

# Coordinated Care Initiative (CCI): Preparing for Changes

Amber Cutler, Senior Staff Attorney

March 25, 2015

# JUSTICE IN AGING





---

FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national non-profit organization that fights senior poverty through law. We secure health and economic security for older adults of limited income and resources by preserving their access to the courts, advocating for laws that protect their rights, and training advocates around the country to serve the growing number of older Americans living in poverty.

**Visit us at - [justiceinaging.org](https://justiceinaging.org)**

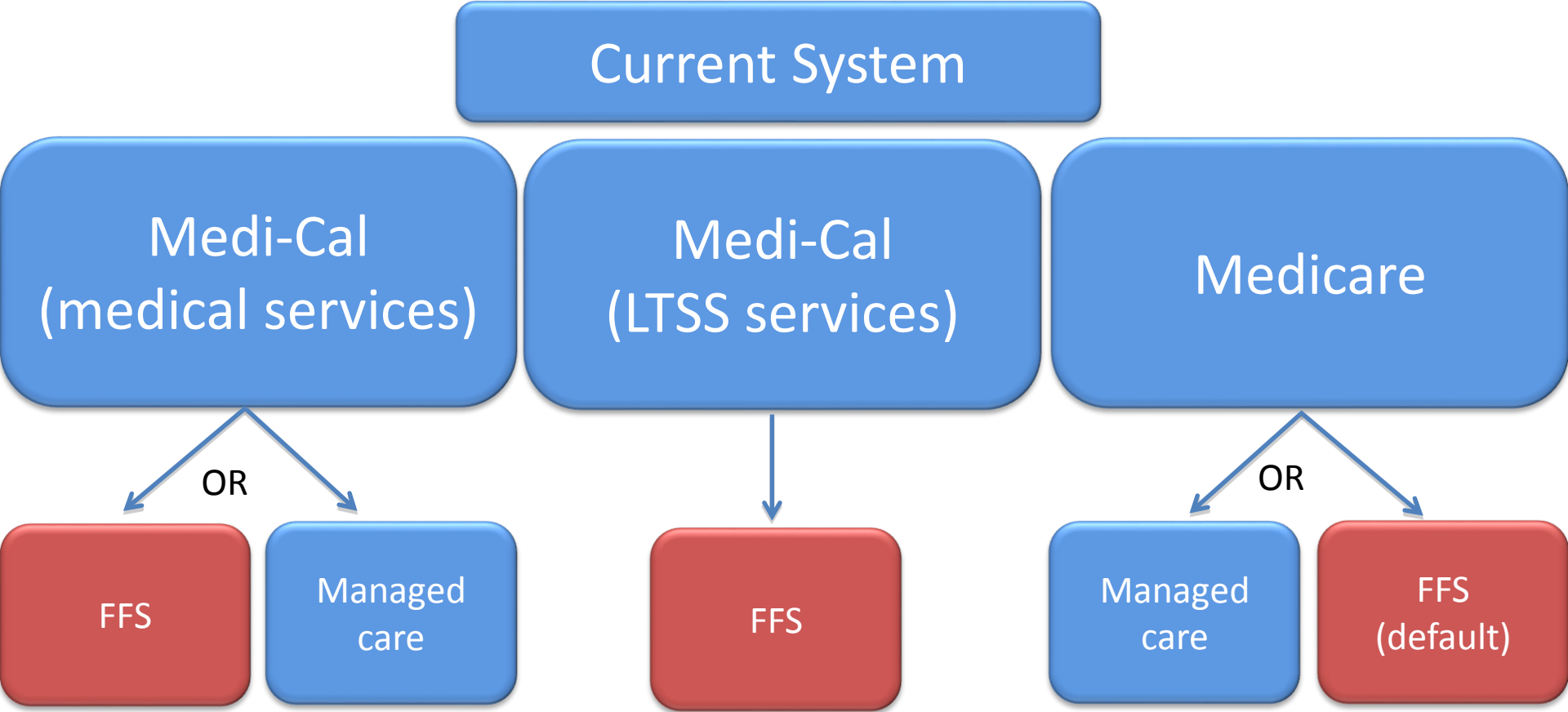
# Glossary

- Coordinated Care Initiative (CCI)
  - Cal MediConnect
- Dual Eligible (Dual) 
- Duals-Special Needs Plan (D-SNP) 
- Fee-for-Service (FFS)
- Long Term Services and Supports (LTSS) 
  - In-Home Supportive Services (IHSS), Community Based Adult Services (CBAS), Multipurpose Senior Services Program (MSSP), Nursing Facility
- Medi-Cal Managed Care
- Program of All-Inclusive Care for the Elderly (PACE)
- Seniors and Persons with Disabilities (SPDs) 

