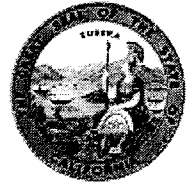




DIANA M. BONTÁ, R.N., Dr. P.H.
Director

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



GRAY DAVIS
Governor

July 2, 2003

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

Letter No.:03-35

SUBJECT: "EXPRESS ENROLLMENT" FOR CHILDREN ENROLLED IN FREE
SCHOOL LUNCH PROGRAM

The purpose of this All County Welfare Directors Letter (ACWDL) is to instruct counties on the implementation of Welfare and Institutions Code (W&I) Section 14005.41.

SUMMARY:

In October 2001, Governor Gray Davis signed Assembly Bill (AB) 59 into law. AB 59 (Chapter 894, Statutes of 2001) added section 14005.41 to the Welfare and Institutions (W&I) Code and section 49557.2 to the Education Code allowing children who are approved for free school lunches to apply for Medi-Cal using the information on the National School Lunch Program (NSLP) application. These sections were amended in 2002. W&I Code Section 14005.41 requires each county, effective July 1, 2003, to participate in a statewide pilot project to make a Medi-Cal determination using the information on the NSLP application and a supplemental form. The schools, however, are not required to allow the sharing of information on the NSLP with the counties. This means that participation in this project is voluntary for the schools. Based on the NSLP application information, some children can temporarily enroll in Medi-Cal until the county Medi-Cal staff can make a full eligibility determination.

By following a simplified income eligibility process, the schools will have the responsibility for determining children's temporary eligibility in Medi-Cal. This process is called "Express Enrollment." Schools participating in the NSLP will be able to determine income eligibility for a child under the Federal Poverty Level (FPL) programs. Express Enrollment is a voluntary program for schools. If a school chooses to participate in sharing the information on the NSLP application with the county, the school must use a



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modified NSLP application and enter into a Memorandum of Understanding (MOU) with their county Medi-Cal office.

After the schools make the Express Enrollment determination, they will forward the information on the NSLP application along with the Express Enrollment determination to the county Medi-Cal office. Counties will take the necessary steps to finalize the Express Enrollment process and complete program requirements for enrolling the child into the Medi-Cal program.

As of May 2003, five school districts are participating in this project. These schools are within the following counties: Los Angeles, San Diego, Santa Clara, San Mateo and Fresno. In the event that more schools decide to participate, the counties must follow the procedures in this letter to make a Medi-Cal determination with the NSLP application information and supplemental form.

WHAT IS THE NATIONAL SCHOOL LUNCH PROGRAM?

The United States Department of Agriculture's (USDA) NSLP provides reimbursement to non-profit "sponsors" who serve meals/milk to children in kindergarten through grade twelve. Children who meet certain NSLP income requirements can receive these meals at a free or reduced price.

In California, the California Department of Education (CDE) administers the NSLP. In April each year, CDE sends out NSLP application prototypes to schools. Schools are encouraged to use these prototypes, but may choose to design their own format, as long as their application contains the required elements and is approved by CDE prior to use. The schools send the NSLP application to families, usually with their school enrollment packets.

Families must complete, sign, and return the NSLP application to the child's school for an eligibility determination in the NSLP. Income is self-declared and no income documentation is required at initial application. Schools are required to notify the family of the child's NSLP eligibility or denial within ten calendar-days of receipt of the application.

The NSLP provides either free or reduced price meals based on the self-declaration of income stated on the application. Free meals are granted to children based upon household size and income that does not exceed 130 percent of the FPL. Reduced

price meals are granted to children between 130 percent and 185 percent of the FPL based on household size and income.

WHAT IS EXPRESS ENROLLMENT AND WHO IS ELIGIBLE?

The Express Enrollment process begins with the school making a determination of presumptive eligibility for certain children using information provided on the NSLP application. It ends with the counties file clearance and potential Medi-Cal Eligibility Data System (MEDS) enrollment.

Express Enrollment is temporary, expedited health care coverage for children up to age 19, who receive free meals through the NSLP and who attend one of the participating schools.

In order to be considered for Express Enrollment, a parent/caretaker must consent to the sharing of personal and financial information contained in the modified NSLP application with the Medi-Cal program.

Using a formula, schools will determine whether the child meets the income requirements for Express Enrollment. A determination of eligibility will initiate the child's Express Enrollment in no-cost, fee-for-service, full-scope health coverage. The determination made and information on the NSLP application will be transmitted to the county Medi-Cal office which will report the application and school determination into the MEDS, enabling quick access to health benefits. The modified NSLP application and its supplements will serve as a complete Medi-Cal application requiring action by the county to determine Medi-Cal program eligibility. Reporting the application and the school determination into MEDS is explained in the MEDS section of this ACWDL.

Children who are found to be already receiving Healthy Families Program (HFP) benefits or Medi-Cal benefits through an active case in Medi-Cal-Only, California Work Opportunity and Responsibility for Kids (CalWORKs) or Supplemental State Income (SSI), will not be eligible for Express Enrollment.

COORDINATION AMONG COUNTIES AND SCHOOLS – MEMORANDUM OF UNDERSTANDING (MOU).

A school district that chooses to participate in the sharing of information on the NSLP application with the county must enter into a Memorandum of Understanding (MOU)

with the county. The requirements for the MOU are in Education Code section 49557.2(b)(2). That section requires the MOU to set forth the roles and responsibilities of each agency and the processes to be used in sharing the information. In developing the MOU, counties and school districts should clearly state the confidentiality provisions for the sharing of the NSLP application information, the purpose and scope of the agreement, the authority by which the agreement is allowed, and the methods and timeframes by which the school district will share the NSLP application information. The Department of Health Services (DHS) has developed a prototype MOU (Attachment A). The counties and schools may modify the MOU to meet specific needs.

The sharing of information begins with the consent of the parent or caretaker. Parent/caretaker consent allows the school district to share information from the NSLP application with the county for the purpose of determining Medi-Cal eligibility. Sharing of such information will be limited to the administration of the Medi-Cal program. Once the county Medi-Cal office receives information from the school districts, the sharing of information ends.

Since school district participation in sharing the NSLP application information with the counties is voluntary, school districts may, at any time, contact their county coordinator for information on this program or to begin the MOU development process. School districts have been provided with a county contact list for this use (Attachment B). Counties are not obligated to contact the school districts to ask for their participation; however, such contact is encouraged.

ROLE OF THE SCHOOLS

The school has sole authority to determine Express Enrollment eligibility. Acting under this authority, participating schools will use a modified NSLP application and perform specific Express Enrollment determination functions.

Required Modifications To The NSLP Application

Schools that choose to participate in the sharing of information on the NSLP with the counties must use a modified NSLP application. The modified NSLP application asks for the necessary information for the school to make an Express Enrollment determination as well as allowing it to be used as a Medi-Cal application, as supplemented. The NSLP application must be modified to include:

- The child's birth date.
- The child's income.

- The relationship to the child of all household members to allow the determination of family size and countable income.
- The income and family size of Food Stamps and Food Distribution Program on Indian Reservation (FDPIR) recipients.
- A signature line for the parent/caretaker to provide signed consent to the sharing of information in the NSLP form for Medi-Cal determination purposes.
- A signature under penalty of perjury statement. (Combined with the consent to share the information.)

Express Enrollment Determination

Once the school receives the NSLP application, they will first process it to determine eligibility for the school lunch program. When a participating school determines that a child is eligible for free lunches and the application includes parental/caretaker consent for a Medi-Cal determination, the school will complete an Express Enrollment determination, using the process described in Attachment C.

Schools will certify the children who meet the Medi-Cal income criteria under the age appropriate FPL program, as being eligible for Express Enrollment. Children whose NSLP application lacks sufficient information for the schools to make a determination and applications exceeding the income limits are not eligible for Express Enrollment. Regardless of the Express Enrollment determination, NSLP applications approved for free lunches that have parental/caretaker consent, will be forwarded to the counties for a Medi-Cal eligibility determination.

