DEPARTMENT OF HEALTH SERVICES
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September 8, 1998

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Public Health Directors

Letter No. 98-39

HEALTHY FAMILIES AND THE MEDI-CAL PROGRAM

Reference: All County Welfare Directors Letter (ACWDL) Nos. 97-61, I-98-3, 98-09, 98-18, and 98-19

The purpose of this letter is to provide counties with more information about the interaction between the Healthy Families and Medi-Cal programs.

Healthy Families (HF) Aid Code

A new secondary aid code of 9H will be implemented prior to September 1, 1998 for identification of persons enrolled in the HF Program. In order to qualify for HF, the child must:

- Be between age 1 and 19.
- Have family income between 100 and 200 percent of the Federal Poverty Level.
- Not be otherwise eligible for full-scope zero share-of-cost (SOC) Medi-Cal.
- Not have been covered by a public or employer-sponsored insurance policy for the last three months.
- Be a citizen or qualified alien.

The HF enrollment contractor or vendor will transmit enrollment and disenrollment information daily to the Department of Health Services. Counties will not be able to report the HF aid code to the Medi-Cal Eligibility Data System (MEDS). Dual eligibility between HF and Medi-Cal is possible since the vendor only checks Medi-Cal eligibility via file clearance at the beginning of the 12-month HF eligibility period. If the child has full-scope Medi-Cal benefits without a SOC at the time of the file clearance, he/she will be denied enrollment in HF. If MEDS indicates a SOC in the pending month, enrollment in HF would be approved for the pending month, if otherwise eligible.

If the Child Has a SOC

If a child is enrolled in HF and the child has a Medi-Cal SOC which is met, the provider can submit a Medi-Cal claim when the service is not covered by the HF plan, as long as the denial from the HF plan is submitted.

If the child has a Medi-Cal SOC at the time of HF enrollment but the family income later declines sufficiently to make the child eligible for zero SOC Medi-Cal, the parents may choose to keep the child on the HF Program. All covered services will be paid by the HF plan which is consistent with other health coverage (OHC) requirements. In this scenario, HF is the primary insurance and Medi-Cal is the payor of last resort. The provider can submit a Medi-Cal claim when the service is not covered by the HF plan. The provider must attach a denial from the HF plan when submitting a bill to Medi-Cal.

Medi-Cal Family Budget Unit (MFBU) and Linkage

Having children enrolled in HF does not affect the ability of parents or other family members to qualify for Medi-Cal if those persons have the required linkage, e.g., aged, blind, disabled. However, at least one child, even if he/she is enrolled in HF, must be an eligible member of the MFBU if his/her parents or caretaker relative wishes to receive Medi-Cal on the basis of deprivation and receive a higher maintenance need. As always, if the parent or caretaker requests that the child(ren) be excluded from Medi-Cal and he/she has no other linkage, there must be at least one eligible child in the parent's or caretaker's MFBU to link the parent or caretaker on the basis of deprivation. It is suggested that HF children remain eligible members of the MFBU with a SOC if other family members wish to apply for Medi-Cal; however, all information such as the MC 13 is required for that child. **NOTE:** Persons who meet all program requirements but do not wish to receive a card, are technically eligible members of the MFBU even though the county may suppress issuance of the card.

Denial and Discontinuance Notices of Action (NOA) for the Medi-Cal Percent Programs

1. If the family applies for Medi-Cal for their child using the Mail-In Application Form and the child is denied for zero SOC Medi-Cal under one of the Percent programs due to excess family income, the child should receive a NOA (see Article 5K of the Medi-Cal Procedures Manual) and a county request for a face-to-face interview in order to try to establish Medi-Cal eligibility under a different Medi-Cal program. Counties should include the new "MC 322 Real and Personal Property: Supplement to Medi-Cal Mail-In Application" form (a copy of which is enclosed) with the request and inform the family

about the HF Program at that time. Language has been already provided in All County Welfare Directors Letter (ACWDL) No. 98-09. The family may then forgo the interview if they wish to apply only for HF. If some of the family members wish to apply for Medi-Cal, the interview is required. If the applicant fails to come in for the face-to-face interview, another denial should be sent for failure to cooperate for regular Medi-Cal.