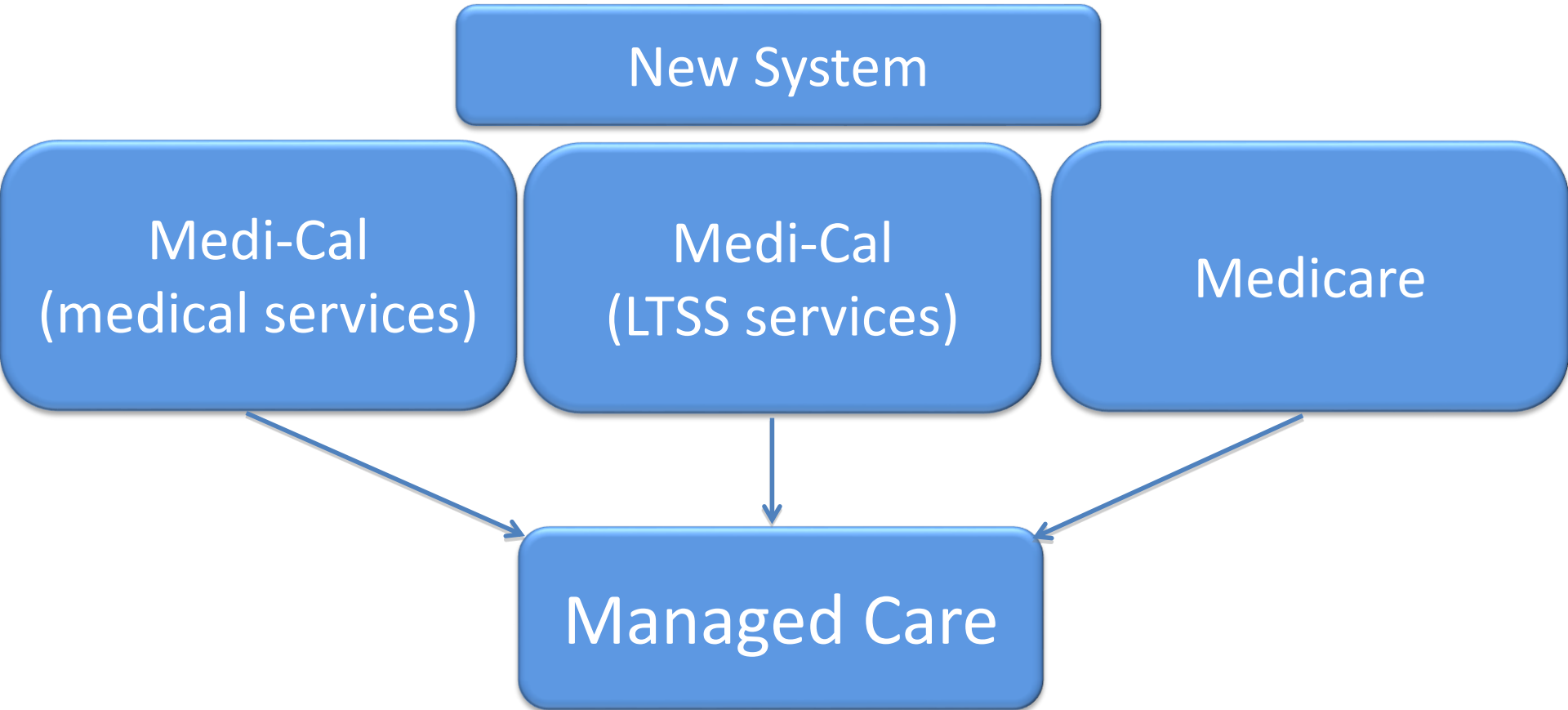
# CCI = three big changes

CCI Change	Description
<b>Mandatory Medi-Cal Managed Care</b>	Duals and previously excluded SPDs must enroll in Medi-Cal Managed Care
<b>LTSS Integration</b>	LTSS added to Medi-Cal Managed Care plan benefit package
<b>Medicare Integration (Cal MediConnect)</b>	For duals, integration of Medicare and Medi-Cal benefits into one managed care plan.

