

DEPARTMENT OF HEALTH SERVICES

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March 21, 2000

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.: 00-19

**PROCEDURES FOR USING THE HEALTHY FAMILIES ADD A CHILD
FORM AND UPDATED HEALTHY FAMILIES ANNUAL ELIGIBILITY FORM
(REVISED FEBRUARY 11, 2000) AS AN APPLICATION FOR MEDI-CAL
CHILDREN**

Ref All County Welfare Directors Letter (ACWDL) No. 99-48

ACWDL No.: 99-48 informed counties about the Healthy Families Annual Eligibility Review (AER) form and authorized its use as an application for Medi-Cal. The purpose of this letter is to provide counties with copies of the **revised** Healthy Families Annual Eligibility Review form. The revised form includes a section authorizing Healthy Families to forward the AER to the county when it appears the children are eligible for no-cost Medi-Cal.

The AER packet is sent 60 days prior to the Healthy Families annual renewal date. Counties may start seeing these forms forwarded to them in April 2000.

The AER requires the family to re-verify income and household composition. The family can also apply for additional children whose names do not appear on the AER form by completing the Add a Child form. Healthy Families reviews the information provided to determine if the children are eligible for another 12 months of Healthy Families benefits.

Approximately 18 percent of the returned forms verify income that is too low for the Healthy Families Program. If the family has so authorized, the AER will be forwarded to the county for a Medi-Cal determination. The AER or Add a Child form will be sent to the county with a transmittal form that is very similar to the transmittal that accompanies the applications sent from the Single Point of Entry.

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The Healthy Families Program reviews Medi-Cal Eligibility Data Systems (MEDS) at the annual review and will try to ensure that an AER form is not sent to a county for children who are already receiving no cost Medi-Cal.

Date of Application

The date of application for Medi-Cal is the date the AER form is received at the county.

Other Health Insurance

Question 2 on the AER asks: ***Are any of these children now enrolled in employer sponsored health insurance? If yes, please list the children:***

Unfortunately, this question does not provide the information about "Other Health Insurance" necessary for the Medi-Cal program. County workers will need to obtain information about Other Health Insurance by contacting the family. When the AER form is next printed, this question will be revised to meet Medi-Cal eligibility requirements.

Counties are to follow the instructions outlined in ACWDL Nos. 99-16 and 99-48 when processing an AER application.

If you have any questions on the AER form application procedures, please contact Ms. Linda Rahmeyer of my staff, at (916) 657-0398.

Sincerely,

ORIGINAL SIGNED BY

Angeline Mrva, Chief
Medi-Cal Eligibility Branch