Notification To Parent/Caretaker and County

Pursuant to federal provisions under Title 42, Code of Federal Regulations, Section 435.1102, the schools, as the Express Enrollment determining entity, must notify the child's parent or caretaker of the Express Enrollment determination. Notification must be made at the time of determination. DHS has provided suggested language for this notification (Attachment D).

Additionally, schools will share the NSLP application information and notify the county within five working days of the school's Express Enrollment determination.

Special Circumstances

Provisional Schools:

A provisional school is eligible to receive free school lunches for the entire student body. When economic data for the specific area finds that a high percentage of students are within the free NSLP FPL limits, the school is allowed a four year waiver from families

completing NSLP applications. Unless the economic data changes, a four-year extension may be granted. Provisional schools cannot offer a NSLP application during their provisional period; therefore provisional schools cannot participate in Express Enrollment.

Categorical Eligibility:

Categorical eligibility is student specific. When the NSLP application indicates that the child is a recipient of CalWORKs, Food Stamps or FDPIR, eligibility for free school lunches can be established.

Categorically eligible applicants are directed to skip the portion of the NSLP application that gathers the income and household members information. Because this information is necessary for Express Enrollment, the modified NSLP will seek the information by asking the parent/caretaker to declare the family size and income if that section of the application was not completed.

ROLE OF THE COUNTIES

Schools will forward the NSLP application to the county Medi-Cal office within five working days of the Express Enrollment eligibility determination. By that time, the parent/caretaker will have received the school determination notice; however the enrollment into the MEDS has not yet occurred. Counties, as the secondary critical step in the Express Enrollment process, must act upon the NSLP applications quickly and complete the MEDS enrollment within five working days of receipt of the NSLP application information.

Express Enrollment Process

Counties will receive the NSLP applications from the schools with a determination of Express Enrollment. In some instances, the school will determine that the application does not have sufficient information to make a determination. Regardless of the information stated on the NSLP application or the Express Enrollment determination made, the county cannot make a separate determination for Express Enrollment eligibility, even if the county disagrees with the school's determination. The county can only reverse the school's decision when the file clearance shows that the child is already enrolled in the HFP or Medi-Cal program.

Upon receipt of the modified NSLP application from the school, the county will complete a file clearance in MEDS and in county-maintained computer systems. As indicated above, children who are already enrolled in the HFP or Medi-Cal will not be eligible for Express Enrollment. If the county receives a modified NSLP application and determines

that the child is already enrolled in the Medi-Cal program, the parent/caretaker shall be contacted to inform them of the child's eligibility status.

Children certified by the school as Express Enrollment eligible, who are not currently enrolled in the HFP or Medi-Cal, shall be issued Medi-Cal benefits through MEDS under new Aid Code 7T. The date of application for Express Enrollment purposes will be the date the school determined eligibility. (Please see the MEDS section of this ACWDL for detailed instructions for reporting and enrolling eligible children.)

Children who receive free lunches and whose applications either are not certified by the school as eligible for Express Enrollment or whose application after the county's file clearance shows active status in the HFP shall have their applications processed under the current Medi-Cal processing timeframe.

WHAT'S NEW BECAUSE OF EXPRESS ENROLLMENT?

NSLP Application (Attachment E): A modified NSLP application approved for free lunches with signed parent/caretaker consent to share the application information with the Medi-Cal program will serve as an application for Express Enrollment and Medi-Cal when received from a participating school. The NSLP application, supplemented by disclosures, including the rights and responsibility and privacy notices, serves as a complete Medi-Cal application as supplemented, eliminating the need for a Medi-Cal Statement of Facts form (MC 210).

Aid Code 7T: This aid code will be used for all children determined eligible for Express Enrollment. This aid code provides fee-for-service full-scope benefits and is a temporary aid code until the Medi-Cal determination has been completed.

Aging Alerts: MEDS will produce optional monthly alerts on the MEDS Renewal Alert Report plus a monthly aging report to reflect the time an express-enrolled applicant remains in Ad Code 7T. The aging reports will be provided to counties and DHS. Counties shall ensure effective use of this tool and act upon any 7T eligibles exceeding a two-month enrollment period.

Notice and Supplemental Form for Express Enrollment applicants (MC 368): This form includes a check box indicating the child's Express Enrollment status and serves as a request for additional information necessary to complete the Medi-Cal enrollment. (Attachment F)

Important Information For Medi-Cal Applicants (MC 368 Attachment): This form provides the applicant with notice of his/her Rights, Responsibilities and Declarations, the Medi-Cal Confidentiality Notice and the Medi-Cal Privacy Notice. (Attachment G)

Self-Declaration of Income: The modified NSLP application will serve as income documentation for determining Medi-Cal eligibility of a child who was enrolled via the Express Enrollment process. Income documentation requirements will be required for other family members seeking enrollment. Additionally, documentation may be required when a discrepancy in reported income is found. Verification of income for applicants will take place through the normal Income and Eligibility Verification System (IEVS).

Transition Notice - Express Enrolled Applicants: There are no fair hearing rights or notice of action (NOA) requirements during the Express Enrollment period. However, once the county makes a complete eligibility determination, the county shall send an appropriate NOA approving or denying the application, and that determination shall be subject to fair hearing rights. The NOA used to inform the family of the Medi-Cal determination should include language explaining the transition from Express Enrollment to Medi-Cal. DHS has developed suggested language. (Attachment H.)

COUNTY PROCESS TO COMPLETE THE MEDI-CAL DETERMINATION

As the modified NSLP application serves as a Medi-Cal application as supplemented, counties must treat the receipt of the NSLP application as a request for a Medi-Cal determination. Counties must provide the family with all information currently required for new applicants and request necessary information to complete an accurate Medi-Cal determination. Express-enrolled children shall remain in Aid Code 7T until a Medi-Cal determination is completed.

When the required documentation/forms are received, counties will determine eligibility for no-cost Medi-Cal and if so, approve the applicant's eligibility under the appropriate existing FPL aid codes.

➤ Medi-Cal Date of Application

The date of application for Medi-Cal purposes will be the date the NSLP application is received by the county. As with other Medi-Cal applications, the 45-day process to make a determination begins the date the county receives the NSLP application.

➤ **Request for Information**

The county will send the Notice and Supplemental Form for Express Enrollment applicants (MC 368) which serves a dual purpose. It will notify the family of the child's Express Enrollment status and will request additional information necessary to complete the Medi-Cal enrollment.

Since initial focus is the enrollment of the applicant child, the request for information is limited to necessary information to determine eligibility under an asset waiver FPL program.

Declaration of Citizenship /Immigration Status

There are no requirements to gather citizenship or immigration status information for Express Enrollment eligibility. However, as part of a Medicaid application, federal law does require a declaration of citizenship/immigration status of all persons seeking Medi-Cal coverage. The MC 368 has been designed to gather the required declaration directly on the form. Therefore, families completing the MC 368 are not required to complete an MC 13 for the applicant child.

Applicant Notification Requirements

Children applying for Medi-Cal through the NSLP application process are Medi-Cal applicants and must be provided with their Rights, Responsibilities and Declarations, Privacy Notice, and Confidentiality Notice. Currently, Medi-Cal applicants use the MC 219 to comply with these requirements. However, the Important Information for Medi-Cal Applicants (MC 368 Attachment) has been designed specifically for children applying through the NSLP application process and must be used in lieu of the MC 219 form. Counties must send the family the MC 368 Attachment form when the initial Medi-Cal packet is sent to the family.

Other Health Coverage (OHC)

There are no requirements to gather OHC information in order to determine eligibility in Express Enrollment. However, OHC information is necessary to complete the Medi-Cal enrollment process. Counties must send the Health Insurance Questionnaire (DHS 6155) when the initial Medi-Cal packet is sent to the family. Current policy applies.

Medical Support Enforcement

There are no requirements to gather medical support enforcement in order to determine eligibility in Express Enrollment. Current policy applies for medical support enforcement information necessary to complete the Medi-Cal enrollment process.

California Residency

W&I Code 14005.41 provides for counties to accept documentation of enrollment for free meals under the NSLP as sufficient documentation of California residency for the applicant child for the purposes of the Medi-Cal program.

Documentation Of Income

The self-declaration of income on the modified NSLP application shall serve as income documentation for determining Medi-Cal eligibility of the applicant child.