# The current Medi-Cal, LTSS, & Medicare delivery systems are different

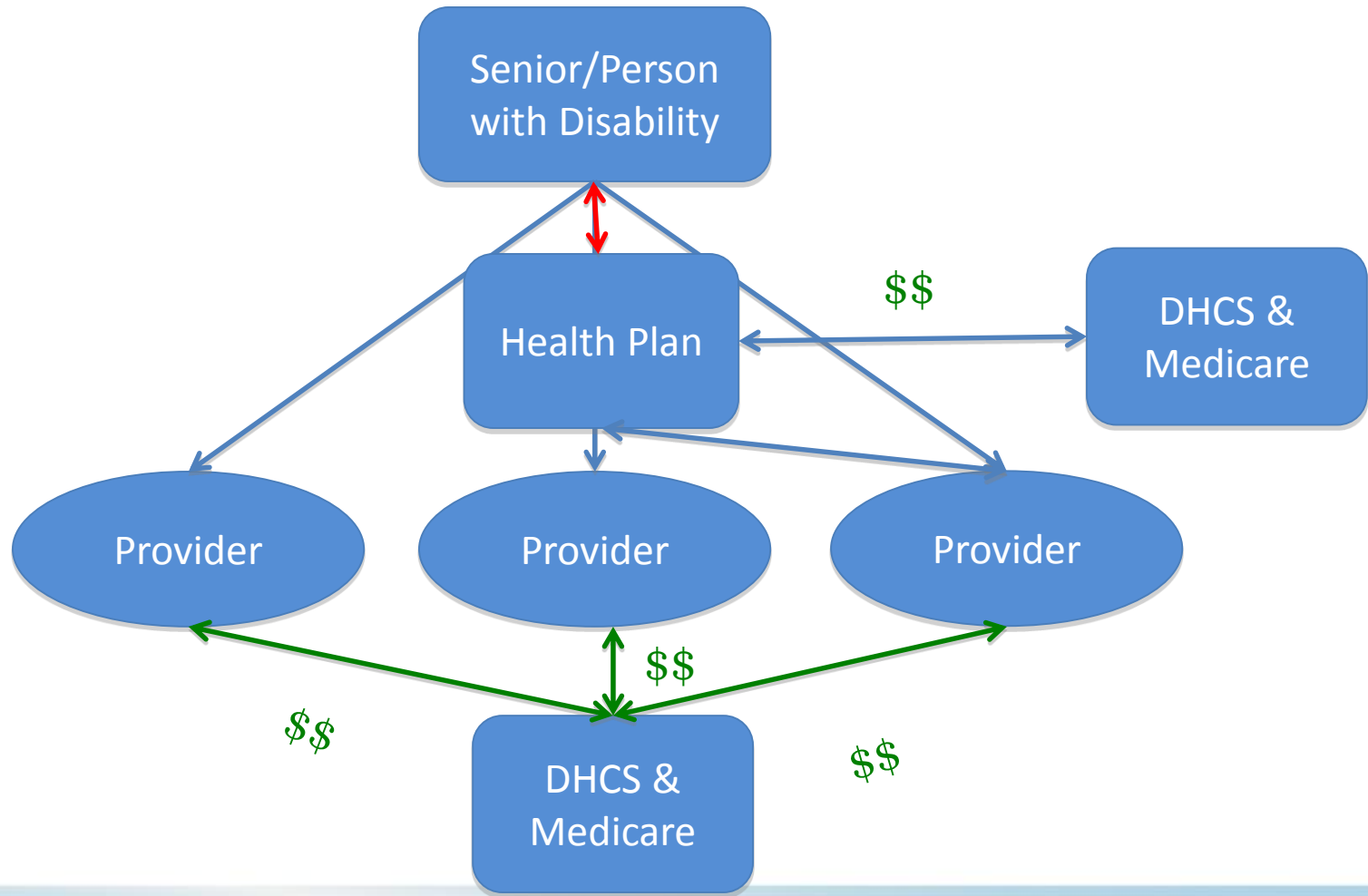


# CCI moves services into managed care

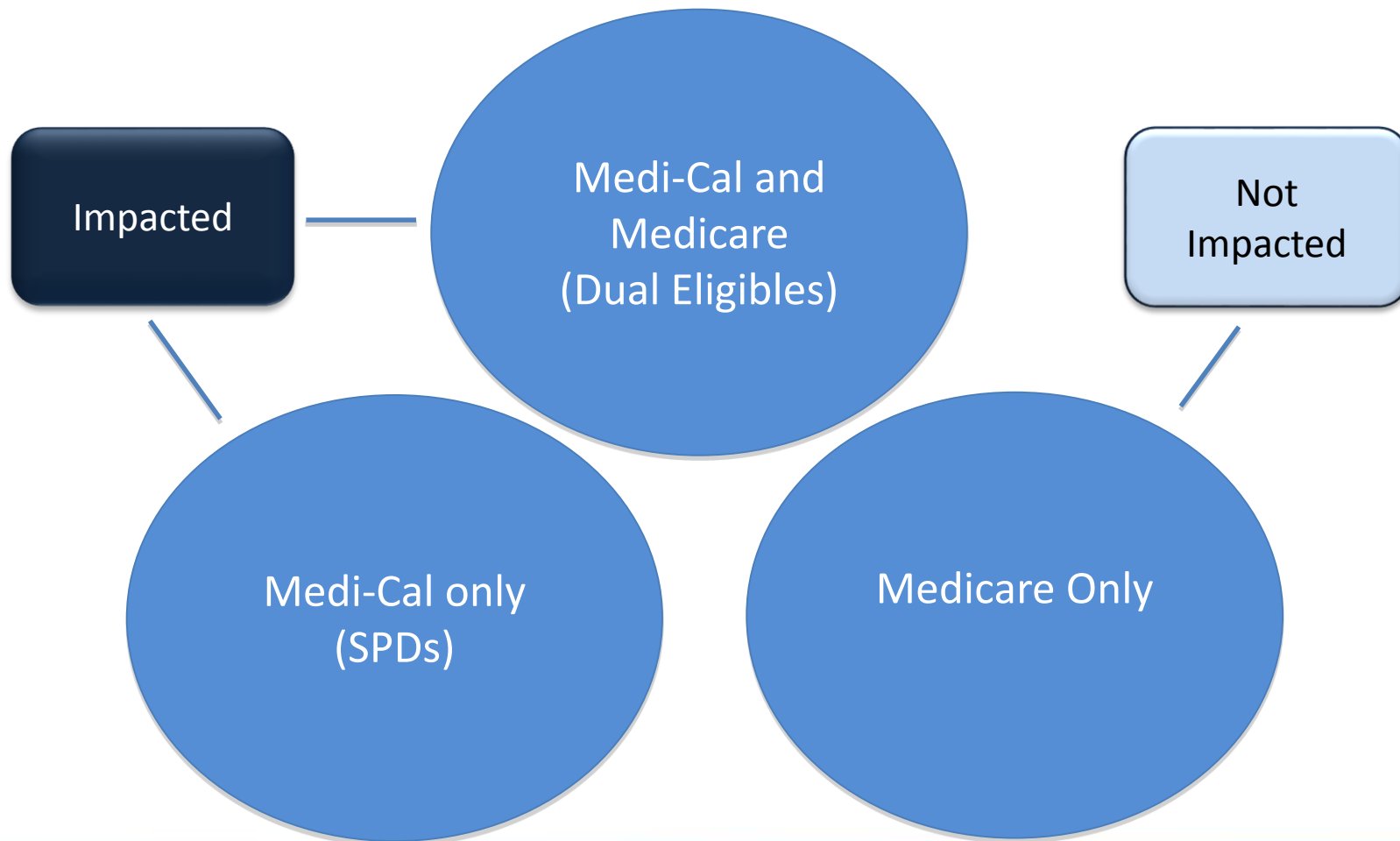


\*Behavioral Health

# Managed Care: Plans paid to provide covered services via network providers



# CCI impacts duals & SPDs with Medi-Cal



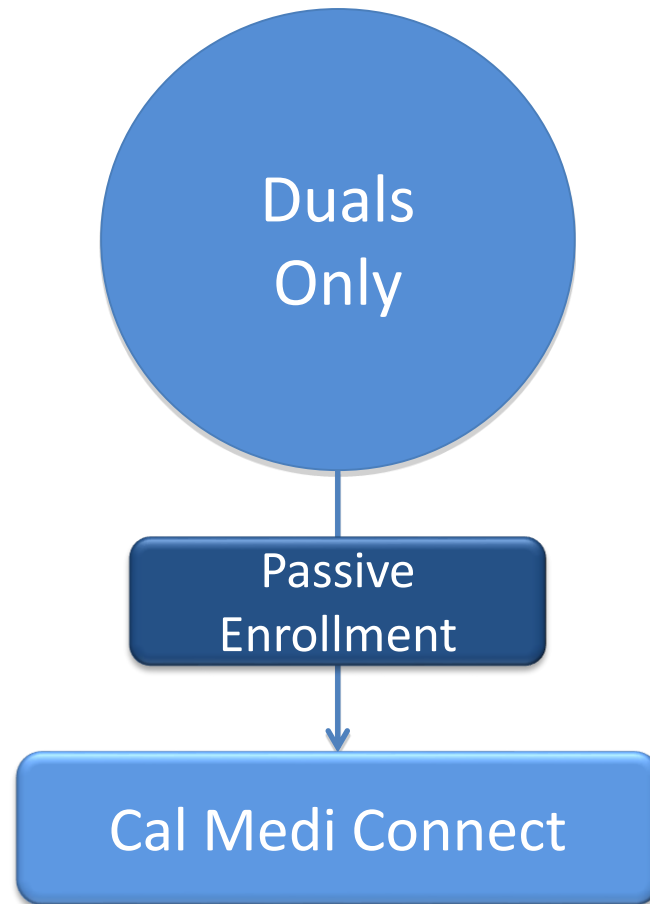
# Different groups of duals & SPDs are affected differently

