DEPARTMENT OF HEALTH SERVICES
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August 13, 1999

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

Letter No.: 99-38

MC 334: TRANSMITTAL FORM TO FORWARD MEDI-CAL / HEALTHY FAMILIES MAIL-IN APPLICATION (MC 334 7/99) TO HEALTHY FAMILIES

Ref.: All County Welfare Directors Letter (ACWDL) No. 99-16

The purpose of this letter is to provide counties with a camera-ready copy of the MC 334, a new transmittal form to return or send individual mail-in applications from the county Medi-Cal program to the Healthy Families Program. A similar form will be used by Single Point of Entry (SPE) troubleshooting staff to return individual mail-in applications to county Medi-Cal staff. Copies of the new county transmittal form will be available in the warehouse in August 1999. Use of this form is effective immediately.

SINGLE POINT OF ENTRY

The SPE administrative vendor screens mail-in applications for children potentially eligible for either Medi-Cal or Healthy Families Programs. Children in the same application may be referred to each of the no-cost Medi-Cal or the Healthy Families Programs if age and income screening indicated potential eligibility. County staff receive a transmittal mail-in application log along with the applications sent from SPE which states which child of each application was referred to the county or to Healthy Families for a determination. A review of the log shows the county staff do not need to send a mail-in application to Healthy Families for a child already referred for a Healthy Families determination.

One paystub, federal income tax form, or lastly the written income information of the application is reviewed to complete the SPE income screening for a no-cost Medi-Cal percent program for each child using MC175-5 (5/98), Federal Poverty Level (FPL)(Percent) Program. Ownership of income and relationships are reviewed. Based on this information, a child or multiple children in the application family will be referred to the county for asset waiver percent program eligibility determinations. If the county staff determines this child was incorrectly referred to no-cost Medi-Cal based on their findings from using the MC 175-5 or facsimile, use this new MC 334 to return and forward an individual mail-in application for a Healthy Families evaluation.

NOTE: If a share-of-cost will exist for the children/pregnant woman or other family members requested to be evaluated for Medi-Cal, counties must follow up by mailing a notice explaining

potential eligibility. Include forms needed to complete the eligibility determination. Use the MC 322 to obtain the required asset information. Use the MC 321 HFP-AP to include additional family members requesting Medi-Cal benefits. These supplemental forms are used in lieu of the MC 210. Procedures were outlined and suggested notice language was sent to counties with ACWDL 99-01.

MC 334: MEDI-CAL / HEALTHY FAMILIES MAIL-IN APPLICATION TRANSMITTAL

Following the rules above, if the county Medi-Cal staff determines a share-of-cost (SOC) exists or will occur for a child included in the request for benefits, the county staff will forward a **copy** of the application and supporting documents with this transmittal to Healthy Families. The pre-addressed Healthy Families envelope supplied for county usage only with the phrase "Forwarded by County Medi-Cal Office" on the front may be used for this purpose. Healthy Families staff will be alerted that this mail-in application may have already been routed through the SPE process and may be evaluated for Healthy Families eligibility rather than screened through SPE and potentially returned directly to the county based on former income calculations.

COMPLETION OF INFORMATION

I. **Fill in.** Fill in the county name, address, and the name and phone number of a contact person the staff of the Department of Health Services (DHS) or Healthy Families may call to discuss this case, if needed. The Medi-Cal Liaison or the Eligibility Supervisor of the mail-in applications must be the county's designated contact.

II. **HF case number.** If the mail-in application was processed through the administrative vendor at SPE, the Healthy Families case number is the Julian date with extended identifying numbers printed (example: 19992250050) on the left edge of each application and accompanying verification. Counties currently use this number to identify the application filing date. If the application does not have this printed number, write "None" on the line.

III. **Review.** The county staff completed percent budgeting and determined this child was incorrectly referred to no-cost Medi-Cal. A review of the transmittal log shows the county staff does or does not need to forward a mail-in application to Healthy Families for a child. The child may have already been referred for a Healthy Families determination by SPE and county action is not needed.

IV. **Forward.** Verify the applicant has given permission for the mail-in application to be forwarded to the other program.

NOTE: The current mail-in application, Question no. 16, reads ". . . I DO NOT WANT: . . . ." If the box is checked to NOT FORWARD, the receiving program cannot process the application and must return it to the initiating program. For this reason, many applications are sent to the county although SPE determined the other program may be appropriate for the income level. However, the applicant may sign a short statement giving permission to forward the paperwork. The county staff may attach an applicant's note and check the box on this form stating the permission is given. Healthy Families includes such a statement for applicants to sign and return when sending notices of denial for children eligible for no-cost Medi-Cal but the box was checked to not forward the application to Medi-Cal.

V. **Enclosures.** Check the boxes that apply. Transmit a **copy** of the mail-in application and supporting eligibility documents including income verification used by the county as the basis of their determination. Include a copy of the completed county manual budget worksheet, such as the MC 175-5 or facsimile, or system print out indicating the income calculation used to determine the child is not eligible for a no-cost Medi-Cal percent program. Healthy Families staff may be able to use the Medi-Cal SOC Notice of Action (NOA) income for a child listed on the NOA.