Documentation of income will be required when:

- a change is reported during or after the Medi-Cal determination,
- IEVS discrepancies need clarification,
- retroactive coverage is requested,
- income was not reported on the NSLP application, or
- other family members request Medi-Cal.

Should counties encounter other situations where it is unclear whether documentation should be requested, we recommend seeking DHS guidance.

Documentation For Allowable Income Deductions

Unlike Medi-Cal, the NSLP does not allow for any income deductions; therefore the NSLP application does not request such information. Due to this difference, a child may appear ineligible for no-cost Medi-Cal because deductions were not considered and the family income exceeded FPL income.

Income deductions may bring the family income at or below the FPL limits. Therefore, when a child is determined ineligible for Express Enrollment due to excess family income, counties shall request information about and documentation of allowable deductions for Medi-Cal purposes in order to complete the Medi-Cal eligibility determination. However, as stated above, the county cannot make a separate Express Enrollment determination on the basis of any new information.

Income deduction documentation is voluntary on the part of the parent/caretaker. However, deductions will not be allowed to reduce the family's reported income, if the documentation is not provided.

The standard work deduction of up to \$90 will be allowed when the self-declared income reported on the NSLP application is identified as earned income, verified through IEVS or through income documentation.

➤ **Medi-Cal Determination**

While the process by which a child can enroll in Medi-Cal through the NSLP is new, the requirements for a timely and accurate Medi-Cal eligibility determination have not changed, including the timeframes given for the submission of forms and verifications. The county must first review the applicant child's eligibility under the FPL programs. However, when a family provides sufficient information to assess eligibility under all Medi-Cal programs (e.g., because other family members are applying), counties must review the potential for eligibility beginning with Section 1931(b).

Completed Medi-Cal Enrollment: When the enrollment process has been completed and a child is found eligible for no-cost Medi-Cal, the county shall approve the child's eligibility under the appropriate FPL program aid code and issue the appropriate NOA.

When the Medi-Cal determination concludes that the child is not eligible for no-cost Medi-Cal, the child shall be denied eligibility, sent a NOA and provided with information regarding the Healthy Families Program.

Incomplete Medi-Cal Enrollment: Counties shall follow current policy when an applicant does not provide the requested information/forms. The county shall deny Medi-Cal benefits for the applicant child and issue the appropriate denial NOA.

Transitioning Language: Counties may use current NOAs to inform families of the Medi-Cal determination. However, DHS suggests including additional language informing families of their child's transition between Express Enrollment and Medi-Cal. (Attachment H)

Dual Eligibility on MEDS: During the transition between Express Enrollment and Medi-Cal enrollment, dual eligibility (eligibility under both aid codes) will show on MEDS.

Children with dual eligibility on MEDS with contradicting scope of benefits during overlapping months (e.g., 7T [full-scope] and 58 [restricted]) are entitled to receive medical services through the most beneficial coverage (7T, full-scope).

Continuous Eligibility for Children (CEC) and Bridging: The Express Enrollment period is not considered a Medi-Cal determination but provides a temporary period of benefits because of the likelihood that the child may be Medi-Cal eligible upon completion of a full Medi-Cal determination. Therefore, children enrolled through the

Express Enrollment process must complete the enrollment requirements and have their eligibility determined for no-cost Medi-Cal before being eligible for CEC or Bridging.

➤ **Enrollment of Family Members**

Since the NSLP application will be used in lieu of the MC 210, a request for a Medi-Cal eligibility determination for additional family members shall not require the completion of an MC 210. The "Additional Family Members Requesting Medi-Cal" form (MC 321 HFP-AP) shall be used to gather the necessary information for the additional family members when a request for Medi-Cal benefits has been made either orally or in writing.

A request for a Medi-Cal determination of other family members will begin with a review for Section 1931(b) eligibility. All necessary documentation and requirements must be met. This review will take into account Section 1931(b) eligibility for the NSLP applicant child as well.

FPL enrollment for an eligible child or pregnant woman shall not be delayed due to pending information/documentation regarding property or for other requirements related to the eligibility of other family members.

➤ **Retroactive Eligibility**

A request for retroactive eligibility shall require the parent/caretaker to complete an MC 210A, "Request For Retroactive Medi-Cal Eligibility". Counties shall follow current policy for retroactive Medi-Cal requests, including income documentation for the requested months. Retroactive months are based on the date the NSLP application was received by the Medi-Cal office. There is no retroactive eligibility for Express Enrollment.

➤ **Annual Redeterminations**

There are no changes to the annual redetermination process for Medi-Cal beneficiaries whose Medi-Cal determination was initiated through use of an NSLP application.

The use of the NSLP application is strictly for an initial Medi-Cal determination. Annual redeterminations will require the current Medi-Cal redetermination process, forms and verifications.

MEDS

Reporting NSLP Express Enrollment Applications To MEDS

Use of the AP 18 MEDS transaction to report NSLP application received through the Express Enrollment process will provide detailed tracking of the application and automated Express Enrollment into MEDS.

The AP18 will be used to:

- ✓ report the date the school made the Express Enrollment determination,
- ✓ report the Express Enrollment determination made by the school,
- ✓ report the date the NSLP application was received by the county,
- ✓ report NSLP applications denied due to active Medi-Cal status, and
- ✓ automatically trigger NSLP Express Enrollment eligibility on MEDS when appropriate.

Several unique requirements apply to the fields included on an AP18 transaction for reporting the NSLP application as a Medi-Cal application to MEDS:

- The "APPLICATION DATE" field must be the date the county received the NSLP application.
- The "APPLICATION-FLAG" field must be "P" (Indicating a pending Medi-Cal application).
- The "RECV-REF" field must be "SL" (indicating that the application originated with the school lunch program).
- The "APP- STATUS" field must reflect the school's determination of temporary eligibility for Medi-Cal eligibility under the Express Enrollment process:
 - "T" indicating eligible
 - "V" indicating ineligible
 - "U" indicating undetermined
- The "APP-STATUS-DATE" field must reflect the date the school made the Express Enrollment determination.
- A nine character field will be available for counties to use to identify the district and school submitting the application. (Changes currently underway for the Child Health and Disability Prevention [CHDP] Gateway will involve adding a Provider Identification [ID] to the AP18 transaction to identify the entity that made the determination of temporary eligibility for Medi-Cal. Since the use of this field for reporting will be specific to NSLP applications within a specific county, each county may assign any combination of up to nine letters and numbers to identify the specific districts/schools within their county that will be participating in this program.)
- The School ID will be reported in the new Provider ID field being added to the MEDS AP18 transaction. (The AP18 screen will be revised sometime this summer to add the Provider ID field.)

- The online AP18 screen does not include mailing address (pending revision currently underway). As an interim measure, counties using the online AP18 screen will need to do an additional transaction for children who do not have a residence address to which mail can be sent (e.g., homeless) and who do not already have a Benefits Identification Card (BIC). In order to report a valid mailing address for issuance of the BIC, counties will need to do an EW12 transaction on the day following the AP18. Once the online AP18 screen is revised, both addresses will be reportable via the AP18 screen.

MEDS and 7T Eligibility

When an AP18 reports that a school determined that a child should be temporarily eligible for Medi-Cal and MEDS does not show Medi-Cal or Healthy Families eligibility for that child, MEDS will automatically establish eligibility under aid code 7T beginning in the month that the school made the eligibility determination.

