



DAVID MAXWELL-JOLLY  
*Director*

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



ARNOLD SCHWARZENEGGER  
*Governor*

November 18, 2009

Genetically Handicapped Persons Program  
Policy Letter: G-01-1109

TO: GENETICALLY HANDICAPPED PERSONS PROGRAM (GHPP)  
SPECIAL CARE CENTER (SCC) MEDICAL DIRECTORS

SUBJECT: Changes in GHPP Law

The purpose of this policy letter is to update you on changes in the GHPP that will take place on December 1, 2009. These changes are a result of a new State law enacted by the Legislature. The changes for GHPP clients are in three areas: 1) enrollment fees; 2) maintaining employer-sponsored health insurance; and 3) GHPP payment of premiums for employer-sponsored health insurance.

**GHPP Enrollment Fees**

Enrollment fees will be based on the client's "adjusted gross income" as identified on their state or federal income tax return. In the past, enrollment fees were based on their "gross income". If the client is a minor, GHPP will use their parents' or legal guardians' combined adjusted gross income.

If the client's reenrollment period begins on or after December 1, 2009, the amount of their GHPP enrollment fee will be based on their adjusted gross income according to the different levels below. Federal Poverty Level (FPL) is based on their income and the number of individuals in their family who are dependent on their income. FPL is adjusted annually by the federal government.

- If their adjusted gross income is between 200 and 299 percent of FPL, their annual enrollment fee will be 1.5 percent of their adjusted gross income.
- If their adjusted gross income is equal to or greater than 300 percent of FPL, the annual enrollment fee will be 3 percent of your adjusted gross income.

Clients will not be charged an enrollment fee if:

- They are eligible for full scope Medi-Cal benefits, without being required to pay a share of cost for those benefits; or
- They have an adjusted gross income less than 200 percent of the FPL.

### **Maintaining Employer-sponsored Health Care Coverage**

Starting December 1, 2009, if clients have commercial health insurance through their employer and it is terminated, they must notify GHPP within 45 days of the date of termination. Clients will remain eligible to receive GHPP services if the reason for the termination of the health insurance they receive through their employer is one of the following:

- They have lost their employment or the status of their employment has changed so that they are no longer eligible to participate in employer-sponsored health coverage.
- Their employer discontinued providing health benefits to all employees or dependents of employees.
- They have changed their address to a ZIP Code that is not covered by their employer's health insurance.
- There has been the death of or they have legally separated or divorced the individual through whom their employer-sponsored health insurance was provided.
- Their employer's health insurance coverage is no longer available to them because the cost of benefits provided to them by that insurance has exceeded the lifetime coverage limit of the insurance.
- Their coverage was available to them pursuant to the provisions of the federal Comprehensive Omnibus Reconciliation Act (COBRA) and the COBRA coverage period has ended.

When notifying GHPP about the termination of their employer-sponsored health coverage, they must send to GHPP a copy of the official termination letter from their employer and/or their health plan. If they fail to notify the GHPP within 45 days of the date of such termination, they will not be eligible for GHPP coverage and services for six months.

### **Payment of Third-Party Health Coverage Premiums**

The GHPP may pay the client's share of premiums for their employer-sponsored health insurance if the GHPP determines that it would be cost effective to do so. This might happen if clients: 1) are eligible for health coverage through their employer and have chosen NOT to participate in that coverage because of the expense; and 2) lose their employer-sponsored health insurance

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coverage because they lose their job and are unable to pay for continuing coverage for which they are entitled under COBRA. When they complete their annual GHPP Application to Determine Eligibility, they need to indicate if one of these situations applies to them and GHPP will follow-up with them.

Please see attached letter that was mailed to all GHPP clients notifying them of the changes in the GHPP. Copies of the letter in English and Spanish are available at <http://www.dhcs.ca.gov/services/ghpp/Pages/ClientLetters.aspx> Also the two GHPP applications "Initial/Annual Income Verification" and "Application to Determine Eligibility" are being revised to reflect the above changes. The applications will be available December 2009 at <http://www.dhcs.ca.gov/services/ghpp/Pages/Apply.aspx>

If you have any questions please feel free to call the GHPP program at 1 (800) 639-0597.

