



## 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 that has been periodically extended, to date of this guide.<sup>1</sup> 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 cannot terminate a beneficiary’s enrollment during the PHE unless they move out of state, become deceased, or the beneficiary explicitly requests a voluntary termination of eligibility.<sup>2,3</sup> This continuous enrollment condition, also known as a “maintenance of eligibility”, has caused some confusion for Covered California certified enrollers assisting Medi-Cal beneficiaries who may be eligible for and wish to enroll into a Covered California plan. The content below outlines important information that certified enrollers can use when assisting these consumers.

### 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.<sup>4</sup> Certified Insurance Agents, Certified Enrollment Counselors, and Service Center Representatives can 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 about terminating Medi-Cal coverage must be referred to the beneficiary’s local county Social Services office.** The [Department of Health Care Services County Listings page](#) contains links to contact information for the local county Medi-Cal department offices.

Please refer to [Covered California’s Medi-Cal page](#) for important information regarding Medi-Cal eligibility and other details you can use to help consumers during this time.

### 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**

<sup>1</sup> [U.S. Dept. Health and Human Services. Public Health Emergency Declarations. Accessed 2022 Mar 9.](#)

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

<sup>3</sup> [42 C.F.R. § 433.400](#)

<sup>4</sup> For a household with MCAP (Medi-Cal Access Program) 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.



**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.

### **Importance of Updating Consumer Contact Information**

When maintenance of eligibility requirements are lifted and Medi-Cal eligibility redeterminations commence (by way of a staged “unwinding” process to take place within about year from the end of the PHE), many Medi-Cal beneficiaries may be determined ineligible for Medi-Cal and eligible for a Covered California plan. It is, therefore, crucial that beneficiaries’ contact information in CalHEERS be kept up to date to be reachable and to facilitate continuity of health coverage.