2. Children who are being discontinued from the Percent programs due to a rise in family income and who used the mail-in application must also fill out the MC 322, but a face-to-face is not required if no additional family members wish to be aided.

3. Those children who applied for Medi-Cal and are determined eligible through the regular application (including a property determination which is below the Medi-Cal limit) and are being discontinued from either the Percent programs or a non-Percent program should receive a separate notice about their SOC or ineligibility with a statement about Healthy Families and the One Month Bridging programs.

Two flyers with the new HF toll-free numbers are enclosed for your information.

<u>One Month Bridging Program and Aid Code</u>

State law is being modified to authorize one additional month of zero SOC coverage to all children who (1) are receiving zero SOC Medi-Cal when a change in the family circumstances results in a loss of zero SOC coverage and (2) meet the following conditions of the HF Program This program will be funded through Title XXI (HF) funds. A new aid code of 7X will be used for this "Bridging" program which provides children an extra month of zero SOC coverage (including managed care) while they begin the HF enrollment process if they so desire. Every child from age 1 to 19 who loses full-scope zero SOC Medi-Cal eligibility under any Medi-Cal program due to either being ineligible due to excess property or who retains eligibility with a SOC must be evaluated by the county for potential Bridging program eligibility.

To qualify for the one month of additional no-cost Bridging program coverage, a child must meet the following requirements:

- Be age one or older, but not yet age nineteen; and
- Be otherwise eligible for HF, i.e., citizen or qualified alien without OHC under 200 Percent of the FPL; or

- Is still property eligible, but without this program would have a SOC in the next month following their last zero SOC month in either the 100 Percent, 133 Percent, Medically Needy, Blind, and Disabled/MN, or Medically Indigent program; or
- Be discontinued from the Percent programs and is property ineligible; or
- Have a SOC in the next month following the last month as an infant in the Income Disregard program upon reaching age one; or
- Be discontinued from the California Work Opportunity and Responsibility to Kids program or Edwards period and there is no eligibility for zero SOC Medi-Cal; or
- Be discontinued from Supplemental Security Income/State Supplementary Program and receives SOC Medi-Cal under RAMOS, or reached the end of the RAMOS extension and there is no eligibility for zero SOC Medi-Cal; or
- Be discontinued from the Transitional Medi-Cal program and is there is no eligibility for zero SOC Medi-Cal.

At this time, we have not determined whether this process will be automated or the county will determine eligibility for the Bridging program. More information and NOAs and/or suggested language for this program will be provided in a forthcoming Bridging program ACWDL.

Questions and Answers

Question 1: Is the family's property disregarded for children in the Percent programs, or just the child's own property?

Answer: The family's property is disregarded. If the child is the only person in the household with excess property and the family is requesting Medi-Cal, Sneede would apply and the child's property would be disregarded when determining the child's eligibility for a Percent program.

Question 2: What happens if a child enrolled in HF gets pregnant? May she disenroll from HF and get Medi-Cal?

Answer : Disenrollment from HF is not mandatory in such case, as pregnancy does not preclude HF eligibility. She probably should not disenroll from HF because the Income Disregard program that she may qualify for under Medi-Cal would only provide pregnancy related benefits without a SOC, and she may have a SOC for her full-scope coverage.

Question 3: May a pregnant teen who is receiving Presumptive Eligibility (PE) benefits complete the HF/Medi-Cal mail-in application, or must she complete the MC 210? Can the PE application for Medi-Cal still be used if the mail-in application is completed?

Answer: She may use the mail-in application, but her parent or guardian must complete and sign it for Medi-Cal unless she is applying for Minor Consent. A mail-in application may not be used when applying for Minor Consent services. In addition, her PE application for Medi-Cal (PREMED 2) should be accepted by the county, as it contains necessary pregnancy verification.

Question 4: Must children and pregnant women who use the mail-in application complete the Supplement to Statement of Facts for Retroactive Coverage/Restoration (MC 210A) when requesting retroactive Medi-Cal?

