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Department of Health Care Services



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CMS Information Notice 12-04

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, CHILD HEALTH AND DISABILITY PREVENTION
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL
CONSULTANTS AND SYSTEMS OF CARE DIVISION STAFF

SUBJECT: Transition of Children and Adolescents Who are Healthy Families
Program Subscribers to Medi-Cal

Background

The Healthy Families Program (HFP) was established as California's federal Title XIX State Children's Health Insurance Program in 1997 pursuant to the provisions of AB 1126 (Ch. 623, Stats. 1997), SB 903 (Ch. 624, Stats 1997), AB 1572 (Ch. 625, Statutes of 1997), and AB 217 (Ch. 626, Stats. 1997). HFP provides health care to approximately 900,000 children and adolescents from families with incomes of up to 250 percent of the Federal Poverty Level (FPL) delivered by contracting capitated HFP health plans. Additionally, infants born to mothers enrolled in the Access for Infants and Mothers (AIM) Program who have incomes of up to 300 percent of the FPL have entitlement to enrollment in HFP retroactive to their date of birth.

California Children's Services (CCS) is California's Title V Children and Adolescents with Special Health Care Needs Program. CCS established in 1927 provides medical care to eligible low and modest income families with children who have serious medical problems such as critical acute and chronic illnesses, genetic diseases, developmental diseases, congenital defects, trauma injuries, and neonatal and pediatric intensive care unit level conditions. CCS services are carved out of the capitation of the HFP health plans and are authorized and paid for on a fee-for-service basis by the Department of Health Care Services (DHCS).

Transition of HFP Subscribers to Medi-Cal

The 2012 Budget Act, AB 1464 (Chapter 21, Statutes of 2012), the Budget Act Trailer Bill AB 1494 (Chapter 28, Statutes of 2012), and the HFP Clean-Up Trailer Bill AB 1468 (Ch.438, Statutes of 2012) eliminate the HFP and provide for the transition of existing HFP subscribers to the Medi-Cal program where they will receive full scope, no share of

cost Medi-Cal benefits. Prospectively, children and adolescents who in the past would have enrolled in HFP will be eligible for full scope, no share of cost Medi-Cal under a new Targeted Low Income Children's Program. (TLICP) These children and adolescents will have full entitlement to Medi-Cal including all state plan benefits, including the comprehensive Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit.

Subject to the receipt of all necessary approvals from the Centers for Medicare and Medicaid Services, the transition of approximately 900,000 existing HFP subscribers to Medi-Cal will be accomplished in four phases commencing on January 1, 2013.

For details on this phase-in see:

<http://www.dhcs.ca.gov/services/Documents/HFP%20Enrollment%20Snapshot-Sept%202012.pdf>

Medi-Cal Eligibility and Aid Codes

The HFP transitional group will be assigned by one of two new presumptive eligibility (PE) aid codes; one for no-cost, full scope Medi-Cal, eligible without premiums for children with income determined at or below 150 percent of FPL, and one for full scope Medi-Cal, eligible with premiums for children with income determined above 150 percent up to 250 percent FPL. The FPL limits of the Medi-Cal program have been expanded from 200 percent to 250 percent FPL for children ages zero to 19 years of age. Medi-Cal will also implement a single level premium payment for children eligible under the new expanded group with family incomes above 150 percent and up to and including 250 percent of the FPL. At annual eligibility redetermination or when a change in circumstances occurs, the transitional children and adolescents will be assigned the appropriate Medi-Cal TLICP aid code.

New Presumptive Eligibility Medi-Cal aid codes:

5C Medi-Cal Presumptive Eligibility, Title XXI, HFP Transitional Children.

Provides no-cost, full scope, Medi-Cal coverage with no premium payment, to children with family income at or below 150 percent of the federal poverty level during the transition period until the annual eligibility review.

5D Medi-Cal Presumptive Eligibility, Title XXI, HFP Transitional Children

Provides full scope Medi-Cal coverage with a premium payment, to children with Family income above 150 percent and up to 250 percent of the federal poverty level during the transition period.

