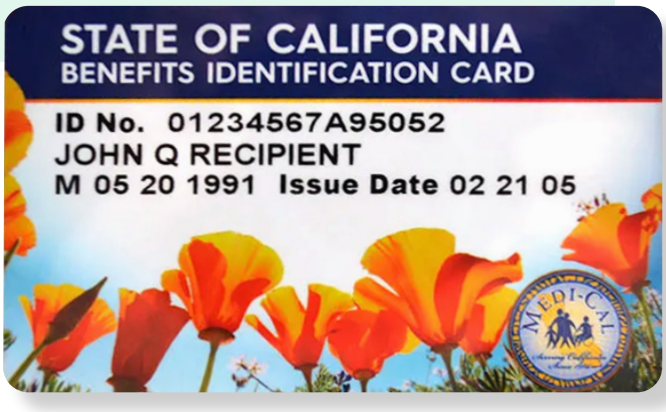
# MOVING WITH MEDI-CAL

## A Guide to Inter-County Transfers

Moving with Medi-Cal to a new county?

Help people keep Medi-Cal, even during and after a move!

**No need to re-apply.**




Medi-Cal provides health coverage for people with low incomes throughout the state of California. While Medi-Cal is statewide, each county administers the program for most residents who live within that county. People receiving Supplemental Security Income (SSI) benefits have their Medi-Cal administered jointly by the Social Security Administration and California's Medi-Cal program.

When someone moves to a new county and wants their Medi-Cal to continue, they need to ask for an "inter-county transfer." It doesn't matter how many times someone has moved, or why they are moving to a new county. **All people who are moving to a new county must go through the inter-county transfer process to keep their Medi-Cal coverage.**

This Guide includes an overview of how Medi-Cal inter-county transfers are supposed to work. It offers things people can do to make sure their Medi-Cal stays with them when they move. Because uninterrupted health care is so critical, the Guide also includes tips for getting health care services during and after a move to a different county. It also includes a list of Frequently Asked Questions at the end.

For "Quick Reference Sheets" to keep nearby, we offer short companion documents that focus on the steps required to **Start an Inter-County Transfer** and to **Enroll in a New Health Plan After a Successful Inter-County Transfer**.

Homebase and Western Center on Law and Poverty want to thank the California Health Care Foundation for their generous support. We'd also like to thank our partners at the National Health Law Program, Justice in Aging, the California SSI Advocates Group, and the California Department of Health Care Services, who provided their expertise in all things Medi-Cal inter-county transfers. Most of all, we would like to thank service providers and advocates from emergency shelters, housing providers, county staff, and other community-based organizations who brought the challenges with inter-county transfers to our attention, especially the complexities for people experiencing homelessness.

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# Introduction to Moving with Medi-Cal

***When somebody with Medi-Cal is moving, making sure they are able to transfer their health coverage from one county to another county smoothly can be extremely challenging.***

**Medi-Cal members need to:**

1. Know whether they get their Medi-Cal through the Supplemental Security Income (SSI) program, or if they get Medi-Cal through the county.
2. Depending on how they get their Medi-Cal (through SSI or not), notify either their county Medi-Cal office **or** their Social Security office about their move.
3. Choose the best option to keep their health coverage while they wait for their Medi-Cal transfer to go through the system; and finally
4. Choose a Medi-Cal health plan in their new county so that they can access the care that they need.

Each step above is explained below, sometimes with important notes or examples of how inter-county transfers should work, and suggestions for making the transfers work right.

## What is a Medi-Cal Inter-County Transfer?

Even though Medi-Cal is a statewide program, 58 different California counties are responsible for determining Medi-Cal eligibility.

When a Medi-Cal member moves between two different counties, they remain eligible for Medi-Cal. Their coverage must stay active during the move. But the transfer to a new county is not automatic. The member needs to **request** an inter-county transfer so they can keep their coverage and get access to local Medi-Cal providers when they move.

The county where a member lives determines **where** they get their Medi-Cal coverage and **through which Medi-Cal health plan** (or through fee-for-service Medi-Cal) they get their health care services. Because each county has different combinations of Medi-Cal health plans to choose from, action is required to keep Medi-Cal coverage whenever someone moves to a different county.

## Inter-County Transfers for People Experiencing Homelessness

For people experiencing homelessness, inter-county transfers can be especially complicated. This happens for many reasons:

- People experiencing homelessness may move more frequently between counties than other Medi-Cal members.
  - If they live in urban areas, they might move between counties during a short bus or train ride.
  - They may have trouble finding shelter or other resources where they live and seek help somewhere else nearby.
  - They may want to move closer to where they grew up or where their family lives.
  - They may need to move frequently between counties to protect themselves from domestic or other violence or to avoid unwanted interactions with law enforcement or hostile community members.
  - They may be living near big cities that offer services but can only access housing in smaller communities where there is more availability.
- Having an address in a new county helps to complete the inter-county transfer process. People experiencing homelessness don't usually have a home address where they can receive their mail.
- While Medi-Cal allows members to use a non-residential address or the address of family or friends:
  - They may not know the address of the shelter, motel, or hotel where they plan to stay.
  - If they have an address they can use, for example the address of a family, friend, service provider, or county, they may not have access to their mail on a regular basis.
  - They may not have family or friends who will let them use an address in a new county.

Providers who work with people experiencing homelessness have expressed challenges in understanding how the inter-county transfer system is supposed to work. Many have shared stories that their efforts to assist clients have been unsuccessful. The examples in this guide of how the inter-county transfer process should work for Medi-Cal members is based on many of the stories Homebase has been able to gather from providers. **Read on for tips that will help avoid delays in the inter-county transfer process and allow people to get uninterrupted health care!**

# The Inter-County Transfer Process in California

## *When moving – Medi-Cal members should not re-apply for Medi-Cal. They should ask for an inter-county transfer!*

Medi-Cal is available wherever someone lives in California. When a Medi-Cal member moves between counties, they should tell the county Medi-Cal office **or** the local Social Security office that they are moving to a different county. Then the county or Social Security office will transfer their Medi-Cal case to the new county.

Before requesting a transfer, the very first question to ask is whether a person has Medi-Cal through Supplemental Security Income (SSI) or not. SSI is the ***only*** Social Security program that is linked directly with Medi-Cal. It is the only Social Security program that requires Medi-Cal inter-county transfers to be reported to the local Social Security office. All other requests for an inter-county transfer go through the county Medi-Cal office.

Below, we describe the steps to transfer Medi-Cal when someone moves, depending on whether they receive SSI or not.

**NOTE**

Many people experiencing homelessness have SSI as their main source of income, either because they have a disability or are an older adult with little or no other income.

## For People Receiving SSI

### 1 Confirm that the Medi-Cal member receives Supplemental Security Income (SSI).

Not everyone will know if they receive SSI. They may know they have Medi-Cal, but they may not recognize the terms "SSI" or "Supplemental Security Income." They may know they get some type of check or monthly payment, but they may not know if it is SSI.

To figure out if someone receives SSI, contact the local Social Security office through any of the following methods:

- Call 1-800-772-1213
  (TTY 1-800-325-0778)
- Visit the local Social Security office in person. Starting in January 2025, all Social Security offices allow people to make appointments – but they are *not* required. Offices must accept walk-ins (with no appointments) for anybody who requires immediate assistance.
- Mail or fax a change of address to the local Social Security office

The Medi-Cal member who is moving can call Social Security on their own, but they may need help. To get help, the person has to provide authority for someone to call on their behalf without them present (see "Note" box for details). Otherwise, advocates or providers will need to call or go to the Social Security office with the Medi-Cal member present.