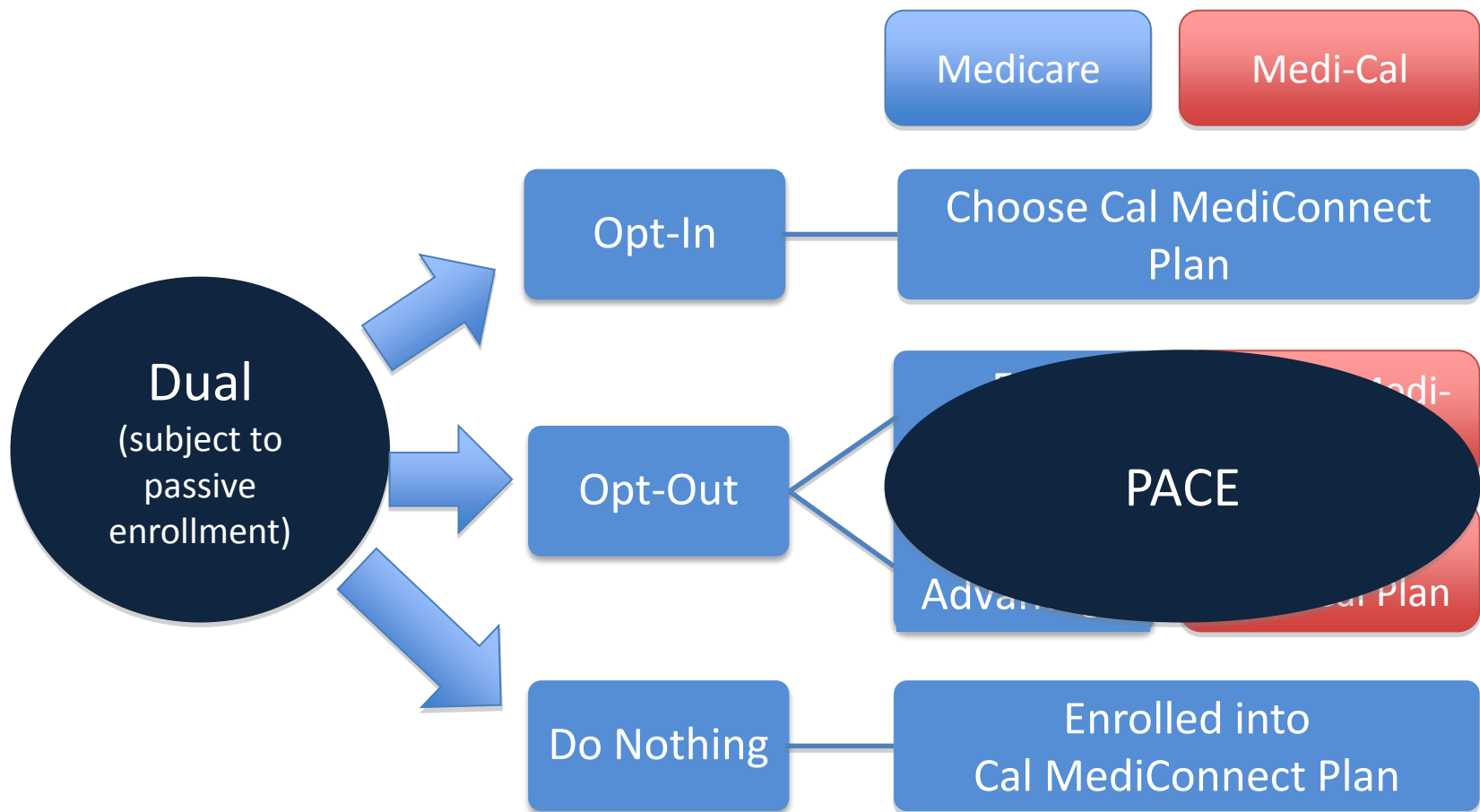
- SPDs who are already required to enroll in Medi-Cal managed care
- SPDs who will remain exempt from mandatory Medi-Cal managed care enrollment
- Dual eligibles who will be passively enrolled into Cal MediConnect
- Dual eligibles who can enroll into Cal MediConnect, but will not be passively enrolled
- Dual eligibles who cannot enroll in Cal MediConnect

# Total Impact: 1,125,000

County	Duals Subject to Passive Enrollment in Cal MediConnect	Medi-Cal MC Only
Alameda	<del>32,533</del>	48,000
Los Angeles	288,399 (200,000 cap)	317,000
Orange*	65,537	51,000
Riverside	40,040	46,000
San Bernardino	41,930	54,000
San Diego	55,798	64,000
San Mateo	12,371	14,000
Santa Clara	37,739	38,000
<b>Totals</b>	<b>574,347 (485,948 with cap)</b>	<b>632,000</b>

# Only Duals can enroll in Cal MediConnect

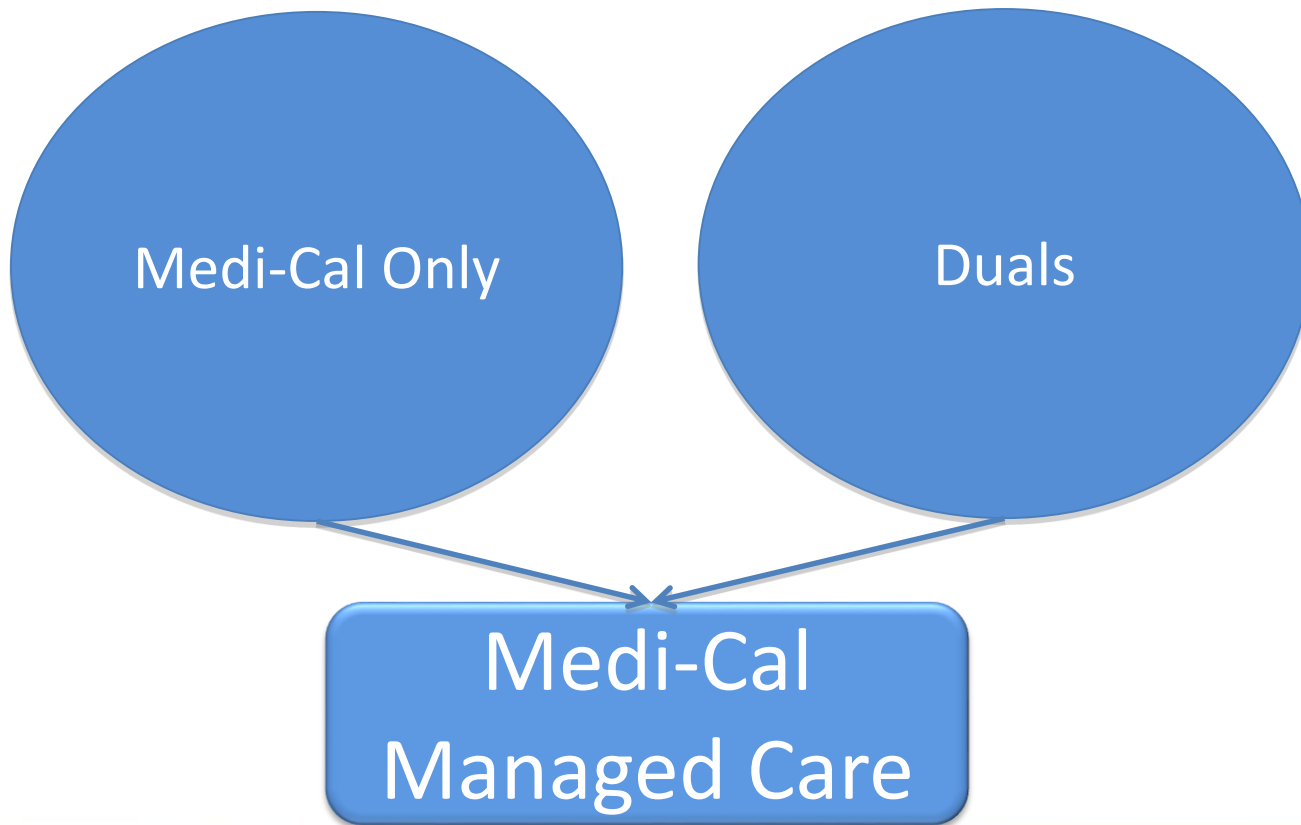




**A beneficiary can disenroll from Cal MediConnect or change plans at anytime for any reason. The disenrollment is effective the first day of the next month.**