- Eligibility under aid code 7T will be stored in the new **ACCEL** segment on MEDS.
- The governmental responsibility code for these records will be "1"(indicating county controlled).
- Aid code 7T eligibility will continue until MEDS receives an update reporting Medi-Cal eligibility for the child or the county reports a denial (AP34) of the Medi-Cal application. Once a Medi-Cal determination is made, Medi-Cal eligibility is reported by the county just as for any other applicant (EW20).
- When eligibility or denial of the application is reported to MEDS, MEDS will terminate the aid code 7T eligibility with one of two termination reasons:
Application Determined – Denial Reported (**A1**), **or**
Application Determined – Eligibility Reported (**A2**).
- When a denial is reported, the 7T termination date displayed on MEDS will be the denial date from the AP34 transaction.
- When Medi-Cal eligibility is reported, the 7T termination date displayed on MEDS will be the eligibility approval date, if reported, or otherwise the date the eligibility transaction posted to MEDS. 7T eligibility will end the last day of that month.
- Individuals showing aid code 7T eligibility on MEDS will be included on the monthly Exception Eligibles Report that is currently being developed for tracking and ensuring that timely determinations are made for individuals with accelerated enrollment eligibility.
- Aid code 7T will be added to the list that generates the two related optional MEDS Renewal messages:
Message 9545 ACCELERATED ENROLLMENT ELIG – CHECK APPLICATION STATUS is generated at the end of the first month when eligibility is continuing into MEDS Renewal month.

Message 9546 OVER 2 MONTHS ACCEL ENROLL – APP DETERMINATION OVERDUE is generated at the end of the second and subsequent months when eligibility is continuing into MEDS Renewal month.

In conclusion, DHS thanks all persons who were involved in the policy development of this unique process. Implementation has been developed through state collaboration with various county, school and advocacy group staff. Special thanks to the AB 59 Workgroup and the AB 59 Task Group, who were instrumental in identifying and resolving many issues. Working together, we can ensure that implementation of Express Enrollment will provide health care access to children who might otherwise remain uninsured.

Should counties have any questions regarding Express Enrollment, please contact Ms. Tanya Homman of my staff at (916) 657-1469, thomman@dhs.ca.gov.

ORIGINAL SIGNED BY

Beth Fife, Chief
Medi-Cal Eligibility Branch

Enclosure

ATTACHMENT A

PROTOTYPE MEMORANDUM OF UNDERSTANDING NATIONAL SCHOOL LUNCH PROGRAM INFORMATION SHARING AGREEMENT

I. PURPOSE AND SCOPE

Whereas the school within the school district that enters into this Memorandum of Understanding (MOU) has chosen to act as a qualified entity for the purposes of making a determination of presumptive Medi-Cal eligibility based on information in the National School Lunch Program (NSLP) application as referenced in Attachments A and B, this MOU shall set forth the roles and responsibilities of each agency and the process to be used in sharing the information on the NSLP application.

II. AUTHORITY

Education Code section 49557.2(b)(1) provides that the school districts or county superintendent may implement a process to share information that is provided on the NSLP application with the local agency that determines eligibility under the Medi-Cal program if the applicant consents to that sharing of information. Each school district or county superintendent that chooses to share the information on the NSLP application shall enter into a Memorandum of Understanding with the local agency that determines Medi-Cal eligibility that sets forth the roles and responsibilities of each agency and the process to be used in the sharing of information.

III. ROLES AND RESPONSIBILITIES

In conjunction with the activities described in Attachment B, (Insert Name of School District or County Superintendent) will:

Use a modified NSLP application that includes; the child's birth date, the child's income, the relationship to the child of all household members, the income and family size of Food Stamps and Food Distribution Program on Indian Reservation (FDPIR) recipients, signature line for the signed consent to the sharing of information and signature under penalty of perjury statement.

Inform the parents/guardians of NSLP applicants about disclosures and uses of information on the NSLP application for the purpose of making a Medi-Cal determination.

Provide the parents/guardians of NSLP applicants with an opportunity to choose whether or not information on the NSLP application may also be used to initiate the Medi-Cal eligibility process described in Welfare and Institutions Code section 14005.41.

For the purpose of making a Medi-Cal determination, disclose eligibility information on the NSLP application only to the local agency that determines Medi-Cal eligibility.

In regard to applicants who have consented to the sharing of information on the NSLP application with the local agency that determines Medi-Cal:

Within five working days after making the determination described in Attachment B, the school district shall forward the results of that determination along with the information on the NSLP application to the local agency that determines Medi-Cal.

Additional responsibilities of (Insert the name of the School District or County Superintendent) are as follows:

(LEAVE BLANK OR INSERT LINES)

(Insert Name of County Agency) will:

Ensure that only the the local agency that determines Medi-Cal eligibility and persons who are directly connected with the administration or enforcement of the Medi-Cal program and whose job responsibilities require use of the eligibility information will have access to children's NSLP application eligibility information.

Use information on the NSLP application for the specific purpose of making an eligibility determination for the Medi-Cal program and only to the extent that the information is necessary for the administration of the Medi-Cal program.

Ensure that no disclosure shall be made except for the purposes related to the administration of the Medi-Cal program and under circumstances designed to prevent unauthorized disclosure or use other than for such purposes. The penalties for unauthorized disclosure of information on the NSLP application are described in Section VI.

IV. PROCESSES

(Insert the name of the School District or County Superintendent) will use the following procedures to transfer information on the NSLP application to the local agency determining Medi-Cal eligibility. (Examples include methodology, frequency of mailings, contact staff at the school district level and the county level, etc.)

(Insert name of the County Agency) will use the following procedures when receiving information on the NSLP application from the school district or county superintendent.

V. EFFECTIVE DATES

This agreement shall be effective from _____ to _____

VI. PENALTIES

The parties acknowledge that unauthorized use of information on the NSLP application may result in civil and criminal penalties under federal and state law, including such penalties as described at 42 United States Code section 1758(b)(2)(C)(iii)(IV) and California's Welfare and Institutions Code section 14100.2.

VII. SIGNATURES

The parties identified below acknowledge that they have authority to enter into this Memorandum of Understanding and agree to its terms.

County Agency Program Administrator

Printed Name: _____
Title: _____ Phone: _____
Signature: _____
Date: _____

School District Administrator

Printed Name: _____
Title: _____ Phone: _____
Signature: _____
Date: _____

MOU - Attachment A

A notification is required by federal law, and requires that the determining entity send a notification.

Prototype Notice of Express Enrollment Determination:

Our school is part of the Express Enrollment Program. The program lets schools approve temporary no-cost health coverage for children who get free lunches. On _____ your child _____ was:

☐ **Approved to get Express Enrollment no-cost Medi-Cal.**

If your child does not already have Medi-Cal or Healthy Families Program benefits and does not already have a California Benefits Identification Card (BIC), you will soon receive a BIC in the mail for your child. You can use the BIC to see a doctor. We will send the information you gave us on your School Meals application form to your county Medi-Cal office. Your child will keep getting no-cost Medi-Cal until your county worker can complete a review of the School Meals form and let you know what information is needed to continue Medi-Cal benefits.

To keep your child's Medi-Cal you must give the (County, worker) the information he or she needs to find out if your child is still eligible. If you do not give the worker this information, your child's temporary Medi-Cal will be stopped.

☐ **Not approved to get Express Enrollment no-cost Medi-Cal because:**

☐ **There was not enough information on the application**

☐ **Your family's income was too high for Express Enrollment no-cost Medi-Cal**

Although your child will not be able to get Medi-Cal right away, we will send the information you gave us on the School Meals form to your county Medi-Cal office. The County worker will review the School Meals form and will let you know what information is needed to find out if your child is eligible for Medi-Cal.

MOU - Attachment B

The Department of Health Services has requested modifications to the school lunch application to reflect the minimum information necessary for schools to make an Express Enrollment determination for the Medi-Cal program.

Follow these steps to determine if the child applying through the NSLP application is eligible for Express Enrollment:

Step 1: Is the child eligible for free lunches?

If yes, go to Step 2. If no, do not proceed.

Step 2: Does the application have a parent's or caretaker's signed consent for Medi-Cal?

If yes, go to Step 3. If no, do not proceed.

Step 3: What is the family size?

The application should include a column where the relationships of the household members to the child applicant will be identified. Identify the children and adults on the application that belong to the same family. For the purpose of Medi-Cal the following are considered family members of the child applicant.

His/her brothers/sisters and stepbrothers/sisters.

His/her parents and stepparents

His/her spouse

Step 4: What is the applicant child's income, the income of the responsible parent(s) and/or of the spouse?

A responsible parent is the birth or adoptive parent(s) who resides with the child. The income of siblings, step siblings or step parents is not counted. If the only income shown is that of other household members, total income will be \$0.

Step 5: What is the child's age?