**NOTE**

When somebody is helping an SSI recipient with their benefits, they must be appointed as the recipient's "representative." The representative has to register with Social Security by turning in Form SSA-1699. Social Security will issue a "Representative ID." Then the SSI recipient needs to give Social Security a completed Appointment of Representative Form (SSA-1696). Some Social Security offices may tell people that they cannot appoint a representative because there is no active appeal, waiver, or eligibility issue. This is incorrect. Social Security should process the Appointment of Representative Form so that SSI recipients can get help reporting their new addresses.

Some SSI recipients manage their benefits by having a "Representative Payee" who receives their monthly payments and can also report a move to Social Security.

## 2 Tell the local Social Security office about a change of location

Once someone knows they have SSI, they should tell their Social Security office about their move. (People receiving SSI should **not** report their move to the county Medi-Cal office or their Medi-Cal health plan.)

They can contact their local Social Security Office by phone, in person, mail, or fax (see page 4). Advocates report that going to the local office **in-person is the best way to make sure that Social Security updates a person's SSI information**.

**IMPORTANT:** Depending on the reason for a move, changing someone's address with Social Security may impact their SSI payment amount. For example, if they are moving and their household size changes – perhaps they got married or divorced – then their SSI payment amount may change. It may also change if their countable income or resources increase due to the move. For more information on reporting income changes to SSI, click here.

## 3 Social Security sends updated address information to Medi-Cal

After the Social Security office updates someone's address in their SSI case file, they send information about the address change to Medi-Cal. Social Security's database is supposed to send a list of address changes to Medi-Cal every night. Unfortunately, it may take several months to complete the address change with Medi-Cal. This happens because the Medi-Cal computer system ("MEDS") does not always update correctly when Social Security's system sends a new address.

If someone has already told Social Security about their move and they are still waiting for Medi-Cal to update, they should:

- Contact the Medi-Cal office in their new county and ask to speak with the "MEDS Coordinator." That Coordinator can go into the computer systems and make sure that Medi-Cal has been updated with someone's new address; or
- Email NonMAGIInbox@dhcs.ca.gov and request that Medi-Cal complete the transfer. In your request, be sure to include the member's Medi-Cal information (case number or Medi-Cal ID), their name, and a signed authorized representative form if you are not already appointed as the member's representative.

**IMPORTANT:** When someone's SSI ends, their Medi-Cal must stay active until the county Medi-Cal office evaluates them for all other ways to stay eligible. This is called a "Craig v. Bontá" evaluation. If someone's SSI ends while they are moving, the county where they used to live is responsible for updating their address in the state system. Then, in the following month, their new county must complete the Craig v. Bontá evaluation to see if the person can continue their Medi-Cal eligibility.[1]

**NOTE**

Social Security keeps both a "mailing address" and a "residence address" for every person receiving SSI. Sometimes those addresses are the same and sometimes they are different. To transfer their Medi-Cal to a new county, people should make sure their residence address is updated with their new county. For people experiencing homelessness who do not have fixed addresses for their new residences, Social Security should accept a zip code, county, city, neighborhood, or street instead. People can also show up to their local Social Security office and insist that their residence is updated to that office's area.

## How an SSI inter-county transfer can happen after a move

Marta is 58 years old and receives SSI. She recently moved to Fresno County after living in Los Angeles County for over ten years. She did not know she had to tell SSI about her move.

When she went to a Fresno doctor for a wellness check-up, the office told her that her Medi-Cal eligibility showed she was still in Los Angeles County. They suggested she move her Medi-Cal to Fresno County and call back for a wellness appointment after her Medi-Cal coverage was transferred.

Because she has SSI, Marta immediately reported her address change in-person at the local Fresno Social Security office. She waited about two weeks and called her doctor to see if she could reschedule her appointment, but they told her that the Medi-Cal transfer was still incomplete. So Marta had to contact her Fresno Medi-Cal office's "MEDS Coordinator" to make sure that her Medi-Cal eligibility was changed to Fresno County. When everything was in order, she was able to go back to the Fresno provider for the wellness visit.

**IMPORTANT:** While the counties are receiving an address update from Social Security, Medi-Cal eligibility must stay active.[2] Counties must keep the Medi-Cal case active until the new county confirms the effective date of the inter-county transfer to the new county.[3] Both counties must work together to ensure there is no gap in someone's Medi-Cal eligibility.

[1] MEDIL 23-10 at 2-3.
[2] ACWDL 18-02E at 3.
[3] ACWDL 03-12 at 1.

# For Medi-Cal Members Not Receiving SSI (Everyone Else!)

Unless a person has their Medi-Cal through SSI, they should report a move to their county Medi-Cal office.

## 1 Report an address change with the county Medi-Cal office

If someone does not have SSI, they should work with their county Medi-Cal office to transfer their Medi-Cal. They can report their move to either the county they are **leaving** OR the county they are **moving to**. ***There is no wrong door.***

People can report their move to ***either county***:

- by regular mail;
- through a telephone call;
- by updating their address online at BenefitsCal.com or CoveredCA.com, or
- by going in-person to their county Medi-Cal office.[4]

Find addresses and phone numbers for county Medi-Cal offices at this link.

**NOTE**

If either county tells someone that they have to report their move to the other county, the person moving should remind the Medi-Cal office that state law requires both counties to process their inter-county transfer.[5]

**NOTE**

When people have a P.O. box in a county different from where they live, an inter-county transfer is not needed. People can remain a resident of a county even when their mail arrives to a P.O. box in a different county. But if the person's actual place where they live changes to a different county, then an inter-county transfer is needed.[6]

## 2 The old county forwards the Medi-Cal case to the new county

All 58 counties now use the same computer system (CalSAWS). This allows for the electronic transfer of Medi-Cal cases between counties, which must happen within seven days:

- When a Medi-Cal member reports a move to the county they left, the old county **has seven bussiness days** to forward the case to the new county.
- When a Medi-Cal member reports a move to their new county, the new county **has seven bussiness days** to ask the old county to transfer their case.

4 ACWDL 18-02E at 2.

5 Welf. & Inst. Code § 10003(a); ACWDL 18-02E at 2; MEDIL 23-29 ("A beneficiary reporting to the Receiving County must not be referred back to the Sending County to request the ICT").

6 ACWDL 04-14 at 19-20.

## 3 The new county completes the Medi-Cal inter-county transfer and updates Medi-Cal's database.

Even after the inter-county transfer is completed, it will not be effective in Medi-Cal's database until the first day of the following month. This means that people may need to wait up to **two months** for the county to process their Medi-Cal transfers.

The deadline for counties to complete a Medi-Cal inter-county transfer is ***30 calendar days*** plus until the first day of the next month. To calculate the precise deadline for the county to complete the Medi-Cal transfer, people should:

1. Add 30 days from the day when they first reported their move to the county Medi-Cal office, and then
2. Go to the first day of the next month

Then that first day of the next month is the real deadline for the county to complete the Medi-Cal transfer.

For example: When somebody reports their Medi-Cal transfer to the county on March 10, you can add 30 days to April 9. Then you look for the next month's first day, which is May 1.

**IMPORTANT:** Every Medi-Cal member has a **right to have their inter-county transfer completed within the 30-day (plus until the first day of the next month) limit**. When it takes longer, it is a violation of state law and a member's rights. Support is available to help when the law is not followed, either by contacting the Health Consumer Alliance or filing a State Fair Hearing. (See FAQ 13.)

While counties are transferring a Medi-Cal member's case, they are required to keep the person's Medi-Cal eligibility active. The old county must keep the person's Medi-Cal case active until the new county confirms that eligibility will continue without interruption upon completion of the inter-county transfer to the new county. Both counties must work together to ensure there is no gap in someone's Medi-Cal eligibility.

## How a non-SSI inter-county transfer is supposed to work

It is November 2nd and Medi-Cal member Jesse tells Ventura County about his upcoming move to Kern County scheduled for December 6th. Ventura County has 7 business days (until November 14th) to start the transfer process and send Jesse's case to Kern County. Then Kern County has 30 calendar days, until December 14th, plus until the first day of the next month (January 1) to complete the Medi-Cal transfer.