# Medi-Cal managed care is mandatory

Even if a Dual opts out of Cal MediConnect, must still enroll in Medi-Cal MC



# Cal MediConnect Benefits

## Plans Required to Provide

- Medicare A, B, D
- Medi-Cal services including
  - LTSS: IHSS, CBAS, SNF, MSSP
- Vision and Transportation
- Care Coordination

## Care Plan Option Services

- HCBS-like waiver services
- Extra IHSS-like services

## Provided Outside of Plan

- Specialty mental health services not covered by Medicare
- Behavioral health Drug Medi-Cal benefits
- Dental (May 2014)

# CCI will be implemented in 7 counties



Alameda  
Los Angeles  
Orange  
Riverside  
San Bernardino  
San Diego  
San Mateo  
Santa Clara

# Different Cal MediConnect plans available in each county

County	Plan(s)
Alameda	<del>Alameda Alliance for Health</del> <del>Anthem Blue Cross</del>
Orange*	Cal Optima
San Mateo	Health Plan of San Mateo
Riverside & San Bernardino	Inland Empire Health Plan Molina Health Care
Santa Clara	Anthem Blue Cross Santa Clara Family Health Plan
San Diego	Community Health Group Care 1 <sup>st</sup> Health Net Molina

# Los Angeles County

## Primary Plan(s)

LA Care

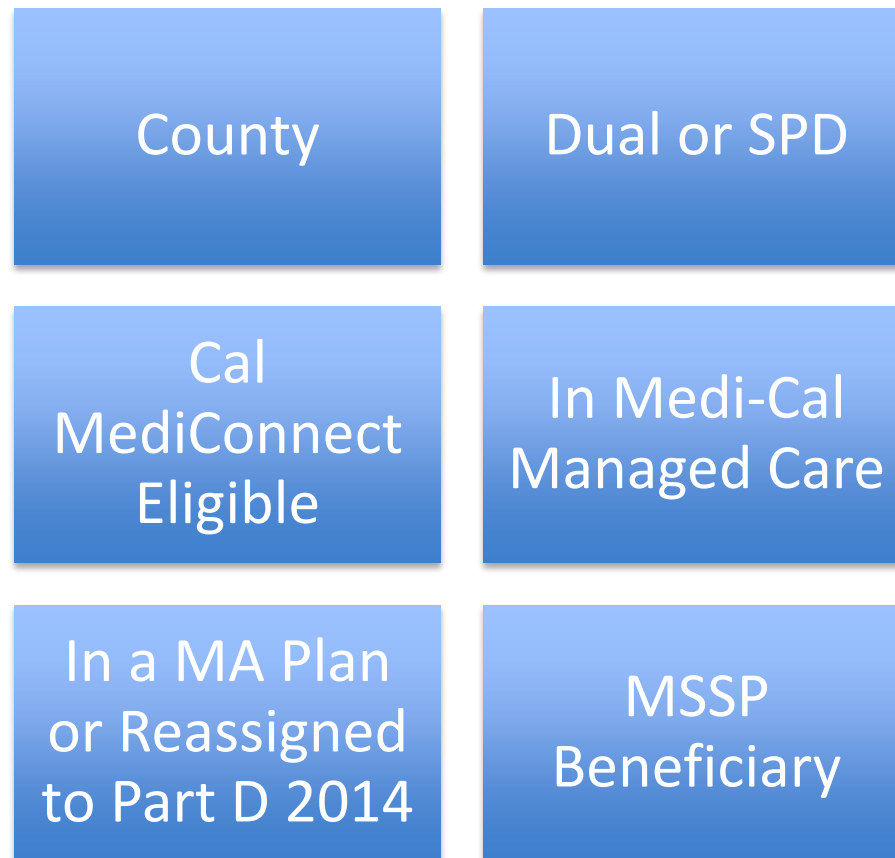
Health Net

CareMore (Anthem  
Blue Cross)

Care1st

Molina

# Timelines vary by County, Change, & Population



## CCI Enrollment Timeline by County and Population

\*\* Revised 11.20.14\*\*

Cal MediConnect enrollment begins in April 2014 with passive enrollment in San Mateo; and "opt-in" in Riverside, San Bernardino, San Diego and Los Angeles counties.

Start Date	Cal MediConnect (Passive enrollment)				MLTSS (Mandatory enrollment)									
	Full Duals Only				Full Duals in Medi-Cal FFS <sup>6</sup>				Full Duals in Medi-Cal Managed Care			MSSP	Partial Duals/Medi-Cal only	
	Medicare FFS and in Medi-Cal Managed Care (enrolled in one month) <sup>1</sup>	Medicare FFS and Medi-Cal FFS (enrolled by birth month) <sup>2</sup>	MSSP Beneficiaries eligible for Cal Medi-Connect (enrolled in one month) <sup>3</sup>	CMC DSNP / Part D LIS Beneficiaries (enrolled in one month)	Opt out of CMC and in Medi-Cal FFS (enrolled by birth month)	Excluded from CMC (ESRD, 1915c waiver, etc.) and in Medi-Cal FFS (enrolled by birth month)	Full Duals in a CMC plan DSNP/any LIS reassignees in Medi-Cal FFS (enrolled in one month)	In a non CMC DSNP plan or any MA plan sponsored by any health plan (enrolled by birth month) <sup>4</sup>	Full Duals in Medi-Cal managed care plan (benefit added in one month) <sup>5</sup>	Excluded from CMC (ESRD, 1915c waiver, etc.) and in Medi-Cal Managed Care (benefit added in one month) <sup>5</sup>	MA beneficiaries or LIS reassignees in Medi-Cal Managed Care (benefit added in one month) <sup>5</sup>	MSSP Beneficiaries in Medi-Cal managed care or Medi-Cal FFS (enrolled in one month)	Medi-Cal Managed Care (benefit added in one month)	Medi-Cal FFS (enrolled by birth month) <sup>2</sup>
4/14	San Mateo		San Mateo					Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	Los Angeles, Riverside, San Bernardino, San Diego, and San Mateo	San Mateo (Full Duals in MA plan or excluded from CMC)			
3/14	Riverside, San Bernardino, and San Diego	Riverside, San Bernardino, and San Diego <sup>3</sup>			Riverside, San Bernardino, and San Diego									
7/14	Los Angeles	Los Angeles			Los Angeles			Santa Clara	Santa Clara	Santa Clara	San Mateo (Partials and Medi-Cal only)	Los Angeles, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara		
8/14					Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara								Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara	
10/14			Los Angeles, Riverside, San Bernardino, and San Diego								Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara			
1/15	Santa Clara	Santa Clara	Santa Clara	Los Angeles, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara	Santa Clara		Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara	Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara						
7/15								Orange	Orange	Orange	Orange	Orange	Orange	
8/15 <sup>6</sup>	Orange		Orange											
1/16				Orange										

