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

California Department of Health Services
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Director

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January 14, 2003

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

Letter No.: 03 - 01

SUBJECT: MEDI-CAL TO HEALTHY FAMILIES AND HEALTHY FAMILIES TO MEDI-CAL BRIDGING PROGRAMS
(Ref.: All County Welfare Directors Letter Nos.: 98-39, 99-06, 02-23)

The purpose of this letter is to provide additional implementation instructions for the existing Medi-Cal to Healthy Families Bridging Program (Bridging) for children. This letter also will describe the Healthy Families to Medi-Cal Bridging program that was implemented by the Healthy Families Program (HFP) on July 1, 2002.

As described in the above referenced All County Welfare Directors Letter (ACWDL), the Bridging program provides additional no-cost full scope Medi-Cal for children who (1) are receiving no-cost or zero share-of-cost Medi-Cal when a change in family circumstances results in the child's loss of this eligibility and (2) meet the requirements of the HFP. Please refer to the above ACWDLs for specific instructions relating to Bridging.

One critical exception, however, relates to suggested Notice of Action language contained in ACWDL 98-06 that imposes a share-of-cost on children who were receiving full scope, zero share-of-cost Medi-Cal in the month immediately preceding the share of cost month. This language quoted below is no longer to be added to any such notices since we are revising implementation instructions as described in the following paragraph.

"The State Department of Health Services will send you a Healthy Families application and information about the program within a week or so. If you do not receive this package by two weeks from the date of this notice, please call the Department's toll-free at (800) 880 5305 to request the Healthy Families application."

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Revised Implementation Instructions:

When a child is determined by the county to be eligible for Bridging, the county welfare department (CWD) shall first determine whether the child's parent, caretaker relative, or person acting on behalf of the child consents to having case information forwarded to the HFP. If he/she consents, the CWD will forward to the HFP, a copy of the most recent application/redetermination form, appropriate Notice of Action (NOA) and the Medi-Cal-Healthy Families transmittal form. If consent is not given, Bridging is still appropriate to allow the child time to enroll in the HFP without county involvement, but no information is to be forwarded to the HFP. For more information, please refer to the Medi-Cal Eligibility Manual Procedures Section 4S, paragraph J.

If the child has not been offered a chance to consent to the referral to the HFP, the county must contact the responsible adult and offer him/her a chance to consent. The consent need not be in writing. If the individual gives verbal consent to the county, it is acceptable for the county to document in the Medi-Cal case record and in the Comments section of the transmittal used to refer the individual to the HFP that consent was given.

Notices of Action

- Otherwise eligible with a SOC

Counties may use the following suggested language for any NOA which imposes a SOC on otherwise eligible children that were receiving full-scope, zero SOC Medi-Cal in the month immediately preceding the SOC month:

Although you would otherwise have a Share-of-Cost (SOC) in the month indicated above, we have determined that you may be eligible for the Healthy Families program (HFP), which provides low-cost health coverage to children such as you. For this reason, your no-cost Medi-Cal coverage will continue through the end of _____ (month) while your application is being evaluated for the HFP. Beginning _____, your share of cost will be _____.

We can only refer your case to the HFP if you have given your consent.

☐ You have consented; therefore, we will forward your application and other information from your Medi-Cal case to the HFP. The HFP will contact you with additional information.

☐ You have not consented; therefore we will not forward your information to the HFP. If you are interested in the HFP, you may obtain additional information about the HFP by calling 1-800-880-5305.

- Ineligibility For Reasons Such As Excess Property

Counties may use the following suggested language for any discontinuance NOA issued to otherwise eligible children that were receiving full-scope, zero SOC Medi-Cal in the month immediately preceding the month of ineligibility:

Although you are ineligible for Medi-Cal beginning in the month indicated above, we have determined that you may be eligible for the Healthy Families Program (HFP) which provides low-cost health coverage to children such as you. For this reason, your no-cost Medi-Cal coverage will continue through the end of _____ (month) while your application is being evaluated for the HFP.

We can only refer your case to the HFP if you have given your consent.

☐ You have consented; therefore, we will forward your application and other Information from your Medi-Cal case to the HFP. The HFP will contact you with additional information.

☐ You have not consented; therefore, we will not forward your information to the HFP. If you are interested in the HFP, you may obtain additional information about the HFP by calling 1-800-880-5305.

Healthy Families to Medi-Cal Bridging program

State law provides a two-month Healthy Families to Medi-Cal (HF to MC) Bridging program when, at Annual Eligibility Review (AER), all or some of the family are no longer eligible for the HFP and appear eligible for no-cost Medi-Cal based on income screening. The HF to MC Bridging program was implemented July 1, 2002, for those families who had annual eligibility reviews initiated in July, due for September.

The HF to MC two-month Bridging program will use aid code 7Y for children who have consented to have their application forwarded to Medi-Cal for a Medi-Cal determination.

Upon determining that a child is potentially eligible for Medi-Cal without an SOC, the HFP will convert the child's eligibility to 7Y and forward the family's latest AER form along with all supporting documents to the appropriate county for a Medi-Cal eligibility determination.

Counties shall use the date referred to the county from the HFP as the application date for Medi-Cal. This date can be found on the Healthy Families Administrative Vendor Detail Transmittal Form (HFFM80), and is a change to the previously issued instructions in AWDL No. 99-48.

HF to MC Bridging generally will last for two months while Medi-Cal is being determined. If the county determines eligibility during either of the two months of Bridging and reports this to MEDS, MEDS will accept this report of Medi-Cal eligibility. HF Bridging will continue through the end of the second Bridging month unless HF disenrolls the individual. The individual will remain in the same HFP health plan as he/she was before Bridging. HFP premiums are required to be paid during Bridging.

If you have questions regarding this letter, please contact Mr. Carl Miller, Chief of the Policy Section A, at (916) 657-0562.

Original signed by

Richard Brantingham for
Beth Fife, Chief
Medi-Cal Eligibility Branch