This means that Jesse may have to wait until the first day of the following month (January 1st), before his Medi-Cal case is updated to show that he is now in Kern County. If Jesse needs the transfer to be processed faster, he should request an expedited transfer (see page 8 below).

**IMPORTANT: Do not contact a Medi-Cal health plan to request an inter-county transfer.** While updating a person's address at the health plan can help them receive contacts in the future, health plans have no authority over inter-county transfers. Asking a Medi-Cal health plan to initiate an inter-county transfer will delay the process or prevent it from happening altogether. **A Medi-Cal member must request an inter-county transfer at either their county Medi-Cal or Social Security office.**


This means that it's best to report the move as **soon as possible**, to avoid any interruptions in care!

[7] Unfortunately, there is no strict 30-day timeline for completing inter-county transfers. State law allows counties up to "the first day of the next available benefit month following 30 days after" the Medi-Cal member reports their move. Welf. & Inst. Code § 10003(a); ACWDL 18-02 at 2. This means that depending on when the person reports their move, the county may have nearly two months to complete the transfer.

# Faster Medi-Cal Transfers when Health Care is Needed

If someone needs their Medi-Cal transfer processed faster than two months, there is an important exception that can speed up the process, through what's called an **expedited inter-county transfer**.

Many Medi-Cal members cannot wait up to two months for an inter-county transfer to take place. They may need a follow-up appointment and cannot get back to the old county to see their old provider. They may be awaiting treatment at a facility that is covered by Medi-Cal but lose the available bed while waiting for their Medi-Cal to transfer.

### *If a Medi-Cal member has an "immediate medical need," a county must "expedite" the Medi-Cal transfer.*

An immediate medical need might include an upcoming appointment, a scheduled treatment, medications that need to be reordered, a prenatal visit needed in the current month, or dialysis treatment.

If someone has an immediate medical need, they can ask for an **expedited inter-county transfer**.

There is no required timeline for an expedited transfer. People should push the county to process the transfer in time for the person to access the services they need for their "immediate medical need."

To request an expedited Medi-Cal transfer, tell the county about the "immediate medical need." Call or go in-person to the county Medi-Cal office and share:

- exactly what the medical condition and need for care is,
- when the care is needed or scheduled, and
- why it is necessary for the person to have access to that health care service on time.

**IMPORTANT:** If the county Medi-Cal office does not grant an expedited transfer, contact the Health Consumer Alliance at 1-888-804-3536. Health advocates can help make the case for an immediate need and/or help appeal the decision.

**IMPORTANT:** For people experiencing homelessness, the housing-related benefits offered through Medi-Cal health plans require them to be enrolled in a Medi-Cal health plan. If they are receiving housing navigation or need tenancy sustaining services, those benefits likely will be interrupted while they are waiting for the inter-county transfer. People should push for an expedited inter-county transfer to shorten the interruption in these needed benefits.

### How a Medi-Cal Inter-County Transfer is Supposed to Work When Someone has an Immediate Medical Need

Alex lives in Kings County. They have gotten a referral through their homeless service provider to a Placer County treatment center that can treat anxiety. The treatment center has a bed available. They have a diagnosis of severe anxiety and have been approved for treatment. They tell the Medi-Cal office that there is a bed in a treatment facility being held for them in Placer County where they plan to live after the treatment, as it is closer to family. They tell Medi-Cal that the facility cannot hold the bed open for two months but will hold the space open for one week. Based on the immediate medical need that the Placer treatment facility has a bed available for their approved treatment, the county Medi-Cal office agrees to expedite Alex's inter-county transfer and Alex makes their way up to Placer County for treatment.

[8] ACWDL 18-02E at 3.

[9] ACWDL 03-12 at 1.

[10] ACWDL 18-02E at 6.

# How to Change Medi-Cal Health Plans During Inter-County Transfers

## *When a person transfers their Medi-Cal to a new county, they need to enroll in a new Medi-Cal health plan.*

Medi-Cal health plans are often different in each county. Plus, Medi-Cal's system requires members to enroll in new health plans whenever they transfer counties. This means that even when people want to stay in the same health plan, they still need to disenroll in one county and reenroll in the new county.

During and after the Medi-Cal inter-county transfer, each member should carefully consider when to disenroll from their current Medi-Cal health plan, and when to enroll in a new one. Regardless of whether a person disenrolls from their old health plan right away or waits until their inter-county transfer is completed, after the disenrollment happens, it is important to enroll in a Medi-Cal health plan that offers services in the new county. Here are three steps to take during inter-county transfer process that can help people access the care they need.

### STEP 1

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Decide what health coverage is needed while waiting for the transfer to be completed: current Medi-Cal health plan or fee-for-service Medi-Cal

### STEP 2

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Access care through fee-for-service Medi-Cal or request an expedited health plan enrollment.

### STEP 3

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Enroll in a new Medi-Cal health plan in the new county.

## STEP 1

# Decide What Health Coverage is Needed While Waiting for the Transfer to be Completed - current Medi-Cal health plan or fee-for-service Medi-Cal

As explained in "The Inter-County Transfer Process in California" (above), it can take up to two months to transfer Medi-Cal when a person moves to a different county. Medi-Cal still covers members during that period. There are different options for how to access Medi-Cal services while waiting for the inter-county transfer to be completed.

If somebody takes no further action, they will be automatically disenrolled from their current Medi-Cal health plan no later than the first day of the month following the date when the counties complete the transfer. For many people, this means that they will stay enrolled in their Medi-Cal health plan while the counties are processing their inter-county transfer.

To ensure Medi-Cal members can access all of their health care during a transfer, people can choose between **two options**:

### a. Keep their current health plan in their old county until their Medi-Cal transfer is completed.

This option works if someone wants to keep getting all of their care in the old county. It is best for people who can easily get back to the old county to see their covered providers. For people who choose this option, their current health plan has to cover emergency services in the new county.[11] If someone wants non-emergency care in their new county while they wait for the transfer, they can ask their current health plan to authorize out-of-network care – but it may not be approved. People who stay enrolled in their current health plans will be automatically disenrolled on the first day of the month following the date when the counties complete the inter-county transfer.

#### To keep Medi-Cal in the old county:

Sometimes people will be automatically disenrolled from their Medi-Cal health plan while their inter-county transfer is still processing. So, if someone wants to keep their current health plan, they should take action:

i. Tell the county Medi-Cal office (the same one where they first requested the inter-county transfer) that they do not want to disenroll from their Medi-Cal health plan.

ii. The county Medi-Cal office should work to keep their current health plan enrollment until their Medi-Cal transfer is completed.

iii. When the transfer to the new county is completed, then the person can enroll in a new health plan in their new county (Step 3 below).

**NOTE**

The option to keep Medi-Cal in the old county normally only works when somebody lives close to their old county. It may work if someone can stay with family or a friend when they go back to get services in the old county. It may not work for someone who moves to a county that is far away. It may not work for someone who does not have access to transportation to get to a clinic or doctor's office in their old county, even if the county is nearby.

### b. Request an immediate disenrollment from their current health plan.

While waiting for a transfer to occur, members can disenroll from the health plan in their old county. While they wait to get a health plan in the new county, they will have what is called "regular" or "fee-for-service" Medi-Cal. This option is best if a Medi-Cal member wants to access health care in their new county and they do not need services that are only offered when someone is enrolled in a Medi-Cal health plan.

**Fee-for-service** means that the member is not enrolled in a Medi-Cal health plan. They can get Medi-Cal services from any provider that is contracted directly with Medi-Cal. They can get services from a Medi-Cal provider in the old county or in the new county.

**NOTE**

Fee-for-service is not through a health plan, but instead is through individual providers that accept Medi-Cal. In many counties, it can be difficult to locate fee-for-service Medi-Cal providers. The Medi-Cal provider directory is not easy to navigate.