1. Enrollees already in a Medi-Cal managed Care plan will receive one notice prior to the change in benefit.  
 2. There are no FFS Medi-Cal Enrollees in Orange and San Mateo counties.  
 3. Enrollees with April and May birthdays will be enrolled in May 2014. Then follow enrollment schedule by birth month.  
 4. Enrollment in Orange County will proceed by birth month.  
 5. January 2015 enrollment includes: April-January birthmonths in Riverside, San Bernardino & San Diego; July-January birthmonths in Los Angeles; January birthmonths in Santa Clara. Enrollment will continue by birthmonth in February in those counties.  
 6. "Opt in" Cal MediConnect enrollment in Orange County will begin in July 2015.

<http://www.calduals.org/wp-content/uploads/2014/11/CCI-enrollment-by-County-11.20.14.pdf>

# Most beneficiaries will receive three notices



90 Day

- Informational Notice

60 Day

- Notice with Default Plan/Part D Insert
- Cal MediConnect Guidebook
- Choice Booklet and Choice Form
- PART D Disenrollment Notice

30 Day

- Final Reminder Notice

# 90-Day Cal MediConnect Notice

State of California

Health and Human Services



**CalMediConnect**  
Your choice for complete care



JOHN SAMPLE  
1234 SAMPLE STREET  
ADDRESS 2  
ANYTOWN CA 90000

XX/XX/XXXX

## Important Information on Your Medicare and Medi-Cal

You are getting this letter because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will now have new choices to meet your health care needs.

### Cal MediConnect is a new type of health plan.

Enrolling in a Cal MediConnect plan:

- Combines all of the Medicare or Medi-Cal benefits and services you receive now into a single plan.
- Will not cost more than what you pay today for your Medicare and Medi-Cal benefits.
- Ensures Cal MediConnect doctors, specialists, and other approved providers will work together to get you the care you need.
- Gives additional transportation to medical services and vision benefits.

### What are my choices?

This is the first letter telling you about your new choices. You will get a second letter with more information about your choices soon.

1. **Automatically enroll in the Cal MediConnect plan that we have chosen for you.** To do this, you do not have to do anything. It will be automatic.
2. **If you do not want to be automatically enrolled** in the Cal MediConnect plan chosen for you, you **MUST** either contact Health Care Options at 1-844-580-7272 or in about a month we will send you the Plan Choices Form you can fill out and return to choose **one** of these options:

- Option A: **Enroll in a different Cal MediConnect Plan.**

- Option B: **Keep your Medicare the way it is AND enroll in a Medi-Cal plan.**

Some may be eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE).

### What should I do now?

- Talk about your choices with someone who knows about your health care needs, like your family or your doctors. Call the California Health Insurance Counseling & Advocacy Program for free health insurance counseling at 1-800-434-0222.
- Watch your mail for a packet from Health Care Options in about one month.

### How can I get help or more information?

If you want to:	Contact:
<ul style="list-style-type: none"> <li>• Talk to a health insurance counselor for free about these changes and your choices</li> </ul>	<p><b>California Health Insurance Counseling &amp; Advocacy Program (HICAP)</b> 1-800-434-0222 TTY users should call 711</p>
<ul style="list-style-type: none"> <li>• Select a different Cal MediConnect plan,</li> <li>• Stay in regular Medicare,</li> <li>• Learn more about PACE, or</li> <li>• Get this letter in another language, large print, audio, or Braille</li> </ul>	<p><b>Health Care Options</b> 1-844-580-7272 TTY users should call 1-800-430-7077</p>
<ul style="list-style-type: none"> <li>• Ask questions about Medicare</li> </ul>	<p><b>1-800-MEDICARE</b> (1-800-633-4227) TTY users should call 1-877-486-2048</p>
<ul style="list-style-type: none"> <li>• Get help with Cal MediConnect plan problems and complaints</li> </ul>	<p><b>Cal MediConnect Ombudsman</b> 1-855-501-3077</p>

MU\_9003900\_ENG1\_0614

MU\_9003900\_ENG2\_0614



# 60-Day Cal MediConnect Notice



## Important Information on Your Medicare and Medi-Cal

You are getting this **second letter** because you have **BOTH** Medicare and Medi-Cal. The way you get your health care is changing. You will keep the benefits and services you have now, but you will get them in a different way. Unless you choose a different option, in 60 days, you will be automatically enrolled in a new Cal MediConnect plan <Plan Name>.

If you do not want to be enrolled in the plan selected for you, you **must** take action.

**If you do not do anything, your coverage in Cal MediConnect <Plan Name> will become effective on 00/00/0000**

In the next few days, you will receive a Health Plan Guidebook and a Choice Book to help you better understand the Cal MediConnect program and the plan you have been assigned. Carefully review that information when you receive it.

### What are my choices?

- 1. Automatically enroll in the Cal MediConnect plan that we have chosen for you starting 00/00/0000.** To do this, you do not have to do anything. It will be automatic.
- 2. If you do not want to be automatically enrolled in the Cal MediConnect plan chosen for you, you MUST either contact Health Care Options at 1-844-580-7272 or fill out and return the Plan Choice Form by 00/00/0000 to choose from these options:**
  - Option A: **Enroll in a different Cal MediConnect Plan.**
  - Option B: **Keep your Medicare the way it is AND enroll in a Medi-Cal plan.**

**2** You can also find out if you are eligible to enroll in the Program of All-Inclusive Care for the Elderly (PACE).

### What do my choices mean?

#### 1. Automatically enroll in the Cal MediConnect plan <Plan Name>.

##### This plan:

- Has been chosen for you based on your past services and health care needs.
- Combines all of the Medicare and Medi-Cal benefits and services you receive now into a single plan.
- Gives additional transportation to medical services and vision benefits.
- Will not cost more than what you pay today for your Medicare and Medi-Cal benefits.
- Ensures Cal MediConnect doctors, specialists, and other approved providers will work together to get you the care you need.
- If your doctor is not a part of the Cal MediConnect plan, you may have to choose a new doctor.
- Other providers won't change, like those for Medi-Cal services such as In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSSP), Community-Based Adult Services (CBAS), and nursing home care.

#### 2. If you do not want to be automatically enrolled in the Cal MediConnect plan chosen for you, you **MUST** choose from these options:

##### Option A: Enroll in a different Cal MediConnect plan

- If you want all of the benefits of having a Cal MediConnect plan, but you don't want to be automatically enrolled in the one we have chosen for you, you may select a different one. You will receive a Health Plan Guidebook to help you make your choice.