Staff will determine whether the child is less than 1 year old, 1-5 or 6-18 years of age.

Step 6: Is the child income eligible for Express Enrollment?

Now that the family size and the countable income are known, look at the income chart below. Use the income limit chart based on the age of the child for whom Express Enrollment is being determined.

CHILDREN UP TO THESE INCOME LIMITS WILL RECEIVE EXPRESS ENROLLMENT Effective April 1 st , 2003			
Child's Age	6-18	1-5	<1
FPL Limits	100%	133%	200%
# of Persons	Monthly(\$)	Monthly (\$)	Monthly (\$)
1	749	996	1497
2	1010	1344	2020
3	1272	1692	2544
4	1534	2040	3067
5	1795	2388	3590
6	2057	2736	4114
7	2319	3084	4637
8	2580	3432	5160
9	2842	3780	5684
10	3104	4128	6207
For each addtn'l member add:	262	349	524

(The income limits are updated by the federal government every year, effective April 1st. Please ensure that school staff use the appropriate tables.)

Step 7: I evaluated for Express Enrollment, now what do I do?

- Express Enrollment Eligible: Notify the applicant of both the determination made and that the NSLP application is being forwarded to the county Medi-Cal office. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the Memorandum of Understanding (MOU).
- Not Express Enrollment Eligible: Notify the applicant of both the reason for the determination and that the NSLP application is being forwarded to the county Medi-Cal office for a Medi-Cal determination. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the MOU.
- Express Enrollment could not be determined: Notify the applicant of both the reason for the determination and that the NSLP application is being forwarded to the county Medi-Cal office for a Medi-Cal determination. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the MOU.

The following examples will help staff with computations for the purpose of Express Enrollment determination.

EXAMPLE #1:

Applicant:	Sam Miller (age 5)	\$0
Mother:	Sandy Brown	\$650.00 per month
Sister:	Elsa Miller	\$50.00 per month
Step Brother:	Marvin Brown Jr.	\$0
Step Father:	Marvin Brown Sr.	\$450.00 per month

Since a Medi-Cal determination has been requested, school staff will count only the family members (and not other persons living in the house) to determine the size of the family (Sam, Sandy, Elsa, Marvin Jr. and Marvin Sr. = 5). School staff will count only the declared income of the applicant child and the responsible parent(s) (Sandy \$650.00). Here we have a family of 5 with a declared gross monthly income of \$650.00. Since the child for whom Medi-Cal has been requested is 5 years old, the income limit will be obtained from the corresponding age chart for a family of 5. Currently, for this family size, the income limit is \$2388.00. This child is Express Enrollment eligible. School staff will identify Express Enrollment eligibility and will forward the information to the county Medi-Cal office following the process outlined in the MOU.

EXAMPLE #2:

Applicant:	Marsha Moore (age 7)	\$0
Mother:	Carol Moore	\$1500.00 per month
Sister:	Cindy Moore	\$ 250.00 per month
Cousin:	Albert Connor	\$0
Aunt:	Mandy Connor	\$0

Since a Medi-Cal determination has been requested, school staff will count only the family members (and not other members living in the house) to determine the size of the family (Marsha, Carol and Cindy = 3) and will count only the declared income of the applicant child and the responsible parent(s) (Carol \$1500.00). Here we have a family of 3 with a declared gross monthly income of \$1500.00. Since the child for whom Medi-Cal has been requested is 7 years old, the income limit will be obtained from the corresponding age chart for a family of 3. Currently, for this family size, the income limit is \$1272.00. This child is not Express Enrollment eligible. School staff will identify no Express Enrollment eligibility and will forward the information to the county Medi-Cal office following the process outlined in the MOU.

ATTACHMENT B

NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST

<u>California Department of Health Services</u>	
Medi-Cal Eligibility Branch 1501 Capitol Avenue P.O. Box 942732 Sacramento, CA 94234-7320	Tanya Homman, Policy Analyst thomman@dhs.ca.gov
Alameda County Ada Lillie, Staff Services Analyst Social Services Agency 1106 Madison St., Suite 307 Oakland, CA 94067 (510) 267-9428 fax alillie@co.alameda.ca.us	Alpine County Regina Britschgi, Eligibility Worker III Health and Human Services 75 A Diamond Valley Road Markleeville, CA 96120 (530) 694-2252 fax rbritschgi@isaws.cahwnet.gov
Amador County Margie Straus Department of Social Services 1003 Broadway Jackson, CA 95642 (209) 223-6208 fax mstrauss@co.amador.ca.us	Butte County Art Sanderson, Program Manager Department of Employment and Social Services P.O. Box 1649 Oroville, CA 95965 (530) 879-3468 fax asanderson@dsw.ncen.org
Calaveras County Sydney Prest, Staff Services Analyst Calaveras Works and Human Services Agency 509 e. Saint Charles Street San Andreas, CA 95249 (209) 754-4536 fax sprest@co.calaveras.ca.us	Colusa County Kay Sharpe, Program Manager Department of Health and Human Services 251 East Webster Street Colusa, CA 95932 (530) 458-0335 fax ksharpe@colusadhhs.org
Contra Costa County Sandy Baldwin, Medi-Cal Program Analyst Employment and Human Services Department 40 Douglas Drive Martinez, CA 94553 (925) 313-1758 fax sbaldwin@ehsd.co.contra-costa.ca.us	Del Norte County Rhonda Stowe Department of Health and Social Services 880 Northcrest Drive Crescent City, CA 95531 (707) 465-1783 fax rstowe@isaws.cahwnet.gov
El Dorado County Edward Zylman, Program Manager Department of Social Services 3057 Briw Rd. Placerville, CA 95667 (530) 626-9060 fax ezylman@co.el-dorado.ca.us	Fresno County Johnie Belford, Program Supervisor Human Services System 2589 N Air Fresno Drive, Suite 106 Fresno, CA 93721 (559) 455-0533 fax jbelford@fresno.ca.gov
Glenn County Becky Hansen, Program Manager Human Resources Agency P.O. Box 611 Willows, CA 95988-0611 (530) 934-6521 fax bhansen@ncen.org	Humboldt County Sue Oringer, Administrative Analyst II Department of Health And Human Services, Social Services Branch, Programs Unit 929 Koster Street Eureka, CA 95501 (707) 445-6096 fax soringer@co.humboldt.ca.us

ATTACHMENT B

NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST

Imperial County Judy Milan, Program Manager Department of Social Services 2995 S. 4 th St., Suite 105 El Centro, CA 92243 (760) 370-0492 fax judymilan@imperialcounty.net	Inyo County Sheri Snyder, Director of Eligibility and Employment Services Department of Social Services 912 North Main Street Bishop, CA 93514 (760) 872-4950 fax ssnyder@isaws.cahwnet.gov
Kern County Tony Lopez, Assistant Program Director Department of Human Services P.O. Box 511 Bakersfield, CA 93302 (661) 631-6898 fax lopezt@co.kern.ca.us	Kings County Aida Guzman, Program Specialist Human Services Agency 1200 South Drive Hanford, Ca. 93230 559-584-2749 fax aguzman@co.kings.ca.us
Lake County Ester Gould, Program Manager Department of Social Services P.O. Box 9000 Lower Lake, CA 95457 (707) 995-4204 fax egould@co.lake.ca.us	Lassen County Sharon Johnson, Medi-Cal Analyst Lassen WORKS & Social Services PO Box 1359 Susanville, CA 96130 (530) 251-8370 fax sjohnson@isaws.cahwnet.gov
Los Angeles County Lynn Kohoutek Department of Public social Services 12900 Crossroads Parkway South City of Industry, CA 91746 (562) 908-0593 fax lkohoutek@dpss.co.la.ca.us	Madera County Nancy Brice, Program Manager Department of Social Services P.O. Box 569 Madera, CA 93639-0569 (559) 675-7983 fax brice@mcdoss.net
Marin County Christine Ferguson Department of Health Services 3501 Civic Center Dr. San Rafael, CA 94903 (415) 499-6731 fax cferguson@marin.org	Mariposa County Becky Bradshaw, Program Assistant Department of Human Services P.O. Box 7 Mariposa, CA 95338 (209) 966-5943 fax bbradshaw@isaws.cahwnet.gov
Mendocino County Nancy Naumann Department of Social Services P.O. Box 8508 Ukiah, CA 95482 (707) 463-7859 fax naumannn@mcdss.org	Merced County Sylvia Laguna, Family Assistance Supervisor Human Services Agency P.O. Box 112 Merced, CA 95341 (209) 725-3583 fax slaguna@hsa.co.merced.ca.us
Modoc County Pat Wood, Eligibility Supervisor Department of Social Services 120 North Main Street Alturas, CA 96101 (530) 233-2136 fax email not available	Mono County Julie Timberman, Program Manager Department of Social Services 452 Old Mammoth Rd., 3 rd floor P.O. Box 2969 Mammoth Lake, CA 93546 (760) 924-5431 fax email not available