Medi-Cal members have two options to request immediate health plan disenrollments:

i. Tell the county Medi-Cal office that the member needs to disenroll form their Medi-Cal health plan in the current month in order to access necessary medical care. When this happens, the county must process the plan disenrollment using an online form. The form can only be completed by someone who works for the County. When members tell County staff they want to disenroll urgently, County staff have to fill out the form. The County must complete the online form ***within three business days***.[12]

ii. Call the Medi-Cal Managed Care Ombudsman (1-888-452-8609) and ask them to disenroll the Medi-Cal member from their old plan.

[11] ACWDL 18-02E at 4.

The Ombudsman must complete a requested disenrollment ***within two business days***.[13]

Some Medi-Cal benefits are **only available through health plans**, such as Enhanced Care Management (ECM) and Community Supports. Community Supports include Medi-Cal's housing-related services such as housing navigation services, housing deposits, tenancy sustaining services, recuperative care, respite care, plus services like personal care, medically-supportive meals, and more. See the section "Access to Physical and Behavioral Health Care in the New County" (below) for steps on how to protect access to ECM and Community Supports while waiting for an inter-county transfer to be completed.

If a member chooses fee-for-service while they are waiting for the inter-county transfer to be completed, benefits that are available only through health plans will not be available. **So the decision to disenroll from a Medi-Cal health plan and instead get fee-for-service Medi-Cal is especially important.**

Another important fact about fee-for-service Medi-Cal is that not all health service providers are contracted to provide Medi-Cal services through fee-for-service. If someone was seeing a doctor through a Medi-Cal health plan, that doctor may only contract with that specific health plan. If the member switches to fee-for-service, they may not be able to continue to see their Medi-Cal health plan provider.

**IMPORTANT: Medi-Cal members** should carefully consider which of the two options will work best for them. For example, if someone needs access to Community Supports, disenrolling from their health plan will stop those services until they can enroll in a new plan in their new county, maybe for as long as two months.

**IMPORTANT:** In some situations, the Department of Health Care Services (DHCS) may delay a disenrollment request.[14] If a Medi-Cal member already received health care services from the health plan during the month when they are trying to disenroll, DHCS may delay the request. This happens because DHCS, as the statewide Medi-Cal payor, pays a health plan to provide members services for an entire month. Trying to disenroll after the member has already received services in a specific month means DHCS cannot pay another plan to cover the member for the remaining days of the same month.

When DHCS delays the disenrollment request for this reason, the member will need to wait until the first day of the next month for their disenrollment to be effective.

There is **one exception**. If someone has immediate medical needs, DHCS must process the disenrollment request right away.[15] Immediate medical needs include prenatal care, emergency care, any scheduled upcoming treatments and appointments, ongoing dialysis treatment, and any other medical or mental health care that are needed to avoid serious pain, harm, or negative impacts on someone's health.

## STEP 2

## Access care through fee-for-service Medi-Cal or request an expedited health plan enrollment.

After Step One, people are disenrolled from their Medi-Cal health plans. They have fee-for-service Medi-Cal for at least one month. During this month, they will not have access to Medi-Cal health plan benefits, and locating providers may be difficult. If there is any concern about losing vital health coverage by losing access to a Medi-Cal health plan, people can request an expedited health plan enrollment.

a. There are two ways to expedite a Medi-Cal health plan enrollment (and one option for special circumstances): Tell the county Medi-Cal office that the member needs to enroll in a new Medi-Cal health plan now in order to access necessary medical care. When this happens, the county must process the plan enrollment using an online form. The form can only be completed by someone who works for the County. When members tell County staff they want to enroll urgently, County staff have to fill out the form. The County must complete the online form ***within three business days***.[16]

b. Call the Medi-Cal Managed Care Ombudsman (1-888-452-8609) and ask them to enroll the Medi-Cal member in a new health plan. The Ombudsman must complete an enrollment request ***within two business days***.[17]

c. Special circumstances option: If a Medi-Cal member's new address has already been updated and shows up correctly in DHCS's statewide system, called MEDS, Medi-Cal Health Care Options may be able to assist.

   Medi-Cal Health Care Options is the office that can process health plan enrollments and disenrollments for members. They can disenroll someone from an old plan and enroll them in a new plan at the same time.

   This option only works if DHCS's MEDS system has the member's information updated for the new county. This is the one way a member can disenroll from the old county and enroll in the new county at the same time.

**CAUTION:** Medi-Cal Health Care Options can only process new enrollment changes that go into effect on the first day of the upcoming month. If someone needs enrollment in the new county faster, this is not a good option.

12 ACWDL 18-02E at 5.
13 ACWDL 18-02E at 6.
14 ACWDL 18-02E at 6.
15 ACWDL 18-02E at 5.
16 ACWDL 18-02E at 5.
17 ACWDL 18-02E at 6.

## STEP 3

# Choose and Enroll in a New Medi-Cal Health Plan

During the month of fee-for-service Medi-Cal enrollment after the transfer completes, the member will need to sign up for a health plan in their new county. (Unless they already requested an expedited enrollment, as described above).

How this works depends on the new county they now live in. People can look up the available health plans in each county in this chart.

- **County-Organized Health System plans**: A few counties have County-Organized Health Systems (COHS). Under these systems, people are enrolled automatically in the local health plan in the area. In most other counties, Medi-Cal members choose between two or more health plans.

**County-Organized Health System plans** are Medi-Cal health plans run by public entities that provide managed care services to Medi-Cal members.

- Medi-Cal members will be automatically enrolled in the plan if the County has a County-Organized Health System plan.
- Enrollment will be effective on the first day of the month after the county Medi-Cal office updates a person's case file in the state database to show their new county of residence.[18]

**Note:** It can take ***up to two months*** to enroll in a County Organized Health Plan. This happens when the county updates a person's file after the monthly "MEDS Renewal" date, which is normally on or after the 22nd day of the month.[19]

**Note:** It can take ***up to a month*** before someone shows up in the system enrolled in the new health plan. During that month, the member may have Medi-Cal without a health plan ("fee-for-service" or regular Medi-Cal). They still have health care. But it is not through a health plan. They can access care at any health care provider who accepts fee-for-service Medi-Cal.

- **All other counties** use other Medi-Cal health plans. Most counties have two or more health plans to choose from.
  - People can only choose their plan ***after*** the county Medi-Cal office completes the transfer and updates their case file in the state database.
  - Once the database updates, Medi-Cal Health Care Options will mail a "choice packet" to the member. The choice packet tells them about their local health plan options in the new county. It includes a paper form that the member can mail back to Medi-Cal Health Care Options.
  - Instead of submitting the paper form, people can also chose which health plan they want to enroll in by contacting Medi-Cal Health Care Options online or by phone at 1-800-430-4263 (TTY 1-800-430-7077). (Find phone numbers for other languages here.)
  - **Tip:** Sometimes there are delays in receiving the "choice packet." Members can contact Health Care Options at any time and they can confirm whether the database has updated and health plan enrollment is available.

    **Note:** Enrollment in the health plan will be ***effective the first day of the month after the request is submitted*** for the new health plan.
- If someone does not select a health plan, Medi-Cal Health Care Options will automatically enroll them into a plan after 30 days.

**IMPORTANT:** The only way to get a choice packet is through regular mail. So it is important to provide an address to Medi-Cal where a member can be reached in their new county. The address should be a place they can easily visit to get mail. It could be a shelter where they are staying. It could be a family or friend's address. Wherever it is, Medi-Cal will use the address to communicate with members. It will be the only way that members can receive the choice packet.