Answer: Yes. The MC 210A is not part of the mail-in application booklet. In cases where the applicant applies directly for Medi-Cal and requests retroactive coverage, the county will mail the applicant an MC 210A. If parents request retroactive Medi-Cal for their child when the child is applying for HF, the HF Program will forward a copy of the Part A application to the county, which will follow the MC 210A process.

Question 5: Since the mail-in Medi-Cal applications go to a central clearinghouse first, what is the date of the application?

Answer: The clearinghouse will date-stamp the envelopes when received. This is the application date for Medi-Cal. ACWDL 98-19 did not contain this policy decision. If the application goes to HF first and is later sent to Medi-Cal, counties should use the date when the application was first received by HF.

Question 6: When the mail-in application is to be used to apply for Medi-Cal, must the MC 320, Steps 1, 2, and 3 in the application booklet be mailed in as well as the MC 321A and the MC 321C?

Answer: Yes. The MC 320 (Steps 1,2, and 3) must be included in the mail-in application. The mailing instructions in the booklet explain this to the applicant.

Question 7: Do intercounty transfer (ICT) provisions apply to the mail-in applications? Is a face-to-face required at the time of an ICT? How does an ICT apply to HF?

Answer: The ICT provisions apply to mail-in applications as they would for a regular Medi-Cal application. No face-to-face is required for the mail-in application population even in an ICT instance. HF does not have an ICT process. The beneficiary would need to request a transfer from their current plan to a plan that is available in their new county of residence.

Question 8: Is the HF notice language required on SOC NOAs if the person under age 19 currently receives only emergency and pregnancy services, e.g. an undocumented alien?

Answer: The HF language should be included even if all the children are eligible to receive only emergency and pregnancy services. If their alien status should change, they may wish to apply for HF.

Question 9: Is a face-to-face required if a case has been approved through the mail-in process and after a few months needs to be evaluated for a change from a Percent program to a SOC case?

Answer: A face-to-face is not required when the case may change from zero SOC to SOC if only the children are being aided. However, the county must determine property eligibility using the MC 322.

Question 10: If the mail-in application results in ineligibility for the Percent program, but there would be eligibility with a SOC if there is property eligibility and the applicant fails to come in for the face-to-face interview, are two denial NOAs issued?

Answer: Yes. One denial NOA is issued for the Percent program and one denial is sent for failure to cooperate in establishing eligibility for regular Medi-Cal.

Question 11: Should counties forward the application to HF if the mail-in application results in a SOC, the application is checked "yes" to forward to HF, and the applicant does not respond to a request for a face-to-face?

Answer: A copy of the application and copies of verification shall be forwarded to HF even if the applicant fails to complete the SOC Medi-Cal application as long as

the applicant has requested the application to be forward to HF. The county shall retain the original mail-in application in the case file.

Question 12: Should counties accept photocopies of documents submitted by applicants for the Medi-Cal mail-in applications?

Answer: Yes. Counties shall accept photocopies of documents submitted along with the mail-in application for Medi-Cal. Applicants are instructed to send in photocopies on page 23 of the Healthy Families/Medi-Cal application booklet.

Question 13: When HF forwards a copy of the application to the county for a Medi-Cal determination, is the county required to ask the applicant to complete a new application or obtain an original signature on the forms?

Answer: No. Counties shall accept the photocopies and process the application. Counties should only require the applicant to complete other Medi-Cal forms not forwarded by HF. HF has instructed their vendor to forward all original forms to the county when the applicant is determined not eligible for HF.

Question 14: Are minors who are enrolled in HF eligible for the Minor Consent program?

Answer: Enrollment in HF does not preclude a minor from receiving Medi-Cal Minor Consent services.