ATTACHMENT B

NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST

Monterey County Yvette Grimes Department of Social Services 1000 South Main St., Suite 208 Salinas, CA 93901 (831) 755-8408 fax ygrimes@redshift.com	Napa County Darleen Washburn, Program Evaluation Supervisor Health and Human Services Agency 2261 Elm Street Napa, CA 94559 (707) 253-6095 fax dwashbur2@co.napa.ca.us
Nevada County Michele Violet, Eligibility Supervisor Adult and Family Services P O Box 1210 Nevada City, CA 95959 (530) 265-7062 fax michele.violet@co.nevada.ca.us	Orange County Brenda Roa, Program Manager II Orange County Social Services Agency 888 N. Main St. Santa Ana, CA 92701 (714) 541-7706 fax brenda.roa@ssa.cogov.com
Placer County Jane Christensen, Medi-Cal Program Manager Health and Human Services 11519 B Avenue Auburn, CA 95603 (530) 889-7608 fax jchriste@placer.ca.gov	Plumas County Colleen Keller, Program Manager Department of Social Services 270 County Hospital Road, Suite 207 Quincy, CA 95971 (530) 283-6368 fax cyk@jps.net
Riverside County Susan Jeffries, Medi-Cal Program Specialist Department of Public Social Services Assistance Policy Development 4060 County Circle Dr. Riverside, CA 92503 (909) 358-3990 fax sjeffrie@riversidedpss.org	Sacramento County Jennifer Sipe, Medi-Cal Program Specialist Department of Human Assistance 2433 Marconi Ave. Sacramento, CA 95821 (916) 875-3591 fax sipej@saccounty.net
San Benito County Roberta Johnson Human Services Agency 1111 San Felipe Road, Suite 206 Hollister, CA 95023-3801 (831) 636-4180 fax email address unavailable	San Bernardino County Candice Karpinen Human Services Systems Program Development Unit 825 E. Hospitality Lane, 2 nd Floor San Bernardino, CA 92415-0079 (909) 383-9714 fax ckarpinen@hss.sbcounty.gov
San Diego County Roxanne Brown, Medi-Cal Program Specialist San Diego County Health and Human Services Agency 8840 Complex Dr., Suite 255 San Diego, CA 92123 (858) 492-2265 fax roxanne.brown@sdcounty.ca.gov	San Francisco County Wanda Jung, Program Manager Medi-Cal Health Connections Department of Human Services P.O. Box 7988 San Francisco, CA 94120 (415) 558-1977 fax wanda_jung@ci.sf.ca.us
San Joaquin County Rod Gaede, Medi-Cal Program Specialist Human Services Agency P.O. Box 201056 Stockton, CA 95201-3006 (209) 468-1828 fax rgaede@co.san-joaquin.ca.us	San Luis Obispo County Chris Haggie, Program Specialist Department of Social Services P.O. Box 8119 San Luis Obispo, CA 93403-8119 (805) 781-1846 fax chaggie@co.slo.ca.us

ATTACHMENT B

NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST

San Mateo County Mary Ann Tse, Human Services Manager Human Services Agency 400 Harbor Blvd., Bldg. B Belmont, CA 94402 (650) 595-7518 fax mtse@co.sanmateo.ca.us	Santa Barbara County Misty Bonner, Medi-Cal Program Analyst Department of Social Services 1100 W. Laurel Avenue Lompoc, CA 93436 (805) 737-7098 fax mbonner@co.santa-barbara.ca.us
Santa Clara County Alice Turney, Medi-Cal Program Coordinator Social Services Agency 333 West Julian Street San Jose, CA 95110 (408)975-4530 fax turneya@ssa.co.santa-clara.ca.us	Santa Cruz County Claudine Wildman, Division Director Human Resources Agency 1020 Emeline Ave. Santa Cruz, CA 95060 (831) 454-7506 fax (831) 454-4236 claudine.wildman@hra.co.santa-cruz.ca.us
Shasta County Penny Smith, Medi-Cal Program Coordinator Department of Social Services PO Box 496005 Redding, CA. 96049-6005 (530) 225-5087 fax psmith@co.shasta.ca.us	Sierra County Lori Wright Social Services P.O. Box 1019 Loyalton, CA 96118-1019 (530) 993-6767 fax lwright@isaws.cahwnet.gov
Siskiyou County Nadine Della Bitta, Program Manager Human Services 818 South Main Street Yreka, CA 96097-9905 (530) 841-2790 fax ndellabi@co.siskiyou.ca.us	Solano County Diana Perez, Medi-Cal Program Specialist Health and Social Services PO Box 5050 275 Beck Ave. Fairfield, CA 94533 (707) 432-3548 fax dperez@solanocounty.com
Sonoma County Kim Seamans, Program Planner Analyst Human Services Department PO Box 1539 Santa Rosa, CA 95402-1539 (707) 565-5353 fax kseamans@sonoma-county.org	Stanislaus County Kathy Harwell, Program Manager Community Services Agency PO Box 42 Modesto, CA 95355 (209) 558-2558 fax harwellk@mail.co.stanislaus.ca.us
Sutter County Denise Damm, Public Assistance Supervisor Department of Social Services P.O. Box 1535 Yuba City, CA 95992 (530) 822-7212 fax ddamm@co.sutter.ca.us	Tehama County Gene Myers, Program Manager Department of Social Services P.O. Box 1515 Red Bluff, CA 96080-3196 (530) 527-5410 fax myers@tcdss.org
Trinity County Marilyn Blackburn Health and Human Services Department P. O. Box 1470 #1 Industrial Parkway Weaverville, CA. 96093 (530) 623-1250 fax mblackburn@isaws.cahwnet.gov	Tulare County Alex Cantu, Medi-Cal/Food Stamps Unit Manager Department of Public Social Services 5957 South Mooney Blvd. Visalia, CA 93277 (559) 733-6896 fax acantu@tularehhsa.org

ATTACHMENT B

NATIONAL SCHOOL LUNCH PROGRAM COUNTY CONTACT LIST

Tuolumne County Rebecca Espino, Eligibility Supervisor Department of Social Services 20075 Cedar Rd. North Sonora, CA 95370 (209) 533-5714 fax respino@mlode.com	Ventura County Pat Judkins, Medi-Cal Program Administer County of Ventura Human Services Agency 505 Poli Street Ventura, CA 93001 (805) 652-7845 fax pat.judkins@mail.co.ventura.ca.us
Yolo County Esther Vasquez, Public Assistance Supervisor Department of Employment and Social Service 25 N. Cottonwood St. Woodland, CA 95695 (530) 661-2658 fax esther.vasquez@yolocounty.org	Yuba County Carol Newsom Department of Social Services P.O. Box 2320 Marysville, CA 95901 (530) 749-6281fax cnewsom@ychsa.org

ATTACHMENT C

EXPRESS ENROLLMENT INSTRUCTIONS FOR SCHOOL STAFF

The Department of Health Services has requested modifications to the school lunch application to reflect the minimum information necessary for schools to make an Express Enrollment determination for the Medi-Cal program.

Follow these steps to determine if the child applying for NSLP is eligible for Express Enrollment

Step 1: Is the child eligible for free lunches?

If yes, go to Step 2. If no, do not proceed.

Step 2: Does the application have a parent's or caretaker's signed consent for Medi-Cal?