**NOTE**

Kaiser Permanente is an available Medi-Cal health plan in most counties. It is not open to all Medi-Cal members, however. Kaiser Permanente is only available to people who meet the plan's specific requirements. Kaiser allows enrollment in their Medi-Cal plans only for:

- former and current foster youth;
- people who have been Kaiser members in the past;
- people who have immediate family members who currently are or were Kaiser members in the past 12 months; or
- people who have both Medicare and Medi-Cal.

When they meet these requirements, people can enroll in Kaiser by calling Medi-Cal Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). They cannot enroll in Kaiser's Medi-Cal plan online.

[18] ACWDL 18-02E at 6.

[19] The MEDS Renewal date fluctuates depending on the month. For a complete schedule, check out APL 25-001 (January 17, 2025).

### How it is Supposed to Work to Disenroll from a Health Plan After Someone Starts an Inter-County Transfer

In early December, Phillip, who receives SSI, reported his address change from Los Angeles County to Ventura County to his local Social Security office, not the county Medi-Cal office or Medi-Cal health plan. He had to decide if he wanted to keep his Los Angeles County Medi-Cal health plan during his transfer, or disenroll so that he had regular/fee-for-service Medi-Cal while he was waiting for the transfer to go through. Because he did not have transportation, Phillip could not return to Los Angeles County to see his endocrinologist covered by his old Medi-Cal health plan. He decided to disenroll from that plan. He called the Medi-Cal Managed Care Ombudsman (1-888-452-8609) and explained that he needed to see an endocrinologist on a regular basis, including during the two months he might have to wait for his inter-county transfer to go through. The Ombudsman disenrolled Phillip from his old health plan within two business days. When he went to the Ventura County pharmacy to pick up his diabetes medication, the system still showed that he was enrolled in Los Angeles County. Even so, the pharmacy had to dispense his medication because he had active Medi-Cal coverage.

Once Social Security updated his SSI case and shared his new address with Medi-Cal, Phillip had to contact his Ventura County Medi-Cal office and asked specifically for the "MEDS Coordinator" to make sure that his Medi-Cal eligibility showed Ventura County so that he could enroll in a new Medi-Cal health plan right away. Because Ventura County has a County-Organized Health System plan, Phillip was automatically enrolled in Gold Coast Health Plan starting February 1.

# Access to Physical and Behavioral Health Care in the New County

After someone enrolls in their new Medi-Cal health plan, they can access medical providers and services in their plan's network. Sometimes the network is smaller than one might expect. Contact the specific health plan for more information about their exact network. Medi-Cal members also have rights to continue receiving care from out-of-network providers, if they meet certain requirements, explained below.

## Some Services are Only Available through Medi-Cal Health Plans

There are some services that are only offered through Medi-Cal health plans, including **housing-related services.**

### Housing-related services through Medi-Cal health plans

Most people experiencing homelessness are likely eligible for some, if not all, of the housing-related services covered through Medi-Cal health plans. But not enough people are being referred for these services. When people have Medi-Cal, they are eligible for these important services that can support them to locate and retain stable housing:

**Community Supports:** Community Supports include services specifically intended to help Medi-Cal members experiencing homelessness.

- **Housing Transition/Navigation** – help finding, applying for, and securing housing
- **Housing Deposits** – funding for security deposits, utility set-up fees, first/last month's rent, first month of utilities, and medically-necessary items like air conditioners, heaters, and hospital beds
- **Housing Tenancy & Sustaining Services** – coordination with landlords to address issues, assistance with housing certifications, and eviction prevention services

As of December 2024, these three housing-related Community Supports are offered by all Medi-Cal health plans. So members moving between counties can continue receiving these services after they enroll in their new health plans. To be eligible for the housing-related Community Supports, members have to have one or more serious chronic conditions and be at risk of or experiencing homelessness.

Anyone can make a referral for housing-related Community Supports. Homeless service providers and others should be sure that their clients experiencing homelessness are routinely referred to these important benefits.

### Community Supports and Inter-County Transfers

When transferring to a new Medi-Cal health plan, the plan must help a member avoid any disruption in their Community Supports. Members have the right to continue receiving the same Community Supports in their new health plan that they received in their old health plan, if the new health plan offers those supports. Unlike for the housing-related Community Supports above, not all Medi-Cal health plans offer the non-housing Community Supports.

Because the housing-related Community Supports are offered in all Medi-Cal health plans, the new plan must **automatically approve them** and make them available to the Medi-Cal member. The health plan can even allow the member to receive the services from the same providers they used in their old county, if that is feasible in the new location.[20] Since the housing-related Community Supports often require knowledge of what is available in a specific county, Medi-Cal members might prefer to use providers in the new county who likely are more familiar with housing resources in the new location.

**NOTE:** When a person's new Medi-Cal health plan does not offer a Community Support that they received from their old plan (which might be the case with some of the other non-housing-related Community Supports), they may not have access to those services in their new plan. Medi-Cal health plans have the option to provide Community Supports, but they are not required to do so.

**Enhanced Care Management:** Enhanced Care Management is intended to address the clinical and non-clinical needs of Medi-Cal members by providing intensive care coordination and services across multiple systems of care. Enhanced Care Management providers are required to meet members where they are in their communities, instead of just at the doctor's office. This means they can care for members at a shelter, on the street, or at home. Enhanced care managers help Medi-Cal members set clear goals, make sure that they receive the full array of benefits they're eligible for to meet those goals, and coordinate across systems to help members achieve their goals.

Anyone can make a referral for Enhanced Care Management, including self-referrals from Medi-Cal members. Homeless service providers and others should be sure that their clients experiencing homelessness are routinely referred to these important benefits.

### Enhanced Care Management and Inter-County Transfers

Just like with Community Supports, when there is an inter-county transfer, the new health plan must **automatically authorize and continue** a member's Enhanced Care Management services so long as the member can show that they were getting those services within the past 90 days from their old health plan. The new plan must accept confirmation of that prior receipt of Enhanced Care Management when any of the following is present: the member tells them, the member's old health plan tells them, Medi-Cal data indicates they were receiving the services, or providers tell them.

The new health plan should also receive a Medi-Cal member's Enhanced Care Management Plan from their old health plan. The new health plan should assign the member to the same Enhanced Care Management provider if they are able to provide the case management services in the new county. If the same provider is not available, the new health plan must assign the member to a new Enhanced Care Management provider right away.[21]

### How it is Supposed to Work to Continue Community Supports in a New Medi-Cal Health Plan

Henry was living in an emergency shelter in Stanislaus County while he went through job training. One of the staff at his job training site learned he had Medi-Cal and referred him to his Medi-Cal health plan for Community Supports, knowing he could use some help to find a place to live. His Medi-Cal health plan in Stanislaus approved him for housing navigation services, which he was receiving from a local housing provider. A month later, Henry received a job offer in Yolo County, where he grew up. One of his childhood friends agreed to host him for a month or two while he sought housing. Henry initiated an inter-county transfer but had to decide whether to stay with his old health plan during the transfer period or to disenroll from the health plan and get fee-for-service Medi-Cal in Yolo County. When he told his housing navigator he was moving, he learned that he would lose his services if he went into fee-for-service Medi-Cal. Luckily for Henry, the housing provider had an office in Yolo County and was familiar with the housing market there. Henry decided to stay on his health plan in Stanislaus during the waiting period, so he would not lose his housing navigation services.

**NOTE**

While the housing-related Community Supports are offered by all Medi-Cal health plans, that is not the case for other Community Supports. In the scenario above, if Henry was receiving support at a sobering center in Stanislaus County and he moved to Yolo County, he might not be able to continue his Community Supports after the move, since neither of the Medi-Cal health plans in Yolo County offer sobering centers.

### Other out-of-network health care services through Medi-Cal

Medi-Cal members have a right to continue receiving care from their medical providers for up to 12 months after a transfer has occurred, even if the providers not in the new health plan's network. This is called "continuity of care."

