

# Local Educational Agency Medi-Cal Billing Option Program (LEA BOP) Stakeholder Meeting



**Hearing Aid Coverage  
for Children Program**

April 26, 2023

# School-Based Referrals



**Hearing Aid Coverage  
for Children Program**

# HACCP Overview

- » State-funded program launched July 1, 2021 and expanded January 1, 2023
- » Covered benefits:
  - Hearing aids, including assistive listening devices (ALDs) and surface-worn bone conduction hearing devices (BCHDs)
  - Supplies, including ear molds and hearing aid batteries
  - Medically necessary hearing aid accessories
  - Hearing aid-related audiology and post-evaluation services

# HACCP Overview (Continued)

- » Not an LEA BOP benefit, but a related program that serves students
- » Based on Fee-For-Service (FFS) Medi-Cal coverage of hearing aid-related benefits for the same age group (under age 21)
- » Enrolled Medi-Cal providers submit claims for covered benefits provided to HACCP-enrolled patients through the same process they already use for FFS Medi-Cal and California Children's Services (CCS) patients

# HACCP Eligibility

- » Children 0-20 years of age
- » Must reside in California
- » Not otherwise eligible for Medi-Cal
- » Not currently enrolled in CCS for a hearing-related condition
- » Enrollment requires a valid hearing aid prescription or a referral from a medical provider or hearing professional
  - Includes referrals from school-based hearing screenings
  - Resource: [Provider Referral for Patient Enrollment \(DHCS 8482\)](#)

# HACCP Eligibility (Continued)

» Household income under 600% of federal poverty level (FPL)

Household / Family Size (including parents)	600% FPL (household combined gross income)
1	\$87,480 per year (\$7,290 per month)
2	\$118,320 per year (\$9,860 per month)
3	\$149,160 per year (\$12,430 per month)
4	\$180,000 per year (\$15,000 per month)
Each Additional	Add \$30,840 per year (\$2,570 per month)

# HACCP Eligibility (Continued)

» Does not have other health coverage for hearing aids and related services

OR

» Has other health coverage that limits annual benefit for hearing aids to \$1,500 or less

» Documentation options:

- Denial of coverage notice from other health insurance/coverage
- Explanation of coverage from other health insurance/coverage
- Attestation of no other health insurance/coverage (see application)

# HACCP Resources

State of California – Health and Human Services Agency  
**Provider Referral for Patient Enrollment**

Department of Health Care Services  
 **Hearing Aid Coverage for Children Program**

You can send this completed form, a hearing aid prescription, or provider referral letter to us by:

1. **Online Portal:** Sign in and upload with your HACCP application at [www.haccp.dhcs.ca.gov](http://www.haccp.dhcs.ca.gov)
2. **Chat:** Online at [www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp) (click "Chat with us..." in the bottom corner of your screen, then select "Upload Documents")
3. **Fax:** Toll-free to 1 (833) 774-2227
4. **Mail:** Hearing Aid Coverage for Children Program  
P.O. Box 138000  
Sacramento, CA 95813

\*\*\*All fields marked as required must be filled\*\*\*

Date of Referral: \_\_\_\_\_

**Patient's Information**

Name (required): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Reason for Referral (required)**

Hearing Aid  
 Hearing Screening  
 Hearing Aid Evaluation  
 Other hearing aid-related coverage: \_\_\_\_\_

**Referring Medical Provider or Hearing Professional**

Individuals who can refer a patient to the HACCP may include the following:

\*Audiologist      \*Otolaryngologist      \*Physician  
\*Audiometrists      \*Any other trained/licensed hearing or medical professional

Name (required): \_\_\_\_\_  
Title (required): \_\_\_\_\_  
Office/Center Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DHCS 8482 (03/2023)

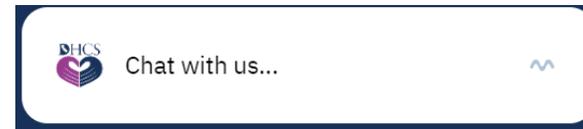
» HACCP webpage:  
[www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp)

- Apply Online
- Find A Provider
- Webinars
- Resources for Community Partners
- FAQs

# HACCP Resources (Continued)

## » HACCP Help Center

- **Call 1 (833) 774-2227**
  - Translators available
  - Video relay, TTY/TTD
- Chat with us online at [www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp)
  - English and Spanish
  - Can upload documents
- Email [HACCP@maximus.com](mailto:HACCP@maximus.com)



# Questions?