Sincerely,

**Original Signed by Luis R. Rico**

Luis R. Rico, Acting Chief  
Children's Medical Services Branch

Attachment

cc: Joleen Heider-Freeman, M.S., R.D., Chief  
Statewide Programs Section  
Department of Health Care Services  
1515 K Street, Suite 400  
Sacramento, CA 95814

Gloria Padre, RN, MSN  
Genetically Handicapped Persons Program  
1515 K Street, Room 400  
Sacramento, CA 95814



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State of California—Health and Human Services Agency  
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October 27, 2009

To: Genetically Handicapped Persons Program (GHPP) Client

Subject: Changes in GHPP Law

The purpose of this letter is to tell you about changes in the GHPP that will take place on December 1, 2009, that may effect you. These changes are a result of a new State law enacted by the Legislature. The changes are in three areas: 1) enrollment fees; 2) maintaining employer-sponsored health insurance; and 3) GHPP payment of premiums for employer-sponsored health insurance.

### **GHPP Enrollment Fees**

There are changes in the way GHPP determines annual enrollment fees. Enrollment fees will now be based on your “adjusted gross income” as identified on your state or federal income tax return. In the past, enrollment fees were based on your “gross income”. If you are a minor, GHPP will use your parents’ or legal guardians’ combined adjusted gross income.

If your GHPP reenrollment period begins on or after December 1, 2009, the amount of your future GHPP enrollment fee will be based on your adjusted gross income according to the different levels below. Federal Poverty Level (FPL) is based on your income and the number of individuals in your family who are dependent on your income.

- If your adjusted gross income is between 200 and 299 percent of FPL, your annual enrollment fee will be 1.5 percent of your adjusted gross income.
- If your adjusted gross income is equal to or greater than 300 percent of FPL, the annual enrollment fee will be 3 percent of your adjusted gross income.

You will not be charged an enrollment fee if:

- You are eligible for full scope Medi-Cal benefits, without being required to pay a share of cost for those benefits; or
- Your adjusted gross income is less than 200 percent of the FPL.

You must pay the enrollment fee in order to receive GHPP benefits. If you do not pay the enrollment fee or if you do not make an arrangement to pay it within 60 days of your

reapplication date you will be disenrolled from GHPP effective 60 days after your enrollment fee is due. If this happens to you, you will no longer receive GHPP benefits.

The Department of Health Care Services (DHCS) may waive or reduce the amount of an enrollment fee if the DHCS determines that paying the enrollment fee will result in undue hardship for your family. At the time the enrollment fee is set, if you believe the amount would be difficult for you to pay, you may appeal the amount of the fee by sending a letter that explains why you cannot pay the fee to

**Chief  
Children's Medical Services Branch  
1515 K Street, Suite 400  
Sacramento, CA 95814**

### **Maintaining Employer-sponsored Health Care Coverage**

Starting December 1, 2009, if you have commercial health insurance through your employer and it is terminated, you must notify GHPP within 45 days of the date of termination. You will remain eligible to receive GHPP services if the reason for the termination of the health insurance you receive through your employer is one of the following:

- You have lost your employment or the status of your employment has changed so that you are no longer eligible to participate in employer-sponsored health coverage.
- Your employer discontinued providing health benefits to all employees or dependents of employees.
- You have changed your address to a ZIP Code that is not covered by your employer's health insurance.
- There has been the death of or you have legally separated or divorced the individual through whom your employer-sponsored health insurance was provided.
- Your employer's health insurance coverage is no longer available to you because the cost of benefits provided to you by that insurance has exceeded the lifetime coverage limit of the insurance.
- Your coverage was available to you pursuant to the provisions of the federal Comprehensive Omnibus Reconciliation Act (COBRA) and the COBRA coverage period has ended.

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When notifying GHPP about the termination of your employer-sponsored health coverage, you must send to GHPP a copy of the official termination letter from your employer and/or your health plan. If you fail to notify the GHPP within 45 days of the date of such termination, you will not be eligible for GHPP coverage and services for six months.

If you are disenrolled from GHPP because of the termination of your employer-sponsored health coverage you may appeal the disenrollment. Appeals should be sent to:

**Chief  
Children's Medical Services Branch  
1515 K Street, Suite 400  
Sacramento, CA 95814**

**Payment of Third-Party Health Coverage Premiums**

The GHPP may pay your share of premiums for employer-sponsored health insurance if the GHPP determines that it would be cost effective to do so. This might happen if: 1) you are eligible for health coverage through your employer and you have chosen NOT to participate in that coverage because of the expense; and 2) you lose employer-sponsored health insurance coverage because you lose your job and are unable to pay for continuing coverage for which you are entitled under COBRA. When you complete your annual GHPP Application to Determine Eligibility, please indicate if one of these situations applies to you and the GHPP program will follow-up with you.

If you have any questions please feel free to call the GHPP program at  
1 (800) 639-0597

Sincerely,

**Original Signed by Luis R. Rico**

Luis R. Rico Acting Chief  
Children's Medical Services Branch