But not every member can get ongoing out-of-network services for up to 12 months. Members have to meet all of these specific requirements in order to continue to receive services that are out-of-network:

- they have received services from the provider at least once in the 12 months before they enrolled in their new plan;

[20] More details on these health plan requirements are in DHCS's Community Supports Policy Guide at page 69.

[21] More details on these health plan requirements are in DHCS's Enhanced Care Management Policy Guide at pages 98-99

- the provider agrees to contract with the new health plan and be paid at the new health plan's rates;
- the member's new health plan decides that the provider meets their professional and quality care standards; and
- the provider sends medical necessity information to the new health plan when needed to authorize services.[22]

Members can request that their new health plan authorize out-of-network medical care by contacting them in writing, by phone, or in person. The health plan must process the request by:

- ***30 calendar days*** after the plan receives the request for non-urgent services; or
- ***15 calendar days*** if the member requires immediate attention, like an upcoming appointment; or
- ***Three calendar days*** when there is a risk of harm to the member.

Before the authorization expires after 12 months, the plan must help people find an in-network provider to continue receiving the care they need.

### How it is Supposed to Work to Access Out-of-Network Services in a New Medi-Cal Health Plan

Dante was living in transitional housing in Sutter County when he was first diagnosed with prostate cancer. His primary care doctor in his local Medi-Cal health plan had been caring for him for over nine months and the outlook was positive. He was actively receiving radiation when he learned he was eligible for a Housing Choice Voucher for permanent housing in nearby Sacramento County, where he had been on the waiting list for over a year. With his family in Sacramento County, he was thrilled to make the move. However, he was still in the middle of his cancer treatment with his local Sutter County doctor.

Dante initiated an inter-county transfer and chose to stay in his old health plan while the transfer was moving forward so he would be able to continue his treatment. When his transfer was complete, he chose one of the four Medi-Cal health plans offered in Sacramento County. Because his sister was a health advocate, he knew he could request out-of-network services (continuity of care) through the new health plan, so he could finish his course of treatment in Sutter County. His Sutter County providers agreed to contract with his new health plan and provide any documentation the plan required. He was authorized for up to 12 months, but only needed an additional five months of treatment before he was able to transfer services away from his Sutter County providers to get services from his Sacramento Medi-Cal health plan.

**NOTE**

The right to continue care does not extend to durable medical equipment suppliers, transportation providers, and other ancillary services. For these services, members will need to receive them within their new health plan's network.

### How it is Supposed to Work to Access Continuity of Care in a New Medi-Cal Health Plan

Regina lived in San Mateo County as a young adult, when she was first diagnosed with diabetes. Her local Medi-Cal health plan referred her to a local diabetes specialist who had experience working with former foster youth. She started monthly sessions with the San Mateo County provider, with good success. Three months after she started services, she enrolled in San José City College in Santa Clara County. After a few weeks, the commute to school became too much. She decided to move to Santa Clara County to live with her sister. She requested an inter-county transfer and two months later picked a new health plan in Santa Clara County. Rather than start all over with a new diabetes specialist, Regina wanted to continue to see her San Mateo provider, who was now out-of-network. She sought approval from her new health plan for continuity of care to see her specialist out-of-network. Because she was actively in treatment and had moved to the new county and the provider was willing to contract and abide by the new health plan's requirements, she was authorized to continue her sessions with her San Mateo provider for 12 months.

### Out-of-network specialty mental health care services through Medi-Cal

Medi-Cal members have a right to continue receiving care from out-of-network specialty mental health care providers through their county mental health plan for up to 12 months.[23] To continue specialty mental health care, members must meet all of these requirements:

- they received services from the provider at least once in the 12 months before they enrolled in their new mental health plan, they moved to a new county, they were referred by a mental health plan or Medi-Cal health plan, or their mental health plan authorized them earlier for specialty mental health care;
- the provider agrees to contract with the new mental health plan and be paid at the new plan's rates. The new mental health plan must make a "good faith effort" to contract with the out-of-network specialty mental health care provider;
- the new mental health plan decides that the provider meets their professional and quality care standards; AND
- the provider sends medical necessity information to their new mental health plan when needed to authorize services.[24]

22 All Plan Letter 18-008 (Revised) at 1-2.

23 MHSUDS IN 18-059 at 2.

24 MHSUDS IN 18-059 at 5.

Medi-Cal members can request that their new mental health plan authorize out-of-network care by contacting them in writing, by phone, or in person.[25] The plan must help members request the authorizations.[26] The county mental health plan must complete a request for services within the following timelines:

- If delaying care risks harm to the patient: ***within 3 calendar days*.**
- If the member has immediate needs, such as an upcoming appointment: ***within 15 calendar days*.**[27]
- If the member does not have any immediate need for care: ***within 30 calendar days*.**

When the county mental health plan approves or denies a request, they must send the member a letter in the mail.[28] The letters are different for approvals and denials:

- *Denial letters* must explain why the Medi-Cal health plan denied the request, describe how the member can access mental health care through other in-network providers, include a provider directory and plan handbook, and notify members of their right to appeal the denial.[29]
- *Approval letters* must explain the length of the approval for out-of-network services (up to 12 months), how members can transition their care to in-network providers after the approval ends, and how members have the right to choose their own in-network provider.[30]

  30 days before the approval ends, the plan must send the member another letter that provides further details about how to continue receiving specialty mental health care within the plan's network.[31]

A mental health plan can transfer a member's care to an in-network provider only after the member completes their course of treatment with their out-of-network provider, which may be up to 12 months.

The new Medi-Cal health plan must also confirm that transferring care to a new provider would be safe for the member, in consultation with the member, the provider, and good professional practices.[32]

**NOTE**

Note: Remember, Medi-Cal members can get mental health care from either their county mental health plan or their Medi-Cal health plan, depending on the type of care that they need. Their Medi-Cal health plan provides non-specialty mental health services (such as individual, group, and family psychotherapy, psychological testing, psychiatric consultation, and outpatient medication support), emergency room professional services, and all other physical health services.[33] A county mental health plan provides all specialty mental health services.[34]

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25 MHSUDS IN 18-059 at 5.

26 MHSUDS IN 18-059 at 5.

27 MHSUDS IN 18-059 at 5.

28 MHSUDS IN 18-059 at 4.

29 MHSUDS IN 18-059 at 6-7.

30 MHSUDS IN 18-059 at 6.

31 MHSUDS IN 18-059 at 7.

32 MHSUDS IN 18-059 at 2-3.

33 From NHeLP guide: CAL. WELF. & INST. CODE § 14184.402(b)(1); CAL. CODE REGS. tit. 22, § 53855.

34 From NHeLP guide: 42 C.F.R. § 438.208(b)(2)(iii).

# Frequently Asked Questions About Inter-County Transfers

### 1. Why should somebody do an inter-county transfer instead of applying for Medi-Cal in their new county?

Inter-county transfers are normally better than new Medi-Cal applications for several reasons:

a. People cannot have active Medi-Cal in two different counties. When they apply for Medi-Cal in their new county and are still receiving Medi-Cal in their former county, it will prompt an inter-county transfer anyway, but after a delay because it can take up to 45 days before the county processes a Medi-Cal application, and notices that an inter-county transfer should be done instead.

b. They can avoid a gap in health coverage since Medi-Cal eligibility stays active throughout the inter-county transfer process.

c. They do not need to prove eligibility for continued Medi-Cal. On the other hand, new applications may require people to submit proofs, like pay stubs, bank statements, identification cards, and more.

### 2. What is the deadline for requesting an inter-county transfer? Is it ever too early to request one?

Medi-Cal requires all members to report changes like a new address ***within ten (10) days***. Social Security requires recipients to report changes no later than the 10th day of the month following the month in which the change happened. Even if somebody misses these deadlines, they should still report their new address and request an inter-county transfer – and either the county Medi-Cal office or Social Security office should process it.