New Medi-Cal TLICP (Medi-Cal Expansion Group) aid codes:

At the time of their annual Medi-Cal eligibility redetermination children and adolescents who have made the transition from HFP to Medi-Cal will be assigned one of these aid codes as appropriate. Children and adolescents who in the past would have been new HFP subscribers, starting on January 1, 2013, will now be eligible for Medi-Cal and will be assigned one of these aid codes when they have completed determination of Medi-Cal eligibility.

H1 Title XXI, Medi-Cal Targeted Low Income FPL for infants.

Provides full scope, no-cost Medi-Cal for infants. Coverage is up to the month of their first birthday or continues beyond one year, when in an inpatient status that began before the first birthday. Family income is above 200 percent up to and including 250 percent of the FPL. This includes infants up to the month of their first birthday from a family with an income above 200 percent up to and including 250 percent of the FPL, born to a mother enrolled in AIM.

H2 Title XXI, Medi-Cal targeted low income FPL for children.

Provides full scope, no-cost Medi-Cal coverage to children ages one through the month of the 6th birthday or continues when in an inpatient status which began before the 6th birthday for family income at or below 133 up to and including 150 percent of federal poverty level.

H3 Title XXI, Medi-Cal Targeted Low Income FPL for Children – full scope, subject to premium payment.

Provides full-scope coverage based on a premium payment to children from age one to the month of their 6th birthday or continues when in an inpatient status, which began before the 6th birthday, with family income above 150 percent up to and including 250 percent of the FPL.

Includes infants age one up to the month of their 2nd birthday from a family with an income above 200 percent up to and including 250 percent of the FPL, born to a mother enrolled in AIM.

H4 Title XXI, Medi-Cal targeted low income FPL for children.

Provides full scope, no-cost Medi-Cal coverage to children ages 6 through the month of the 19th birthday or continues when in an inpatient status which began before the 19th birthday for family income above 100 percent up to and including 150 percent of federal poverty level.

H5 Title XXI, Medi-Cal Targeted Low Income FPL for Children – full scope, subject to premium payment.

Provides full-scope coverage based on a premium payment to children from age 6 to the month of their 19th birthday or continues when in an inpatient status, which began before the 19th birthday, with family income above 150 percent up to and including 250 percent of the FPL.

Accelerated Eligibility Medi-Cal; Aid Codes

The Single Point of Entry (SPE) contractor will continue to file clear, process for completion, and send applications to county social service agencies for Medi-Cal eligibility determination. Medi-Cal accelerated enrollment will continue with assignment of aid code 8E to individuals screened to full-scope, no share-of-cost Medi-Cal. Accelerated enrollment for children and adolescents and deeming for infants through the Child Health and Disability Prevention (CHDP) Gateway to Medi-Cal with assignment of aid codes 8W, 8U, and 8V will continue. Aid code 8X, will be renamed, Title XXI Medi-Cal Presumptive Eligibility, TLICP. The CHDP Gateway eligibility messages returned to CHDP providers by the Point of Service (POS) System and the internet will be revised to conform to this change in nomenclature.

Retroactive Eligibility for TLICP Aid Codes H1, H2, H3, H4 and H5

Retroactive eligibility is not available for TLICP aid codes H1, H2, H3, H4, and H5 for the months of October, November and December 2012 to cover medical expenses incurred in the three months prior to the TLICP implementation date. A family with children in these aid codes requesting retroactive coverage will be assessed for eligibility for other Medi-Cal programs in existence in October, November, or December 2012. Beginning April 2013, county Welfare Departments will assess retroactive eligibility for all Medi-Cal programs including the TLICP.

Access for Mothers and Infants (AIM) – Linked Infants

AIM linked infants up to 250 percent of FPL will make the transition to Medi-Cal. However, those above 250 percent and up to and including 300 percent of FPL will continue to be HFP eligible throughout Fiscal Year 2012-2013. CCS will continue to authorize CCS services for these HFP subscribers. County CCS programs should make every effort to complete CCS financial eligibility, either income based or cost of care based, on this group to ensure uninterrupted CCS services for these infants if they are financially eligible for CCS.