##### Option B: Keep your Medicare the way it is now AND enroll in a Medi-Cal plan

- If you choose to stay with regular Medicare, you still must choose a Medi-Cal plan to receive your Medi-Cal benefits.
- You will receive Medi-Cal services like In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSSP), Community-Based Adult Services (CBAS), and nursing facility care through the Medi-Cal plan, if you qualify for these services.

### The Program of All-Inclusive Care for the Elderly (PACE) may be an option for you.

- You may be eligible to join PACE if you are 55 or older and need a higher level of care in order to live at home.
- PACE provides and coordinates all Medicare and Medi-Cal benefits plus some extra services to help seniors who have chronic conditions live at home.
- You may have to choose new doctors and other providers.
- While we are checking your eligibility for PACE, you will not be enrolled in Cal MediConnect. However, you must still choose a Cal MediConnect plan in Option A OR a Medi-Cal plan in Option B. We will need to know your choice just in case you do not qualify for PACE.

### What should I do now?

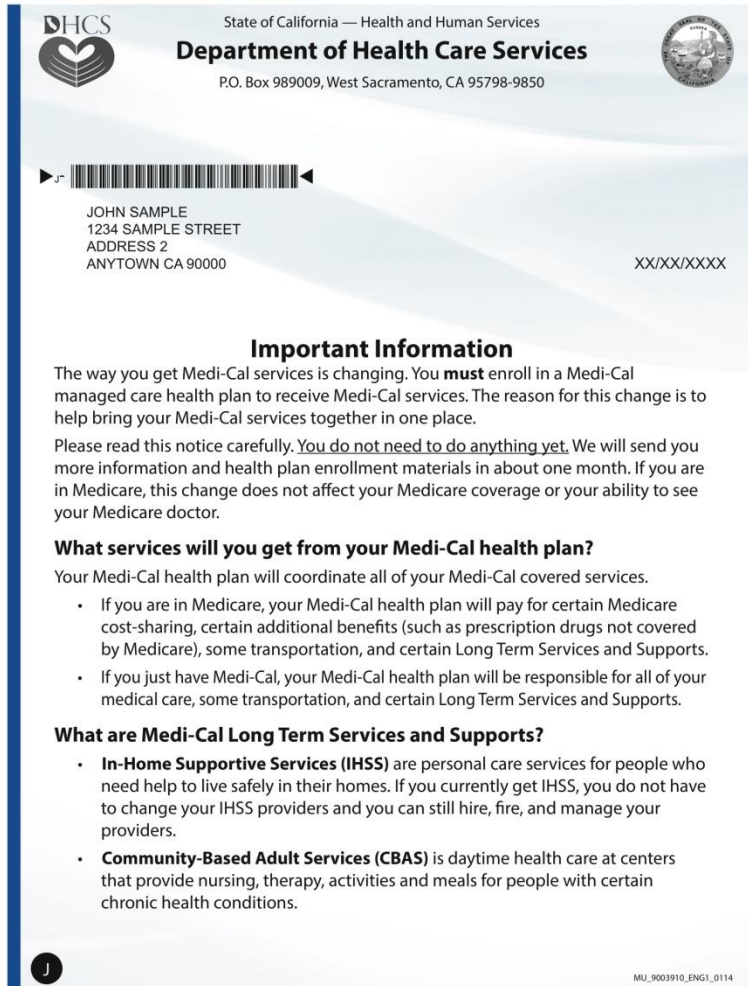
- Expect a Health Plan Guidebook and Choice Book to come in the mail.
- Expect to receive a letter from your Medicare Part D Prescription Drug Plan saying that your coverage will be ending. You will continue to receive your prescription drug benefits from your current plan until your new prescription coverage from the Cal MediConnect plan starts. You will not lose your prescription drug coverage at any time.
- Review the information in the Guidebook and your choices above to select the option that is best for you. Talk about your choices with someone who knows about your health care needs, like your family or call the California Health Insurance Counseling & Advocacy Program for free counseling at 1-800-434-0222.
- To make a choice, you **MUST** either contact Health Care Options at 1-844-580-7272 or fill out and return the Plan Choice Form Use the Plan Choice Form to make that choice and mail it in by 00/00/0000.

**If you do not make a choice, your coverage in Cal MediConnect <plan name> will become effective on 00/00/0000.**

### How can I get help or more information?

If you want to:	Contact:
• Talk to a health insurance counselor for free about these changes and your choices	<b>California Health Insurance Counseling &amp; Advocacy Program (HICAP)</b> 1-800-434-0222 TTY users should call 711
• Select a different Cal MediConnect plan, • Stay in regular Medicare, • Choose PACE, or • Get this letter in another language, large print, audio, or Braille	<b>Health Care Options</b> 1-844-580-7272 TTY users should call 1-800-430-7077
• Ask questions for free about Medicare	<b>1-800-MEDICARE</b> (1-800-633-4227) TTY users should call 1-877-486-2048
• Get free help with Cal MediConnect plan problems and complaints	<b>Cal MediConnect Ombudsman</b> 1-855-501-3077

# 90-Day Medi-Cal Managed Care Notice



- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you get MSSP, your health plan will work with your MSSP providers to better coordinate your care. If you currently get MSSP, you do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.
- If you do not get these services now, your health plan can help you get them in the future, if you need them.

#### Can I see my Medicare doctors after I enroll in a Medi-Cal health plan?

Yes, if you have Medicare, your Medicare providers will not change.

#### Can I see my Medi-Cal doctors after I enroll in a Medi-Cal health plan?

If you have Medi-Cal only, you will need to check with your health plan to determine if your providers work with the health plan. Generally, you are able to see your current doctors for 12 months.

Enrolling in a Medi-Cal health plan:

- Does NOT change your Medicare services or benefits.
- Does NOT change your Medi-Cal eligibility or cost you extra.
- Does NOT cut any of your Medi-Cal services or benefits.

#### When do I need to enroll in a Medi-Cal health plan?

You will be receiving more information about your choices for a Medi-Cal health plan. If you do not make a choice, you will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.

#### What should I do now?

- Talk about your choices with someone who knows about your health care needs, like your family, friends, your doctors, or your local Long Term Services and Supports providers.
- Watch your mail for a packet from Health Care Options in about one month.