If yes, go to Step 3. If no, do not proceed.

Step 3: What is the family size?

The application should include a column where the relationships of the household members to the child applicant will be identified. Identify the children and adults on the application that belong to the same family. For the purpose of Medi-Cal the following are considered family members of the child applicant.

His/her brothers/sisters and stepbrothers/sisters

His/her parents and stepparents

His/her spouse

Step 4: What is the applicant child's income, the income of the responsible parent(s) and/or of the spouse?

A responsible parent is the birth or adoptive parent(s) who resides with the child. The income of siblings, step siblings or step parents is not counted. If the only income shown is that of other household members, total income will be \$0.

Step 5: What is the child's age?

Staff will determine whether the child is less than 1 year old, 1-5 or 6-18 years of age.

Step 6: Is the child income eligible for Express Enrollment?

Now that the family size and the countable income are known, look at the income chart below. Use the income limit chart based on the age of the child for whom Express Enrollment is being determined.

ATTACHMENT C**EXPRESS ENROLLMENT INSTRUCTIONS FOR
SCHOOL STAFF**

CHILDREN UP TO THESE INCOME LIMITS WILL RECEIVE EXPRESS ENROLLMENT Effective April 1 st , 2003			
Child's Age	6-18	1-5	<1
FPL Limits	100%	133%	200%
# of Persons	Monthly(\$)	Monthly (\$)	Monthly (\$)
1	749	996	1497
2	1010	1344	2020
3	1272	1692	2544
4	1534	2040	3067
5	1795	2388	3590
6	2057	2736	4114
7	2319	3084	4637
8	2580	3432	5160
9	2842	3780	5684
10	3104	4128	6207
For each addtn'l member add:	262	349	524

(The income limits are updated by the federal government every year, effective April 1st. Please ensure that school staff use the appropriate tables.)

Step 7: I evaluated for Express Enrollment, now what do I do?

- **Express Enrollment Eligible:** Notify the applicant of both the determination made and that the NSLP application is being forwarded to the county Medi-Cal office. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the Memorandum of Understanding (MOU).
- **Not Express Enrollment Eligible:** Notify the applicant of both the reason for the determination and that the NSLP application is being forwarded to the county Medi-Cal office for a Medi-Cal determination. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the MOU.
- **Express Enrollment could not be determined:** Notify the applicant of both the reason for the determination and that the NSLP application is being forwarded to the county Medi-Cal office for a Medi-Cal determination. Within five working days of the determination, transfer the information on the NSLP application to the local agency that determines Medi-Cal according to processes defined in the MOU.

ATTACHMENT C

EXPRESS ENROLLMENT INSTRUCTIONS FOR SCHOOL STAFF

The following examples will help staff with computations for the purpose of Express Enrollment determination.

EXAMPLE #1:

Applicant:	Sam Miller (age 5)	\$0
Mother:	Sandy Brown	\$650.00 per month
Sister:	Elsa Miller	\$50.00 per month
Step Brother:	Marvin Brown Jr.	\$0
Step Father:	Marvin Brown Sr.	\$450.00 per month

Since a Medi-Cal determination has been requested, school staff will count only the family members (and not other persons living in the house) to determine the size of the family (Sam, Sandy, Elsa, Marvin Jr. and Marvin Sr. = 5). School staff will count only the declared income of the applicant child and the responsible parent(s) (Sandy \$650.00). Here we have a family of 5 with a declared gross monthly income of \$650.00. Since the child for whom Medi-Cal has been requested is 5 years old, the income limit will be obtained from the corresponding age chart for a family of 5. Currently, for this family size, the income limit is \$2388.00. This child is Express Enrollment eligible. School staff will identify Express Enrollment eligibility and will forward the information to the county Medi-Cal office following the process outlined in the MOU.

EXAMPLE #2:

Applicant:	Marsha Moore (age 7)	\$0
Mother:	Carol Moore	\$1500.00 per month
Sister:	Cindy Moore	\$ 250.00 per month
Cousin:	Albert Connor	\$0
Aunt:	Mandy Connor	\$0

Since a Medi-Cal determination has been requested, school staff will count only the family members (and not other members living in the house) to determine the size of the family (Marsha, Carol and Cindy = 3) and will count only the declared income of the applicant child and the responsible parent(s) (Carol \$1500.00). Here we have a family of 3 with a declared gross monthly income of \$1500.00. Since the child for whom Medi-Cal has been requested is 7 years old, the income limit will be obtained from the corresponding age chart for a family of 3. Currently, for this family size, the income limit is \$1272.00. This child is not Express Enrollment eligible. School staff will identify no Express Enrollment eligibility and will forward the information to the county Medi-Cal office following the process outlined in the MOU.

ATTACHMENT D

Express Enrollment Program Suggested Notification Letter from Participating Schools

Our school is part of the Express Enrollment Program. The program lets schools approve temporary no-cost health coverage for children who get free lunches. On _____ your child _____ was:

☐ **Approved to get Express Enrollment no-cost Medi-Cal.**

If your child does not already have Medi-Cal or Healthy Families Program benefits, and does not already have a California Benefits Identification Card (BIC), you will soon receive a BIC in the mail for your child. You can use the BIC to see a doctor. We will send the information you gave us on your School Meals application form to your county Medi-Cal office. Your child will keep getting no-cost Medi-Cal until your county worker can complete a review of the School Meals form and let you know what information is needed to continue Medi-Cal benefits.

To keep your child's Medi-Cal you must give the county worker the information he or she needs to find out if your child is still eligible. If you do not give the worker this information, your child's temporary Medi-Cal will be stopped.

☐ **Not approved to get Express Enrollment no-cost Medi-Cal because:**

- ☐ **There was not enough information on the application**
- ☐ **Your family's income was too high for Express Enrollment no-cost Medi-Cal**

Although your child will not be able to get Medi-Cal right away, we will send the information you gave us on the School Meals form to your county Medi-Cal office. The County worker will review the School Meals form and will let you know what information is needed to find out if your child is eligible for Medi-Cal.

APPLICATION FOR FREE AND REDUCED PRICE MEALS FOR THE 2003-04 SCHOOL YEAR

Please complete and return this application to the school. If you need help completing this form, call _____.

Completing items marked with, number 6, and 7 is optional and not required to apply for free or reduced price meals. However, if you complete the optional items, your child may be eligible to receive health coverage under the Medi-Cal program.**

1. Enter the student's name and provide all required information.

Last Name	First Name	M.I.	Date of Birth** MO/DD/YR	School/Grade	Child's Monthly Income
					\$

2. Foster child: []. If a foster child, list the child's personal monthly income: \$ _____. Go to No. 5. (A social security number is not required with the adult household member's signature.)

3. If your child receives Food Stamps, CalWorks, FDPIR, or Kin-GAP benefits, enter the CASE NUMBER: _____. Go to No. 5. (A social security number is not required with the adult household member's signature.)

4. ALL OTHER HOUSEHOLD MEMBERS: List all other household members, including yourself and any children, whether or not they have income. Indicate the amount and the source of all monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Enter any income received last month **by/for a child (other than applicant child)** from full-time or regular part-time employment, SSI, or Adoption Assistance payments.

Household Members	Relationship to Child in No. 1**	Gross Monthly Income From All Sources			
		Gross earnings from work before deductions include <i>all</i> jobs	Welfare, child support, alimony payments	Pension, retirement, social security	Any other monthly income
Full Name	For example, parent, stepparent, sister, guardian, friend, etc.				

5. READ, COMPLETE, AND SIGN THIS SECTION

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of Federal funds, that school officials may verify the information on the application, and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member completing this form:		Telephone Number: ()	Date:
Printed name of adult household member signing this application:		Social Security Number (or write "none" if you have no Social Security Number):	
Address:			
City:		State:	Zip Code:

California Education Code Section 49557 (a): Applications for free and reduced price meals may be submitted at any time during the school day. Children participating in the National School Lunch Program will not be overtly identified by the use of special tokens, special tickets, special serving lines, separate entrances, separate dining areas, or any other means.