Each person should decide how early they want to request their transfer. They should carefully consider the timelines above and decide when to start the inter-county process.

### 3. Should a member tell their Medi-Cal health plan or medical provider about their move?

To transfer Medi-Cal during a move, **people must contact either their county Medi-Cal office or a Social Security office**. Medi-Cal members can report a move to their health plan to make sure the plan knows how to contact them. The same applies to medical providers, like doctor offices that contract with health plans. Health plans are required to tell counties if a Medi-Cal member has an address change. But telling a health plan (instead of the county Medi-Cal office or Social Security) may delay the inter-county process, and does not guarantee that the transfer will even happen since people need to report their moves to the county for action to be taken.[35]

### 4. What should someone do if they are experiencing homelessness and don't have an address in the county where they are moving?

A new address is not required to complete a Medi-Cal transfer. People do not need a physical residence address. For example:

- For Medi-Cal members who have SSI, they can report their "residence" address in the new county. It does not need to be a place where they can receive mail. They can separately report their "mailing" address for where they want to receive mail, which can be in a different county.

- For Medi-Cal members without SSI, they can also ask the county to use their personal P.O. Box, a friend or family's address, the address of a shelter where they are living, or the Postal Service's "general delivery" program (not available in all areas). When no address to receive mail is available, they can ask if they can list the county Medi-Cal office's address. Some counties allow Medi-Cal members to receive and pick up their case-related mail at the county Medi-Cal offices.

#### How a Medi-Cal Inter-County Transfer is Supposed to Work When Someone has no Address

Jen (who does not receive SSI) lives in Tulare County in a shelter for domestic violence survivors. She is moving to San Francisco to start a new job. She does not yet have an address in San Francisco. She has been connected with a San Francisco shelter that has a single bed available for her. She asks the shelter in San Francisco County if she can use their address for her Medi-Cal inter-county transfer. After the shelter agrees, Jen reports to the Tulare County Medi-Cal office and requests an inter-county transfer to San Francisco County. The Medi-Cal office must use the shelter address to process the transfer.

### 5. How do people know when their inter-county transfers are completed?

Counties should mail two written notices of action (NOAs) to Medi-Cal members. First, the sending county should send a notice that informs the member that the inter-county transfer is in process. Then once the transfer is completed, the receiving county sends a notification that includes the member's new Medi-Cal case number (if necessary), and the contact information to reach a county worker.

[35] Welf. & Inst. Code § 14005.36 ; 22 C.C.R. § 50188. MEDIL 15-30 sets out the process for counties to accept information that health plans report, but only if the plan confirms that the Medi-Cal member approved of sharing the information with the county.

For people who cannot receive these two mailed notices, they can call both the sending and receiving counties and request an update by phone. They can also create an account on BenefitsCal.com to access mailed notices.

### 6. What should people do if the county Medi-Cal office does not process the inter-county transfer within two months?

If the county Medi-Cal office - either in the old county or the new county (or both) - fails to process an inter-county transfer within two months, Medi-Cal members can escalate their case for help:

- Contact the Department of Health Care Services (DHCS), which is the state agency that supervises all county Medi-Cal offices. Provide them with identifying information, the case or Medi-Cal number, a description of what happened at the local office, when the move was reported to the Social Security or the county Medi-Cal office. Share any information on efforts to resolve the transfer issue with one or both of the counties and why those efforts did not work. Wherever possible, include dates when the efforts occurred, and request that DHCS confirm that the counties have processed the Medi-Cal transfer.

  There are a number of ways to connect with DHCS – the best way is to email Medi-CalNow@dhcs.ca.gov. For people assisting other people with their Medi-Cal, they may need to submit an authorized representative form (MC 382) to receive a response from Medi-Cal.

  **NOTE**

  There are two different relevant ID numbers:

  1. The case number, which can be found on Notices of Actions (NOAs)
  2. The Medi-Cal number (also known as the BIC or CIN), which can be found on a member's Medi-Cal card. DHCS can identify cases with either one of these ID numbers.

- If there is no luck with DHCS or it is taking too long, contact the Health Consumer Alliance at 1-888-804-3536. Health advocates can help Medi-Cal members contact the local Medi-Cal office. Because they have relationships with county staff, sometimes it may only require a quick call from the health advocate for the transfer to go forward.

### 7. How can somebody keep their same health plan and medical providers in their new county?

Some Medi-Cal health plans operate in multiple counties. And some Medi-Cal health plans contract with medical providers in multiple counties. People can look up the available health plans and providers in their new counties at these links:

- Medi-Cal health plans: https://www.healthcareoptions.dhcs.ca.gov/en/compare-medical-plans-and-dental-plans
- Provider search: https://www.healthcareoptions.dhcs.ca.gov/en/find-provider

People can also call their current Medi-Cal health plan and ask if they operate in any other counties. People can also call their medical providers and ask if they contract with other health plans in different counties. Check out "*Other out-of-network health care services through Medi-Cal*" above for more rights to access the same providers for up to 12 months, even if they do not contract with a person's new Medi-Cal plan.

### 8. What if someone is moving only temporarily to attend school?

Special rules allow students under 21 years of age to keep their Medi-Cal active when they attend school in a different county. These students can choose to keep their Medi-Cal in their home county, or to transfer it to the county where they are attending school.[36] When students choose not to transfer their Medi-Cal, the county simply updates the address for the student but does **not** transfer the full case to the new county (and it is not considered an inter-county transfer). This allows the student to enroll in a Medi-Cal health plan in the county where they are studying, while staying within their family's Medi-Cal case.

### 9. What happens when there are other household members who have Medi-Cal but who are not moving?

Medi-Cal cases often include an entire household of people, like spouses, children, and other relatives. When those people also have Medi-Cal, there are special rules for inter-county transfers.

When a person is leaving a household with other people who have Medi-Cal, the person leaving will be transferred to a new separate case in their new county. **Caution:** If they will still be claimed as a dependent or household member for tax purposes by their old Medi-Cal household, then their case will not be transferred. Instead, the county will update the person's address while keeping them in the household's case. This will allow the person to enroll in a health plan in their new county. In these situations, people with Medi-Cal have rights:

- At all times, the old county Medi-Cal office must keep the person's Medi-Cal active until the new county confirms they have transferred the member to an active Medi-Cal case in the new county.
- The new county will complete a renewal for the person moving if they were not the primary applicant on the old Medi-Cal case. The new county may need additional information to complete the new file. Medi-Cal members can provide any information that the new county needs:
  - by mail,
  - online,
  - in person, or
  - over the telephone.[37]

36 MEDIL 15-32.

37 ACWDL 18-02E at 8-10.

- After they are transferred to a new and separate active Medi-Cal case, their old county may complete a Medi-Cal renewal for the other household members who are not moving. The renewal is only necessary when the move impacts their old household's eligibility. For example, if someone leaves the household, or the household size changes. The smaller household size could impact the remaining household's eligibility for Medi-Cal.

**NOTE**

This same process applies when somebody moves into a new household in their new county. The old county can only end their eligibility after the new county confirms the person has active Medi-Cal in their new household. Then, the new county may need to renew eligibility for the entire Medi-Cal household because the larger household size could impact the household's eligibility for Medi-Cal.

### How an Inter-County Transfer is Supposed to Work when Only Some People are Leaving the Household

Sophie is 20 years old, pregnant, and moved to LA County from Orange County, where she had been living with her parents and siblings (who also have Medi-Cal). Sophie's family members do not claim her as a tax dependent. She needs continued access to prenatal care in her new home, where she lives with her partner.

Sophie asked Orange County to process her Medi-Cal transfer by removing her from her family's case. When Sophie asked them to process the transfer, they told her that a "partial transfer" was possible but required a little more effort since her family members also had Medi-Cal. They had to create a new case for her in LA County. Then LA County had to gather information about Sophie's income and household members to confirm her eligibility for Medi-Cal since she was moving in with her partner. Orange County had to re-evaluate Sophie's family members for Medi-Cal eligibility, since their household size changed when she moved out of the house.