If you have any questions about the new HF aid code, please contact Sherilyn Walden at (916) 657-3091. For questions about MFBU or the Percent programs please contact Margie Buzdas at (916) 657-0726. For questions about the Minor Consent program, the Mail-In Application and the face-to-face interview, please contact Helen Vaughn at (916) 657-1064. For questions about the Bridging program, please contact Tony Plescia at (916) 657-3185.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch

Enclosures

REAL AND PERSONAL PROPERTY: Supplement to Medi-Cal Mail-in Application

Applicant's Name: _____ SSN: _____
First Middle Last

Please fill in the following. You can use additional sheets of paper if more space is needed.

SECTION 1: Financial Institution Accounts *Check the box(es) next to the types of accounts you have*

- ☐ Banks, Savings/Loans, Credit Union Saving or Checking Accounts
- ☐ Trust Fund(s)
- ☐ Retirement Account, ☐ IRA, ☐ KEOGH
- ☐ Deferred Compensation
- ☐ Annuity
- ☐ Stocks
- ☐ Bonds
- ☐ Certificate of Deposit (CD)
- ☐ Money Market
- ☐ Mutual Funds
- ☐ Other

Fill in the following:

Owner: _____

Account No.: _____ Current Value: _____

Name of financial institution: _____

Address: _____

Owner: _____

Account No.: _____ Current Value: _____

Name of financial institution: _____

Address: _____

Cash or uncashed checks:

Name on the check: _____ Amount: _____

SECTION 2: Real Property/Notes, Mortgages, Deeds of Trust, Sales Contracts

Home (whether you live in it or not), other houses, apartments, ranch, land, buildings, mobile homes or life estates in or outside of the US or the State of CA:

Address or legal description of property: _____

Name of owner: _____

Does anyone live there now? ☐ Yes ☐ No

How long have they lived there: _____

Name of person living there: _____

Relationship to you: _____

If you do not live there now, do you want to return to that property to live some day?
☐ Yes ☐ No

(You must notify the county within 10 days of any change in plans for living at the property)

Is the property currently listed for sale? _____

Full value of property (from tax statement): $ _____

Amount owed: $ _____

Rent collected each month from the property: $ _____

Expenses on property:

Interest	$ _____	Yearly/Monthly
Taxes and Assessments	$ _____	Yearly/Monthly
Utilities	$ _____	Yearly/Monthly
Insurance	$ _____	Yearly/Monthly
Upkeep and Repairs	$ _____	Yearly/Monthly

If you/family member own a life estate property, please fill in the following:

Address: _____

Do you/family member have an income interest in a life estate?
☐ Yes ☐ No

Is the life estate producing/giving income?
☐ Yes ☐ No

Mortgages, promissory notes, deeds of trust, sales contracts:

Held in whose name: _____

Value/balance: _____

SECTION 3: Business (check each item "Yes" or "No")

Business/Self employment checking/saving account or cash: ☐ Yes ☐ No

Business equipment, vehicles, tools, inventory or materials (incl. livestock, or poultry not for personal use)? ☐ Yes ☐ No

Type of equipment: _____ Name on property: _____

Description of item: _____

Estimated value: _____ Amount owed: _____

Business real property, buildings, leases, licenses: ☐ Yes ☐ No

Description: _____ Name on property: _____

Estimated value: _____ Amount owed: _____

For County Use Only

Case Name: _____

Case No.: _____

Worker No.: _____

Date: _____

Verification (list):

Verification of Income and Expenses (List)

Verification (list):

Appraisal provided:
☐ Yes ☐ No

Business or Self-employment verified:
☐ Yes ☐ No

SECTION .. Vehicles/Recreational Vehicles

A. List all cars, trucks, motorcycles, airplanes, snowmobiles, or off-road vehicles (even if not running) owned by you or your family. If none, write "none."

Make and model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale? Yes	Listed for Sale? No	Used for Business Yes	Used for Business No

B. List any boats, campers (do not include trucks), motor homes or trailers which are not used as a home and are not taxed as real property by the county:

Make and model	Year	Class (Registration)	Owner	Amount Owed	Listed for Sale? Yes	Listed for Sale? No	Used for Business Yes	Used for Business No

If you do not agree with the value DMV gives your vehicle(s) listed above in A & B, you may get another estimate of the value from a qualified professional.

