



Medi-Cal Reminders and When to Contact County Social Services

Overview

In response to impacts of the COVID-19 pandemic, a national Public Health Emergency (PHE) was declared in January 2020 by the Secretary of the Health and Human Services and periodically extended through May 11, 2023.¹ The PHE also triggered a temporary increase in federal funding to support states that administer Medicaid (Medi-Cal in California) and the Children's Health Insurance Program (CHIP), with the condition that states could not terminate a beneficiary's enrollment during the PHE unless they moved out of state, became deceased, or the beneficiary explicitly requested a voluntary termination of eligibility.^{2,3}

“Medi-Cal to Covered California Enrollment Program”

On April 1, 2023, [the Department of Health Care Services \(DHCS\)](#) began to “unwind” the [COVID-19 continuous coverage policy](#) and resumed its annual eligibility review process for people enrolled in Medi-Cal. **As of June 1, 2023**, the *Medi-Cal to Covered California Enrollment Program* (also known as Senate Bill 260) authorizes Covered California to enroll eligible individuals in a qualified health plan automatically when they lose Medi-Cal coverage and gain eligibility for advanced premium tax credits (APTC). Covered California will select the lowest cost silver plan available for qualifying Medi-Cal transitioning consumers to maximize premium tax credit and cost sharing support. This program will help to facilitate continuity of coverage for individuals losing Medi-Cal coverage if they effectuate their Covered California plan within a month of disenrollment from Medi-Cal.

★ **Resource:** [Medi-Cal to Covered California Enrollment Program Toolkit](#) – contains program information and support materials.

Mixed Household Cases and Other Medi-Cal Reminders

Although family members can apply together for health coverage, each member of the household is evaluated and provided an eligibility determination individually. Some members of the household may qualify for Medi-Cal, whereas others may qualify for financial assistance (Advanced Premium Tax Credit and/or Cost Sharing Reductions) through Covered California. For these mixed household cases, Covered California enrollers are permitted to make only limited changes. Certified Insurance Agents, Certified Enrollment Counselors, and Service Center Representatives can answer questions about Covered California plans, eligibility, and notices and process name changes **only** for Covered California members; they cannot process other reported changes, redetermine or undo Medi-Cal eligibility, or offer case advice. **All inquiries related to Medi-Cal, including questions**

¹ [U.S. Dept. Health and Human Services. Public Health Emergency Declarations](#)

² [Aron-Dine, A. Medicaid “Maintenance of Effort” Protections Crucial to Preserving Coverage. Center on Budget and Policy Priorities. 2020 May 13.](#)

³ [42 C.F.R. § 433.400](#)



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about terminating Medi-Cal coverage must be referred to the beneficiary's local county Social Services office.

For households with MCAP (Medi-Cal Access Program) pregnant individuals, or CCHIP (County Children's Health Initiative Program) eligibility, certified enrollers can help make changes to the application without referring the case to the county, as long as no other household members on the case have Medi-Cal eligibility.

★ **Resource:** [Department of Health Care Services County Listings](#) – links to contact information for the local county Medi-Cal department offices.

★ **Resource:** [Covered California's Medi-Cal page](#) – important information regarding Medi-Cal eligibility and other details.

★ **Resource:** [Assisting Medi-Cal Eligible Consumers FAQ](#) – frequently asked questions and glossary terms to understand the Medi-Cal enrollment process and learn how to seek help for various scenarios.

Medi-Cal Authorized Representative vs Covered California Delegate

To assist a Medi-Cal beneficiary with their local county Social Services office, a Covered California certified enroller must be designated as a Medi-Cal Authorized Representative. Key differences in what constitutes a “representative” and a “delegate” as related to mixed household cases are as follows:

Medi-Cal Authorized Representative

- An applicant or beneficiary can appoint an individual or organization as an Authorized Representative to help with all or some duties related to their Medi-Cal eligibility and enrollment.
- For a certified enroller to speak to County Eligibility Workers (CEWs) on behalf of a beneficiary, **the certified enroller must be designated as an Authorized Representative (AR) by the beneficiary.** Consumers can have as many Authorized Representatives as they want. Access the “Appointment of Authorized Representation” forms here:
 - [English Form](#) | [Spanish Form](#)
 - Additional Languages: [Arabic](#), [Armenian](#), [Cambodian](#), [Chinese](#), [Farsi](#), [Hindi](#), [Hmong](#), [Japanese](#), [Korean](#), [Laotian](#), [Mien](#), [Punjabi](#), [Russian](#), [Tagalog](#), [Thai](#), [Ukrainian](#), [Vietnamese](#)

Covered California Delegate

- Consumers can delegate their Covered California application case to a Certified Insurance Agents or Certified Enrollment or Application Counselor in CalHEERS to assist them with the application process, up to and including plan selection. There can only be **one delegated enroller** on a case at a time.