Sophie got an inter-county transfer with her own household. To access prenatal care, Sophie had to decide whether she wanted to keep seeing her Orange County providers or switch to a new provider in LA County. She decided that she preferred to travel back to Orange County to keep her providers. She told them she wanted to maintain her enrollment in her old Medi-Cal health plan until the transfer completed, and he had to pick a new plan in LA County.

## 10. Do Medi-Cal transfers ever require renewal of eligibility?

Most people do **not** need to renew their Medi-Cal when they move to a new county. Changing an address does not automatically require a full Medi-Cal renewal, except in certain situations:[38]

- When the Medi-Cal member is leaving a Medi-Cal household or joining a new one, they and/or their former household members may need to renew their Medi-Cal (see **question 9** above),
- If they have different income in their new county,
- If they are changing their household size (either losing a Medi-Cal member or gaining a new member); or
- If they are moving during the Medi-Cal member's annual renewal period.

For anyone who needs to renew at the time they seek an inter-county transfer, their old county still must send their case to the new county. The new county is responsible for completing any required renewal. No county should delay or refuse to transfer a case because a Medi-Cal renewal is required at the same time.

**NOTE**

If someone's Medi-Cal terminated during their last renewal, they have 90 days to turn in any missing information that the county needs to process their renewal. When someone wants to move to a different county while they are in the 90-day "cure period," they have two options: (1) submit the missing information to their old county, which can reactivate their Medi-Cal and then transfer their case to the new county, or (2) turn in a new application for Medi-Cal in their new county.[39] Apply at CoveredCA.com for the fastest decision on a new application.

## 11. What should somebody do if their Medi-Cal terminates during the transfer?

Medi-Cal must stay active while the county processes the inter-county transfer. This means that when Medi-Cal should normally be active (between annual renewals), the inter-county transfer cannot cause a Medi-Cal termination. Counties must work together to make sure that Medi-Cal stays active. If Medi-Cal ends during a transfer, the member should contact the county so that they restore eligibility. If the county refuses, the member should contact the Health Consumer Alliance or file a State Fair Hearing.

There is just one exception: when a member requests a transfer during their annual renewal period, the transfer must still be processed. The new county is responsible for completing the member's annual renewal (see **question 10** above). When the county does this renewal, if somebody no longer meets Medi-Cal's requirements, the county may discontinue eligibility. If the member disagrees with the termination, they can contact the Health Consumer Alliance or file a State Fair Hearing. People can re-apply for Medi-Cal at any time in the future.

38 ACWDL 03-12 at 1-2.

39 ACWDL 18-02E at 13.

## 12. When somebody moves frequently, how should they navigate the Medi-Cal inter-county transfer process?

Some people may move often, such as multiple moves in a six-month period. When this happens, the person with Medi-Cal should carefully consider how and where they want to access their health care. For example, the inter-county transfer process for a **single move** can take around two months to fully process. And during that transfer process, the person will need to follow the complicated steps above to change their Medi-Cal health plan, and possibly find new providers or request continuity of care.

When you add multiple moves, the person with Medi-Cal may need to repeat the transfer continuously each time they change residences. In these situations, people should remember that they have the option to keep their same Medi-Cal plan enrollment while the transfer is happening. Once their Medi-Cal plan changes, they can also request continuity of care to keep seeing their same medical providers. Finally, if a person's move is only temporary, then they do not need to request an inter-county transfer. Their options may include returning to their home county to access care, or asking their Medi-Cal health plan to authorize out-of-network care in their new county.

Please contact the Health Consumer Alliance for individualized information that may help somebody navigate the complicated inter-county transfer process during multiple moves.

## 13. How can somebody file a State Fair Hearing?

Everybody with Medi-Cal has the right to challenge any negative action that impacts their Medi-Cal. This includes when Medi-Cal terminates, an inter-county transfer is delayed, and a county refuses to process an expedited inter-county transfer. Medi-Cal members can challenge these negative actions by filing a State Fair Hearing.

A State Fair Hearing is an out-of-court process where an administrative law judge decides whether a Medi-Cal member's challenge should be granted. People do not need an attorney to file a State Fair Hearing, or to attend the hearing with the administrative law judge. Still it is a good idea to contact the Health Consumer Alliance for assistance in filing for a State Fair Hearing.

The deadline to file a State Fair Hearing is normally ***90 days after the date*** on the notice of action, or when the negative action happens if no notice is issued. These deadlines are extended when somebody has "good cause" for filing the State Fair Hearing late. This includes when somebody is experiencing homelessness, is sick, or was otherwise unavailable to file their hearing on time.

When requesting the State Fair Hearing, people should include their full name, phone number, mailing address, and their Medi-Cal case number and/or number on their Medi-Cal card. They should also include a brief description of why they are requesting the hearing. People can request a State Fair Hearing in any of four ways:

1. Contacting the county Medi-Cal office
2. Writing to:

   California Department of Social Services
   State Hearings Division
   P.O. Box 944243, Mail Station 21-37
   Sacramento, California 94244-2430
3. Sending a fax to: (833) 281-0905
4. Requesting the hearing online at https://acms.dss.ca.gov/acms/login.request.do

# Appendix: Agencies, Organizations, and Official Representatives & Their Roles in Inter-County Transfers

### Department of Health Care Services (DHCS)
The California State agency that oversees the entire Medi-Cal program. DHCS is responsible for all actions that counties take when they administer Medi-Cal eligibility for people. DHCS also coordinates changes in Medi-Cal health plan enrollment and keeps the state database for Medi-Cal eligibility records (MEDS).

### Medi-Cal Managed Care Ombudsman
The Ombudsman is an office within the California State Department of Health Care Services. Its goal is to help enforce rules that Medi-Cal health plans must follow when Medi-Cal members need access to care. The Ombudsman can help Medi-Cal members change their Medi-Cal health plan enrollments when an urgent change is needed.

### Medi-Cal Health Care Options
Health Care Options is another office within the Department of Health Care Services. The office is responsible for processing member requests for Medi-Cal health plan enrollments that are not urgent.

### County Medi-Cal Office
The County agency responsible for eligibility and enrollment, for Medi-Cal for every resident within the county's borders. County Medi-Cal offices may have different names, depending on their county of location, such as the County Department of Social Services or the County Department of Health and Human Services. For a complete list, visit: https://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

### Medi-Cal Health Plan (also known as Medi-Cal Managed Care Plan)
Medi-Cal health plans are responsible for ensuring all members receive covered services. They serve as the gatekeeper to medical care for every enrolled member. Most people with Medi-Cal are enrolled in a health plan.

### MEDS Coordinator
Within each County Medi-Cal office, there is at least one MEDS Coordinator. They are County employees who can directly change case information in MEDS, the statewide Medi-Cal eligibility database. When there are errors in inter-county transfers, oftentimes the MEDS Coordinator needs to make a correction in the statewide database to fix the problem.

### Social Security Administration (SSA)
The agency responsible for Supplemental Security Income (SSI) and other Social Security benefits like retirement, disability, and Medicare. California residents eligible for SSI are also categorically eligible for Medi-Cal. This means that someone who has SSI and Medi-Cal needs to inform their local Social Security Administration office if they move to a new county. Anyone receiving other types of Social Security benefits should request their inter-county transfer from the county Medi-Cal office.

### Health Consumer Alliance
The Alliance offers free assistance to people struggling to get or to maintain health coverage and to resolve problems with their health plans. They provide help over the phone and in-person with Medi-Cal inter-county transfers, Medi-Cal health plan enrollment changes, and much more. They can be reached at 888-804-3536 and https://healthconsumer.org.