NOTE: The budget will save telephone contact time between the county, Healthy Families and DHS. Additionally, applicants are currently contacting Healthy Families with a Medi-Cal SOC NOA which includes names of children determined to be FPL percent eligibles. This is confusing to the applicant family and provides the appearance the children do have a SOC instead of no-cost Medi-Cal. These children's names should be systems or manually suppressed and not be included in the SOC NOA to the family. Applications are unnecessarily completed for children already receiving no-cost Medi-Cal benefits based on the information of misleading NOAs.

VI. **SOC Medi-Cal.** Write the names and date of birth of the children whom appear to have a SOC for their age group. A systems form may be substituted for writing and attached with the data and marked to identify which children in the family are being referred.

VII. **No-cost Medi-Cal.** Write or attach systems print-outs to identify the children in the family who receive no-cost Medi-Cal. These children may not receive Healthy Families benefits.

NOTE: Applications have been incorrectly forwarded from counties for families that include only children eligible for no-cost Medi-Cal, including Aid Codes 30, 34, 35, 38 etc. This creates unnecessary and time consuming tasks for county and state staff.

VIII. Comments. Write short remarks that include a reason SPE may have miscalculated income such as the county has additional family income from a source not listed on the application; job change; weekly pay stubs rather than bi-weekly, etc. Include these additional verifications with this form.

A SPECIAL NOTE TO MEDI-CAL ELIGIBILITY STAFF - please share with staff

Our goal is to enroll all of the Medi-Cal eligible uninsured children in the State. Barriers have been removed to simplify the application process for applicants as well as eligibility staff. We have minimized requirements which reflects our commitment to reach the target population. We appreciate the many counties who have demonstrated flexibility and responsiveness to the many changes in the policies and procedures issued by the State in furtherance of our mutual goal. DHS depends on county eligibility staff as a valuable resource in effecting the movement away from past practices. County eligibility staff usually have the first contact with the applicant. Therefore, their positive approach to the applicant, knowledge of the new rules of the eligibility process and accurate implementation of the rules as outlined in ACWDL No. 99-16, are key factors in the transition from previous to current practices. DHS understands the difficulties in adapting to significant changes in process and procedures as well as interacting with applicants and beneficiaries. County welfare department eligibility staff play a major role in changing current negative perceptions associated with the Medi-Cal program. Knowledge of our goals and policies is a critical first step. Implementation of the new rules is an exciting and important second step toward improving access to comprehensive health care for children. Together we can re-energize the Medi-Cal program. A healthier tomorrow starts today.

If you have any questions on this letter, please call Ms. Diana Perez of my staff at (916) 654-2279.

Sincerely,

ORIGINAL SIGNED BY

ANGELINE MRVA, Chief
Medi-Cal Eligibility Branch

Enclosure

MEDI-CAL/HEALTHY FAMILIES MAIL-IN APPLICATION TRANSMITTAL

I. **To:** Healthy Families Program
P.O. Box 138005
Sacramento, CA 95813-9984

From: County: _____
Address: _____
_____
_____
County contact: _____
Phone: _____

II. **Re:** Healthy Families Case Number _____ Case name: _____
(example: 1999xxxxxxxxxx or none)

III. **Percentage-Asset Waiver Medi-Cal income budget** has been completed and this application contains Healthy Families eligible children.

☐ The single point of entry transmittal log has been reviewed and the children were designated "M" for Medi-Cal eligibility determinations. (Do not forward for children designated "H".)

IV. **Forward.** On the application:

☐ The applicant did not check the box canceling the forwarding process.

☐ The applicant indicated **"I DO WANT"** the application forwarded to Healthy Families for a determination of benefits and has signed a statement to allow the county to forward the application. **(Attach applicant statement.)**

V. **Enclosures.** Check items enclosing.

☐ Mail-in application

Verifying documents:

☐ Birth certificate ☐ Income ☐ Medi-Cal share-of-cost NOA for the child
☐ Immigration ☐ Residency ☐ County Medi-Cal budget sheet (displays gross income and deductions)
☐ Other _____

VI. **Share-of-cost Medi-Cal.** The following children are determined to have a Medi-Cal share-of-cost. **Please evaluate these children for Healthy Families Program enrollment:**

Name _____ DOB _____ SSN _____
Name _____ DOB _____ SSN _____
Name _____ DOB _____ SSN _____
Name _____ DOB _____ SSN _____

VII. **No-cost Medi-Cal.** The following children are determined to be eligible for no-cost Medi-Cal at the county. **Do not evaluate for Healthy Families.** Attach form/printout *(MEDS/Systems)* or list.

Name _____ DOB _____ SSN _____
Name _____ DOB _____ SSN _____
Name _____ DOB _____ SSN _____
Name _____ DOB _____ SSN _____

VIII. **Comments:** *(Example: change in family composition/income; different income documentation/sources provided to the county than used to determine program screening at SPE, etc.)*

_____
_____
_____
_____
_____