#### For help or more information

If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help enrolling in a health plan please call:

#### Health Care Options

1-844-580-7272 • TTY: 1-800-430-7077  
Monday - Friday, 8 am - 5 pm  
[www.HealthCareOptions.dhcs.ca.gov](http://www.HealthCareOptions.dhcs.ca.gov)

MU\_9003910\_ENG2\_0114

# 60-Day Medi-Cal Managed Care Notice



## Important Information

### The Way You Get Your Medi-Cal Benefits is Changing on [MM/DD/YYYY]

You must enroll in a Medi-Cal managed care plan to receive your Medi-Cal services. The reason for this change is to help bring your Medi-Cal services together in one place.

This is the second letter telling you about your options for choosing a Medi-Cal plan.

Based upon your past services and health care needs, you have been assigned to the Medi-Cal plan named below. **Unless you make a different Medi-Cal plan choice, you will be enrolled in the health plan below on**

**MM/DD/YYYY:** NAME OF PLAN

If you have Medicare, this change does not affect your Medicare coverage or your ability to see your Medicare doctor.

### How will this change affect me?

- Your Medi-Cal plan will coordinate all of your Medi-Cal covered services.
- Your Medicare services and providers will NOT change.
- Your Medi-Cal services and benefits will NOT change.
- Your Medi-Cal eligibility does NOT change and it will not cost you extra.

Check with your health plan to determine if your providers work with your selected Medi-Cal plan.

### What services will you get from your Medi-Cal health plan?

Your Medi-Cal plan will coordinate all of your Medi-Cal covered services, including Long Term Services and Supports.

- If you are in Medicare, your Medi-Cal health plan will pay for certain Medicare cost-sharing and other benefits that are not covered by Medicare, such as some transportation, certain medical supplies, and certain prescription drugs.

### What are Medi-Cal Long Term Services and Supports?

- **In-Home Supportive Services (IHSS)** are personal care services for people who need help to live safely in their homes. If you currently get IHSS, you do not have to change your IHSS providers and you can still hire, fire, and manage your providers.
- **Community-Based Adult Services (CBAS)** is daytime health care at centers that provide nursing, therapy, activities, and meals for people with certain chronic health conditions.
- **Multipurpose Senior Services Program (MSSP)** provides social and health care coordination services for people age 65 and older. If you currently get MSSP, your health plan will work with your MSSP provider to better coordinate your care. You do not have to change your MSSP provider.
- **Nursing home care:** If you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. If you are currently in a nursing home, you do not have to change your nursing home.

If you do not get these services now, your Medi-Cal plan can help you get them in the future, if you need them.

### When will I be enrolled in a Medi-Cal health plan?

You will be enrolled in a Medi-Cal health plan starting MM/DD/YYYY.

### Can I choose a different Medi-Cal health plan?

Yes. You will soon get a packet of health plan information in the mail. Read the materials in this packet. This packet includes:

- A Choice Book that has instructions on how to choose and enroll in a Medi-Cal managed care health plan in your county.
- Provider directories that list the doctors who work with each plan.

### What should I do now?

- Share this letter and information with your family or someone who knows about your health care needs.
- Talk to your doctors and other health providers to see which health plans they work with.
- If you have Medicare, please call the **California Health Insurance Counseling & Advocacy Program (HICAP) at 1-800-434-0222 (TTY 711)**.
- To choose a different health plan, call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077 by MM/DD/YYYY.

### For help or more information

If you have questions about Medicare, please call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you want to select a different Medi-Cal plan, and/or get this letter in another language or alternate format – like large print, audio, or Braille, please call Health Care Options Monday-Friday 8am-5pm at 1-844-580-7272 or TTY: 1-800-430-7077.

# Should your client enroll in Cal MediConnect?

Whether to enroll in Cal MediConnect is an individual choice

# Factors to consider in making a decision to enroll in Cal MediConnect

- Does plan have networks that include client's current medical providers?
- Does plan have strong relationship with social service providers?
- Does client have a course of treatment that should not be interrupted?
- How important are the additional benefits of vision and transportation to client?
- Will a plan improve your client's care coordination?

# Cal MediConnect Choice Form

## Health Plan Choice Form



If you do not want to automatically enroll in the Cal MediConnect plan we have chosen for you, use this form to choose a different option. For Free Help with this form, contact Health Care Options at 1-844-580-7272.

**STEP 1: Tell us about yourself:**

John Sample  
 First Name, Last Name

1234 Sample Street Sample City  
 Address, City

9 9 9 9  
 Zip Code

( ) - - - - -  
 (Area Code) Phone Number

Sex:  Male  Female

If pregnant, due date  
 Month Day Year

**STEP 2: Choose how you want your care:**

If you do NOT make a choice, you will be automatically enrolled in a Cal MediConnect Plan we have chosen for you.

**OPTION A**

Combine my Medicare and Medi-Cal benefits in one plan.  
 Choose one of these Cal MediConnect Plans:

810 IEHP Dual Choice \*

811 Molina Dual Options

**OPTION B**

Keep my Medicare the way it is now AND choose a Medi-Cal plan.  
 Choose one of these Medi-Cal Plans to get your Medi-Cal benefits:

305 Inland Empire Health Plan  
 Plan Partners  
 KA KP Cal, LLC

355 Molina Healthcare Partner  
 Plan Partners  
 HN Health Net Comm Solutions

\* To choose the plan that you have been assigned to, select the plan with the asterisk (\*).

**Program of the All-Inclusive Care for the Elderly (PACE):**  
 You may qualify for PACE (see instructions). If you want to get your Medicare and Medi-Cal benefits combined in a PACE plan, fill out this option in addition to Option A or B.

If you do not qualify, you will get your care through the Option A or Option B plan that you chose above in Step 2.

**STEP 3:** Read the important information on the back before signing. I understand that by filling out and signing this form, I am choosing how to get my health care.

Beneficiary's signature \_\_\_\_\_ Date \_\_\_\_\_ OR Authorized Representative Signature (if any) \_\_\_\_\_ Date \_\_\_\_\_



Highly Confidential

MU\_0004000\_ENG1\_0714

Choose a Cal MediConnect Plan: Fill out Option A ONLY

To "Opt-Out" of Cal MediConnect, fill out Option B ONLY. If you are already in a Medi-Cal plan, Choose the Medi-Cal plan you are already in

To choose PACE, fill out PACE bubble and EITHER A or B as a backup

# Local advocates can help

- HICAP  
1-800-434-0222
- CCI Ombudsman  
1-855-501-3077

# JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

## Want to know more?

- Justice in Aging Duals Website
  - Advocate's Guide
  - News
  - Sign up for alerts

<http://dualsdemoadvocacy.org>
- Contact us:
  - Amber Cutler – [acutler@justiceinaging.org](mailto:acutler@justiceinaging.org)
  - Denny Chan – [dchan@justiceinaging.org](mailto:dchan@justiceinaging.org)
- Department of Health Care Services: [www.calduals.org](http://www.calduals.org)

Visit us at - [justiceinaging.org](http://justiceinaging.org)