SECTION 5: Other. Do You/Family Member Own:

- **Jewelry (not wedding/engagement rings or heirloom) worth more than $100:**
  Value: _____ Amount owed: _____
  Who owns: _____ Listed for sale? ☐ Yes ☐ No
- **Household goods or any personal items valued at more than $500 per item (musical instr., PC,)** Value: _____
  Description: _____ jointly/separately owned: _____
- **Mineral rights or mining claims (oil, coal, etc.)? Is either listed for sale?** ☐ Yes ☐ No
  Description: _____ Owned by: _____ Current Value: _____
  Amount owed: _____ Location: _____
- **Burial trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items?**
  Is it for use of immediate family? ☐ Yes ☐ No
  Description: _____ Owned by: _____ Current Value: _____
  Amount owed: _____ Location: _____
  Purchase price: _____ Amount owed: _____
  Purchased for whom? _____ From whom? _____
- **Life insurance?** ☐ Yes ☐ No
  Enter how many policies owned: _____ If more than one, use additional sheet of paper.
  Insurance company: _____ Person insured: _____ Policy owned by: _____
  Face value: _____ Policy no.: _____ Date policy issued: _____ Current cash value: _____
- **Long term care insurance?** Name of insurance comp.: _____ Policy no.: _____
  Amount of benefits paid by the insurance company to date: _____ Name on policy: _____
- **Other accounts/items?** Name on account/item: _____ Value: _____

SECTION 6: Transfer (check each item "Yes" or "No")

Has anyone closed, given away, transferred, sold or traded any money, vehicles, or other property like those listed above in the last 30 months? ☐ Yes ☐ No

If Yes, complete the following:

Item: _____ Date: _____

Transferred: _____ Sold: _____ Traded: _____ Closed: _____ Given away: _____

I declare under penalty of perjury under the laws of the State of California that the answers I have given are correct and true to the best of my knowledge.

Applicant's signature: _____ Date: _____

MC 322 (6/98)

For Co. Use Only

List verification/ estimates of value/ encumbrance

List verification/ estimates of value/ encumbrance

Appraisal provided: ☐ Yes ☐ No

LTC insurance benefit summary provided: ☐ Yes ☐ No

Transfer or receiving NF level of care? ☐ Yes ☐ No

See MC 176 P2

HEALTHY FAMILIES

If your children are **uninsured**, they now have an affordable healthcare option!

The State of California's Healthy Families Program is new and it's here to help you!

Healthy Families Benefits Include:

Doctor & Specialist visits	*Emergency care*	*Dental Exams & Cleaning*
Hospital care	*Mental health*	*Eyeglasses*
Prescription drugs	*Immunizations*	*Fillings*

It's easy to qualify for Healthy Families. Children under the age of 19 may be eligible if they do not have health insurance and if parents fall within income levels.

FAMILY SIZE (larger families also qualify)	GROSS MONTHLY INCOME (approximately)
2	$906-1,809
3	$1,139-2,275
4	$1,372-2,742
5	$1,606-3,209

Average Cost: $4-27 month
(depending on income and family size)

Low Co-payments
($5 per visit for most services;
None for preventive services)

If your family income is below these levels you may be eligible **right now** for free health care through Medi-Cal. For more information call **1-888-747-1222**.

YES! IF IT LOOKS LIKE I QUALIFY, PLEASE SEND ME AN APPLICATION IN:

❑ English	❑ Farsi	❑ Laotian	❑ Armenian	❑ Cambodian
❑ Spanish	❑ Vietnamese	❑ Cantonese	❑ Hmong	❑ Russian