Notification

HFP subscribers will receive notices 90, 60, and 30 days prior to their transition date. If beneficiaries will have a premium, they will receive a fourth notice regarding their premiums at least 30 days prior to their transition date. In addition, beneficiaries will receive a welcome packet and information about the Medi-Cal Benefits Identification Card (BIC) they will receive once the transition occurs.

County CCS Share of Cost for 5C and 5D PE and TLICP Medi-Cal Beneficiaries

AB 1494 amended Sections 123870, 123940, and Section 123955 of the Health and Safety Code to provide for a county share of cost for the Medi-Cal 5C and 5D PE beneficiaries and the TLICP beneficiaries analogous to the county share of cost for HFP subscribers. The CCS weekly and monthly paid claims reports (MR-0-910 and MR-0-940) are being modified to discretely capture these Medi-Cal costs. The CMS Plan and Fiscal Guidelines and Quarterly CCS Invoices are being revised to reflect this change.

Assignment of CCS Aid Codes to 5C and 5D PE and TLICP Medi-Cal Beneficiaries

CCS will assign CCS Health Access Program (HAP) aid codes to the Medi-Cal 5C and 5D PE beneficiaries and the TLICP beneficiaries who have been referred to CCS and found to be medically eligible for CCS services. The assignment of CCS aid codes to these Medi-Cal beneficiaries will be analogous to the assignment of CCS aid codes to HFP subscribers. The criteria for assignment of these aid codes to Medi-Cal beneficiaries are provided in CCS NL 07-0401 (Corrected).

Policies and Procedures Applicable to 5C and 5D PE and TLICP Medi-Cal Beneficiaries

All Medi-Cal 5C and 5D PE beneficiaries and TLICP beneficiaries will be full scope, no share of cost Medi-Cal beneficiaries. They will be eligible for all Medi-Cal state plan benefits for children. All CCS policies and procedures for authorization of CCS services for full scope, no share of cost Medi-Cal beneficiaries will apply to these Medi-Cal beneficiaries.

Changes in CCS Services, Including Dental Services, for 5C and 5D PE and TLICP Medi-Cal Beneficiaries

If a HFP subscriber gets health care through the CCS Program to treat a CCS medical condition, that child's care for the CCS condition will not change. The child's primary and preventive care will now be provided through a Medi-Cal Health Plan or fee-for-service Medi-Cal instead of a Healthy Families Health Plan.

If CCS provides orthodontics for a HFP subscriber, when that subscriber completes the transition to Medi-Cal, Denti-Cal will manage and authorize that care instead of CCS. The procedures promulgated in CCS Numbered Letter 06-1004 for authorization of orthodontics, orthognathic surgery, and dental services for the treatment of cleft palate and craniofacial anomalies for CCS clients with full scope, no share of coast Medi-Cal will apply to HFP subscribers who complete the transition to Medi-Cal and to new TLICP beneficiaries.

Tracking the Transition of HFP Subscribers to 5C and 5D PE and TLICP Medi-Cal Beneficiaries

A Business Objects Report is being developed to enable county CCS programs to monitor the transition of the HFP caseload to Medi-Cal. When this reporting capability becomes available, county CCS Programs will be notified of its availability in a "This Computes."

Resources and Additional Information Available at the California Department of Health Care Service Website

Healthy Families Program (HFP) Transition to Medi-Cal Web Page

<http://www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx>

Medi-Cal Eligibility Division All County Welfare Directors Letters

<http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/2012ACWDLs.aspx>

- Healthy families Program Transition to Medi-Cal - ACWDL 12-30 (October 31, 2012)
- Targeted low-Income Children's Program - ACWDL 12-33 (November 16, 2012)

ORIGINAL SIGNED BY LOUIS R. RICO, CHIEF

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