Care Services Agency office: 1-800-422-9495
    1000 San Leandro Blvd, Suite 300, San Leandro, CA 94577
  - Oakland Unified School District: (510) 273-1516 (serves multiple sites)
  - San Leandro Unified School District: (510) 667-6214 (serves multiple sites)
  - Hayward Unified School District: (510) 723-3857 x34117 (serves multiple sites)
  - Street Level Health Project: (510) 533-9906
    3125 E. 15th St, Oakland CA 94601
  - Niebyl-Proctor Marxist Library: (510) 595-7417
    6501 Telegraph Ave, Oakland CA 94609

**Special Populations & Special Programs:**

- Medi-Cal covers former foster care youth up to 26 years old, even if they are coming from out of state. There are NO income requirements for this eligible group.
- Undocumented children under the age of 19 are eligible for Full Scope Medi-Cal.
- 250% Working Disabled Program allows working disabled persons to buy into the State Medi-Cal only program. Your client may work for a family member or neighbor and use a Sworn Statement to verify working status.

**Renewal**

Once enrolled, your client will need to renew their Medi-Cal annually on the anniversary of their enrollment date. They will receive a Medi-Cal renewal form from Alameda County’s Social Services agency in the mail. They have 90 days upon receiving the packet to submit their renewal.

**How to assist your client with the enrollment process:**

- Add the date of enrollment to your client’s calendar and set up an annual reminder.
- Add the date of enrollment to any Shared Care Plans to alert other providers of renewal dates.
- Assist your client fill out the renewal form, and ensure it has been mailed in or dropped off to the social services agency.

Your client can also renew Medi-Cal by visiting your county human services agency in person or by calling the phone number on the renewal notice.

**Alameda Social Services Office:**

1000 San Leandro Blvd, Suite 300, San Leandro, CA 94577
Open Monday thru Friday: 8:30am-5:00pm
Or CALL: 1-800-422-9495

**Transferring Medi-Cal Between Counties:**

If your client has Medi-Cal in a different county, call the home county’s customer service office to request a transfer. It should take 10 days to transfer eligibility. If the client contacts Alameda County’s Social Service first, they will need to complete a new application, which can take up to 45 days (or more) to approve.
USING MEDI-CAL IN ALAMEDA COUNTY:
After being approved, your client will receive an enrollment packet with instructions for selecting a plan. When signing up, clients must choose between 2 health plans: 1) Alameda Alliance or 2) Anthem Blue Cross.

For assistance call:
Medi-Cal Managed Care: 1-800-430-4263

Selecting a Primary Care Provider:

Alameda Alliance: If your client selects Alameda Alliance as their Managed Care Plan, they will receive a welcome packet in the mail with instructions for selecting a Primary Care Provider (PCP). For the first month of enrollment, members are on Fee for Service (FFS) Medi-Cal. They must call within the first month to select a PCP (individual physician or clinic site), or else they will be auto-assigned one. To select or change assigned PCPs and review benefits, call member services at:
- Alameda Alliance: (510) 747-4567 or create a member account at https://www.alamedaalliance.org/members

Anthem Blue Cross: If your client selects Anthem as their managed care plan, a PCP (individual physician or clinic site) will be auto-assigned and listed on the back of their member ID card. To change their PCP, they must call the membership service number below. The PCP can be changed up to once per month.
- Anthem Blue Cross: 1-800-407-4627

To locate a Primary Care Provider (PCP) that has the right scope of services and is conveniently located for your client, search here: https://www.healthcareoptions.dhcs.ca.gov/choose/find-provider

TIP: Clients are not covered for primary care visits outside of their assigned PCP. Be sure to change the assigned PCP if necessary to ensure your client has access to a convenient clinic with the appropriate scope of services, and to ensure the sustainability of safety net services.

HELPFUL INFO
- Up to 3 months retroactive coverage can be requested.
- Once you’ve proven CA residency, the Federal Data Hub will have this on file and you won’t have to verify again.
- Share of Costs (SOC): the amount of medical costs your non-MAGI Medi-Cal client must pay or owe first in any month they receive health services. After they meet their SOC, Medi-Cal will pay for the rest of the medically necessary health care services in that month. If there are no medical expenses in a month, there is no SOC that month (unlike premiums).

<table>
<thead>
<tr>
<th>Income Based Eligibility: Modified Adjusted Gross Income (MAGI) Medi-CAL</th>
<th>Categorical Eligibility: Non MAGI Medi-CAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compares client’s income to the Federal Poverty Line (FPL) to determine if they are eligible for Medi-Cal.</td>
<td>Requires an asset and income test for eligibility.</td>
</tr>
<tr>
<td>Eligible Groups</td>
<td>Eligible groups</td>
</tr>
<tr>
<td>Adult, childless individuals 19 – 64* (income up to 138% Federal Poverty Line)</td>
<td>Blind or disabled</td>
</tr>
<tr>
<td>Infants &amp; Children up to 18 yrs (income up to 266% of FPL)</td>
<td>Pregnant</td>
</tr>
<tr>
<td>Parents/Caretaker Relatives (income up to 109% FPL)</td>
<td>Under the age of 21</td>
</tr>
<tr>
<td>Pregnant Women (income up to 138% FPL for full scope, 139-213% FPL for pregnancy services)</td>
<td>65 yrs old or older</td>
</tr>
<tr>
<td>Undocumented children under the age of 19</td>
<td>A parent or caretaker relative caring for a child under 21 in the home, who have too much income to qualify for MAGI Medi-Cal</td>
</tr>
<tr>
<td></td>
<td>Individuals in Long-Term Care (LTC) facilities</td>
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<td></td>
<td>Individuals/Families eligible as Medically Needy with a dependent child(ren)</td>
</tr>
<tr>
<td></td>
<td>Refugee (if they do not qualify for MAGI)</td>
</tr>
</tbody>
</table>
Medi-Cal Enrollment: An Overview

Super case manager tip: Accompany your client throughout the application process to facilitate a quicker approval and to reduce client anxiety. Humanize the complex process as much as possible by walking your client through personal questions. Be patient. Set up follow-up appointments to submit the application as necessary.

**Critical Step! Selection!**

Assist your client in selecting a managed care plan and primary care provider (PCP) that is conveniently located and offers a scope of services. Reassignment is a common challenge and can be circumvented during this critical step.

- **Client receives enrollment packet at listed address**
- **Application is approved**
- **Needs Letter is sent: Client has 10 days to provide requested documents**
- **2nd Needs Letter is sent: Client has 10 days to provide requested documents. A Sworn Statement may be submitted if necessary.**

**Critical Step! Important steps to ensure the best services are available to your client.**

**Critical Step! Renewal!**

Medi-Cal recipients must renew their coverage EVERY YEAR on the anniversary of their approval date. Renewal packets are sent out via mail, and must be filled out and return to the county's Social Services office. Assist your client with this process by ensuring that their listed address is updated (either by calling: 1-888-999-4772 or (510) 263-2420 or updating client's CalWIN account) and add their Medi-Cal anniversary date to any shared care plans.

Renew annually on anniversary of approval date.