Name _____

Address _____ Apt# _____

City/State/Zip _____

Phone _____

Number of children ages 1–18 living in your home: _____

Do any of the children have health insurance today? Yes No

Approximate gross monthly income of the parents living in the home: $_____

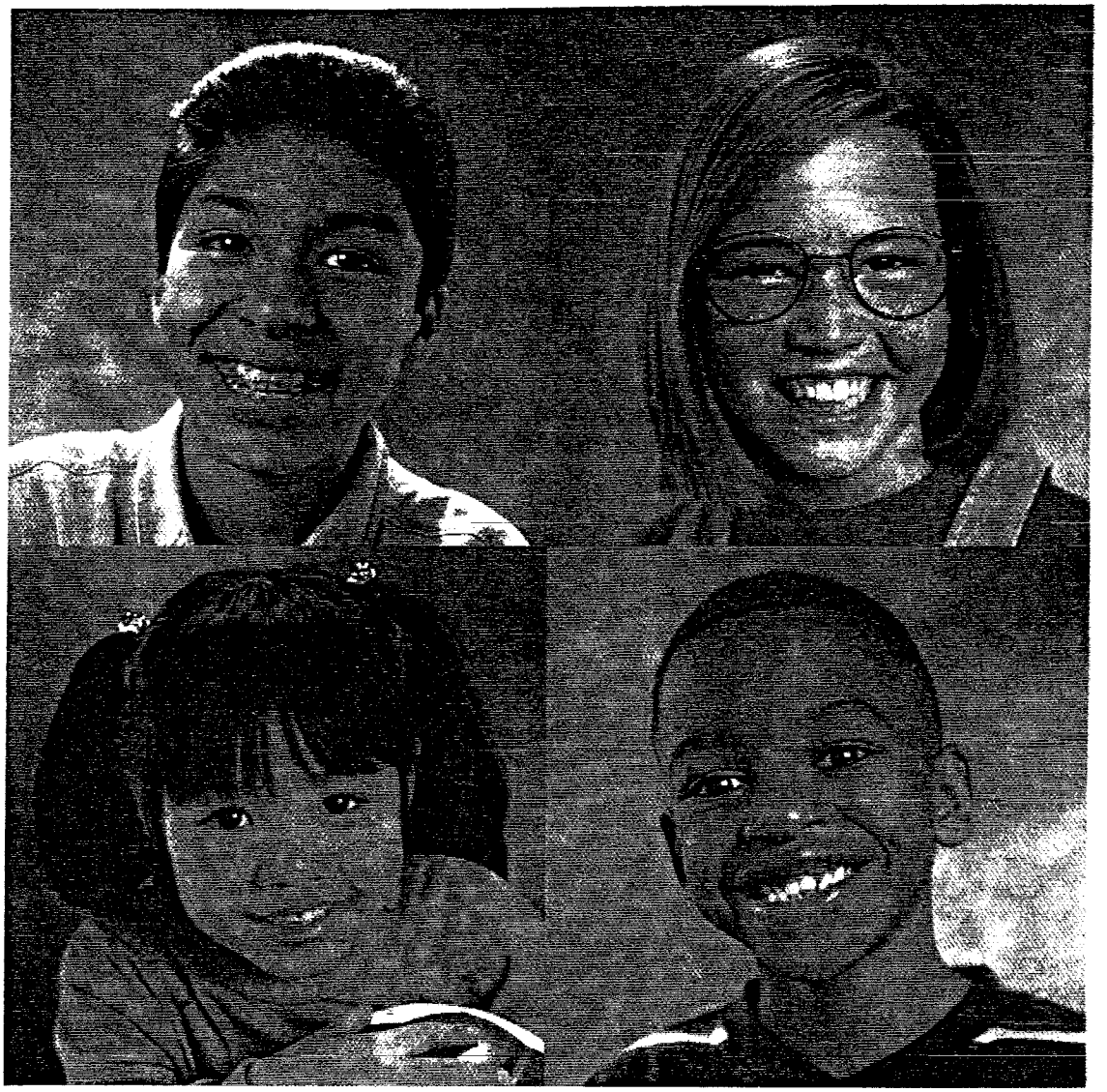
Get a head start. Mail in this coupon to:

HEALTHY FAMILIES

Healthy Families Program
P.O. Box 138005
Sacramento, CA 95813-8005

Or Call: 1-800-880-5305

Kids Need Health Coverage



It's a fact of life — children need health care.

Health coverage is important and lets you give your children the health care they deserve, when they need it.

There are programs that can help.

Call Medi-Cal toll-free: 1 (888) 747-1222