



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

December 14, 2006

N.L.: 15-1206
Index: Eligibility

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, HEALTHY FAMILIES
(HF) PROGRAM HEALTH PLAN LIAISONS, AND CHILDREN'S
MEDICAL SERVICES (CMS) BRANCH AND REGIONAL OFFICE STAFF

SUBJECT: SUPPLEMENT TO NUMBERED LETTER (N.L.): 12-1006

This letter supplements N.L.: 12-1006, dated October 26, 2006, on updated CCS policies related to children who are HF subscribers. It provides additional information on the policies in N.L. 12-1006 on: 1) assigning CCS aid codes to HF subscribers; and 2) HF subscribers with family annual adjusted gross income over \$40,000.

Assigning CCS Aid Codes to HF subscribers

Item C in Section II of N.L. 12-1006 discusses changing aid code "9U" to aid code "9R" if the family annual adjusted gross income (AGI) is over \$40,000, when the CCS eligibility process has been completed. This change can be made retroactively to the date of referral.

In cases where claims have already been paid against the "9U" aid code, the process that counties must follow to change the payments to "9R" are documented in CCS procedures titled "Correction of Errors in Monthly County Expenditure Reports" which are available from your CMS Branch regional office administrative consultant.

HF Subscribers From Families With (AGI) of Over \$40,000

The Managed Risk Medical Insurance Board (MRMIB) has informed the CMS Branch that effective December 29, 2006, that agency will no longer provide CCS with verification of annual income for HF subscribers. Therefore, CCS local programs should either perform a CCS financial eligibility determination on HF subscribers

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referred to CCS or use the enclosed revised "HF Statement of Annual Income" to obtain self certification of family income from HF subscribers' families. This form has been revised to identify the family's AGI based on their prior year tax form. The CMS Branch will continue to explore other alternative methods for identifying the income of these families.

In addition, the county CCS programs not participating in CMS Net will continue to provide the CMS Branch with the list of HF subscribers whose families have self-certified their income as over \$40,000. These counties shall also forward claims for these HF subscribers to the CMS Branch with a transmittal document specifying they represent HF subscribers whose families' AGI are "over" \$40,000. Claims should be forwarded, including proof of HF eligibility on the date of service, to the attention of Erin Winter, at the CMS Branch.

If you have any questions regarding this N.L., please contact your CMS Branch regional office administrative consultant.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Chief
Children's Medical Services Branch

Enclosure

HEALTHY FAMILIES STATEMENT OF ANNUAL INCOME

Patient Name: _____ Date of Birth: _____

CIN#: _____ CCS#: _____

My family's annual household income is: (Refer to your California Tax Return)

Adjusted Gross Income – Line 14 on form 540A \$ _____

Adjusted Gross Income – Line 17 on form 540 \$ _____

I did not file taxes last year. My gross monthly income is \$ _____

I declare that the foregoing answer is true and correct to the best of my knowledge.

Signature of Applicant/Parent/Legal Guardian _____ Date Signed _____

Or,

Certified Telephonically/Signature of County Staff _____ Date Signed _____

This information is only being used to confirm your child's eligibility for the CCS program and will not effect the payment of services to treat your child's CCS eligible medical condition that have been authorized by CCS.