Overview

Counties have posed numerous questions and scenarios to DHCS regarding who can submit and who can sign an application for Insurance Affordability Programs. Given the array of possible scenarios it is important to provide a cohesive response to answer these and future questions.

The summary provided below starts with requirements from the Code of Federal Regulations for accepting an application and any documentation required to establish eligibility. This is subsequently interpreted into scenarios of allowable submissions followed by additional information on related topics (e.g., who can sign, applying minors, who should be on the application, who can assist).

This information is provided as an operational aid for counties to use as they manage application submissions for Insurance Affordability Programs.

Federal Requirements

By Federal Regulation (§ 435.907), Covered CA and DHCS must accept an application and any documentation required to establish eligibility from:

1. the applicant,
2. an adult who is in the applicant's household, as defined in § 435.603(f) (See DHCS Household Size Flow Chart to determine applicant's household),
3. or family, as defined in section 36B(d)(1) of the Code,
4. an authorized representative,
5. or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant

Allowable Submission Scenarios

This means that an application can be submitted at least under the following scenarios:

1. For a child (minor)
    a. by a parent (custodial or non-custodial) or any adult in their Medi-Cal or APTC/CSR tax household
    a. by a parent (custodial or non-custodial) or any adult in their household, if a non-tax filing household
    b. by a non-custodial father or mother not in their tax household

c. by a family member such as a grandparent

d. by an authorized representative

e. by someone acting responsibly for the child such as a family friend

f. by the child if they are married, emancipated, or demonstrate that they live independently and handle their own affairs**

g. by the child if requesting eligibility (at the county welfare department only) for restricted state-only Medi-Cal programs pursuant to Title 22, CCR, Section 50147.1 and Welfare and Institutions Code, Section 14010. **

(** - Please note that system supports, such as those in CalHEERS, for children applying for Insurance Affordability Programs may not be in place and workarounds may be required to enable submission and processing of such applications.)

2. For a tax dependent

   a. by that tax dependent

   b. by the tax filer that claims the tax dependent

   c. by another tax dependent within the applicant's tax household

   d. by an adult who is in the applicant's Medi-Cal or APTC/CSR tax household

   e. by an authorized representative

   f. by someone acting responsibly for the applicant if the tax dependent is incapacitated

3. For an adult

   a. by that adult or any adult in their Medi-Cal or APTC/CSR tax household

   b. by that adult, any related adult, or unrelated adult in their household, if a non-tax filing household

   c. by an authorized representative

   d. by someone acting responsibly for the applicant if the adult is incapacitated

Additional Considerations

1. The submitter of the application is designated as Person 1 on the application unless the submitter is an authorized representative (who will not be a person on the application). Person 1 or their authorized representative must sign the application. Person 1 can designate an Authorized Representative within the application.
2. The "Main Contact" for the application is the same as "Person 1" on the paper application. Note that CalHEERS labels the "Main Contact" as the "Primary Contact". This Primary Contact can be affiliated with any person on the application, not just Person 1 as on the paper application.
3. Note that federal law refers to "applicant" as anyone included in the application (e.g., Person 1, Person 2, etc.). However, "applicant" is also used on application forms to refer to only Person 1 (aka the Main/Primary Contact). Please be aware of this conflict in terms.
4. Note that all adult persons (18 years or older) on the application or a responsible party or authorized representative must sign Attachment D on the paper application for health plan enrollment. CalHEERS allows a single signature for health plan enrollment for all applicants. This difference in implementation is under evaluation.
5. Medi-Cal does not require any authorization from anyone on the application to enable electronic verification of data for either the initial application and eligibility determination or any subsequent renewal determinations. Such authorizations on the application apply to APTC-CSR eligibility determinations only. Note that these rules may be in conflict with current labeling on paper and on screen.
6. Absent applying pursuant to Title 22, CCR, Section 50147.1 and Welfare and Institutions Code, Section 14010, a minor cannot apply on their own behalf unless they are emancipated or they can show that they live independently and handle their own affairs. They do not need to prove emancipation but the county would have to clarify that they live independently and handle their own affairs. CalHEERS does not currently capture or use such information.
7. If someone is completing the application on behalf of another person (not part of the tax household) and not wanting health insurance for themselves, their information goes into the "Main/Primary Contact" portion of Step 1 on the paper application. They should also complete the first few questions in Step 2 for Person 1 – complete through "Are you applying for health insurance for yourself?" Then they would skip to Person 2 and complete the questions on

behalf of the other person wanting health insurance. Such a person could be an Authorized Representative or not.

8. Although a paper application can be submitted following the guidelines above, an eligibility determination for any individual on the application will require information for everyone in the tax household for that individual, including the primary tax filer. For example, a tax dependent can submit a paper application for his or her self, but their eligibility cannot be determined without providing additional tax information for the person claiming him or her as a dependent.
9. If the application can initially include all members of the tax filing household that claimed a dependent and any family members living with a dependent, then the eligibility determination for all applicants will be more timely.
10. Other non-family members living with a tax dependent (e.g., boyfriend, girlfriend, roommate), who are not members of the Medi-Cal or APTC/CSR household, should file their own application if they want health insurance.
11. CalHEERS will not allow submission of an incomplete application since submission of the application begins the eligibility adjudication process.
12. An incomplete paper application can be submitted. However, the application will continue to be considered incomplete until all required information is provided to adjudicate eligibility for all applicants on the application.
13. If an applicant does not want to apply for health coverage but the applicant's information is provided on the application to satisfy tax household information for others, then that applicant can be indicated on the application as not requesting health coverage.
14. Anyone can assist an applicant in completing an application (e.g., the Single Streamlined Application) for Insurance Affordability Programs, including community based organizations and other community partners (e.g., CAA's) that have historically assisted applicants for Medi-Cal. However, payment for assistance services is only provided to Certified Enrollment Counselors (CEC's) or Certified Insurance Agents (CIA's) through an assistance program under Covered CA.