Privacy Act Statement: National School Lunch Act (Section 9) requires that, unless your child's Food Stamp, CalWORKS, KinGAP, or FDPIR case number is provided, you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State's Employment Development Department offices to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

6. RACIAL/ETHNIC IDENTITY: (Optional)

_____ White _____ Black or African American
_____ Asian _____ Native Hawaiian or Other Pacific Islander _____ American Indian or Alaska Native
Is this participant Hispanic or Latino? Yes ☐ No ☐

7. MEDI-CAL BENEFITS: (Optional) If your child is eligible for free meals and you complete this section, we will share this meal application with the Medi-Cal program. Your local Medi-Cal office will contact you for more information to determine if your child is eligible for benefits. If your child already receives Medi-Cal benefits or you do not want Medi-Cal for your child, do not complete this section. You do not have to complete this section to apply for or receive free or reduced-price meals. This meal application will not be shared with the Medi-Cal program unless we have your signed consent. If you have any questions call _____.

IMPORTANT: Questions on this application that are marked by ** must be answered to determine if your child can receive Medi-Cal benefits.

If you did not complete Section No.4, tell us how many immediate family members, including the child, are living in the household? _____, and what is the combined monthly income of the child and the birth/adoptive parent(s) living in the household? \$_____

IF MY CHILD IS ELIGIBLE FOR FREE MEALS, I agree to share the information on this meal application with Medi-Cal representatives for the purpose of applying for Medi-Cal benefits for my child. I understand that the information on the National School Lunch Program application is confidential and will not be shared with any other government agencies, except for the purpose of the administration of the Medi-Cal program. **I certify that I am the parent/guardian of the child listed on this application. I declare under penalty of perjury under the laws of the State of California that the declarations and information on this application for Medi-Cal purposes are true and correct to the best of my knowledge and belief.**

Signature of Parent/Guardian: _____ **Date:** _____

Print the name of Parent/Guardian signing this section: _____

For Official Use Only:

Food Stamp/FDPIR/CalWorks categorically eligible free: [] Yes
Household size: _____ Total monthly income: _____
Free _____ Reduced _____ Paid _____ Temporary: Free _____ Reduced Price _____ Until _____
Determining official: _____ Date: _____

NOTICE AND SUPPLEMENTAL FORM FOR EXPRESS ENROLLMENT APPLICANTS

(COUNTY STAMP) _____

Notice date: _____
 Case number: _____
 Worker name: _____
 Worker number: _____
 Worker telephone: _____
 Office hours: _____
 Notice for: _____

Your local county Medi-Cal office has received a copy of the School Meals application for _____.
 On that application, you asked us to determine if your child is eligible for Medi-Cal benefits. Based on the information you provided:

☐ **Your child was found temporarily eligible for Medi-Cal benefits.** If your child does not already have a California Benefits Identification Card (BIC), you will soon receive a BIC in the mail. Your child can immediately use their BIC to get medical services. This temporary eligibility will last until a Medi-Cal determination has been completed. For us to determine if your child is eligible to continue receiving Medi-Cal, we need you to complete, sign and return this form.

☐ **Your child was not found temporarily eligible for Medi-Cal benefits. He/she may be eligible for Medi-Cal once all information is reviewed.** For us to determine if your child is eligible for Medi-Cal, we need you to complete, sign and return this form.

IMPORTANT: Please answer the questions below and attach any necessary documents. Please return this information in the enclosed postage-paid envelope no later than _____ or your child's eligibility for Medi-Cal benefits may be discontinued or denied.

1. If your child has a Social Security Number, please write it here. _____ - _____ - _____
 (IMPORTANT: If the child does not have a Social Security Number, you can apply for a Social Security Number now for your child and provide it to us within 60 days. Your child may be eligible to receive emergency-related Medi-Cal if he/she is unable to get a Social Security Number.)
2. Is the child a citizen or national of the United States? Yes ☐ No ☐
 If NO, please check here if he/she has satisfactory immigration status _____ and write the date of the child's entry into the United States _____.
 (Attach documentation of his or her immigration status or a receipt from INS showing you have applied to replace a lost document. If you do not have it now, you can send the document to the above address within 30 days.)
3. Do you want Medi-Cal to cover any medical expenses your child had in the last 3 months? Yes ☐ No ☐
4. Does the child have other health, dental or vision insurance? Yes ☐ No ☐
 If YES, Please complete the enclosed "Health Insurance Questionnaire" form (DHS 6155).
 (IMPORTANT: Your child can still be eligible for Medi-Cal even if he/she has other health coverage.)
5. Is anyone else in your family interested in applying for Medi-Cal? Yes ☐ No ☐
☐ If you pay for child care services, child support, health insurance premiums, or have self-employed expenses, send a copy of your most recent payment/expenses. Proof of these expenses can be used to reduce the income we count for a Medi-Cal determination. A copy of your income from work, Workers Compensation or State Disability benefits may allow you an additional deduction.
- ☐ Other: _____

If you have any questions or need additional information, please contact your Medi-Cal worker listed on the top right corner of this notice.

Declaration and Signature: I declare under penalty of perjury under the laws of the State of California that the answers I have given in this application, the declarations made, and the documents submitted are true and correct to the best of my knowledge and belief. I declare that I have received, read and understand the attachment titled "Important Information For Medi-Cal Applicants".

Signature of parent/guardian X _____ Date _____

According to California Code of Regulations, Title 22, Section 50175, if you fail to return the required information and/or document(s) or if the information and/or documents you send do not verify your eligibility, your application for Medi-Cal shall be denied or eligibility shall be discontinued.

ATTACHMENT G**IMPORTANT INFORMATION FOR MEDI-CAL APPLICANTS****Medi-Cal Rights, Responsibilities
and Declarations:****I have the right to:**

- Be treated fairly and equally regardless of my race, color, religion, national origin, sex, age, or political beliefs.
- Ask for an interpreter.
- Ask for a fair hearing if I think a decision on my Medi-Cal case is unfair or wrong. I must ask for a hearing within 90 days after I get a "Notice of Action".
To find out about Medi-Cal fair hearings, call toll-free, 1-800-952-5253.

- A face-to-face interview.
- Review Medi-Cal program rules and manuals.

I have the responsibility to:

- Report any changes within 10 days in the information I give on the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants.
- Let local welfare office know if a family member: applies for disability benefits; is in a public institution; or gets medical care for any accident or injury caused by another person.
- Cooperate if my case is reviewed.
- Apply for available income.
- Cooperate with paternity determinations and medical support enforcement efforts.
- Assign rights to medical support to the state of California.
- Assign rights to third party medical support to the state of California.

I understand that:

- As a condition of Medi-Cal eligibility, all rights to medical support are automatically assigned to the State of California.
- If I purposely do not give needed facts, or if I give false facts, I understand benefits may be denied or ended and repayment may be required. I may also be investigated for fraud.
- Persons I am applying for are not in jail, prison, or any other correctional facility.
- After my death the State has the right to seek repayment from my estate for all Medi-Cal benefits I receive after age 55 unless I have a surviving spouse, minor child(ren), blind or permanently and totally disabled child(ren).
- If I am admitted to a nursing facility and I have no intention of returning to my home, the State may impose a lien against my property.

Medi-Cal Confidentiality Notice:

The information given in the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants is private and confidential under the Welfare and Institutions Code Section 10850 and 14100.2. The information will be disclosed only in accordance with those laws.

Medi-Cal Privacy Notice:

The Information Practices Act of 1977 and the Federal Privacy Act require the Department of Health Services to provide the following information: Welfare and Institutions Code Section 14011 and regulations in Title 22, CCR, require applicants for the Medi-Cal program to provide the eligibility information requested in the National School Lunch Program Application and the Notice and Supplemental Form for Express Enrollment Applicants. This information may be shared with federal, state, and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except cases of fraud.) The information will be used to process claims and make Benefits Identification Cards (BICs). Failure to provide the required information may result in denial of the application. Information required by this form is mandatory, with the exception of ethnicity information, and any other item marked voluntary or optional. Social Security Numbers are required by Section 1137(a)(1) of the Social Security Act and by Welfare and Institutions Code Section 14011.2, unless applying for emergency or pregnancy related benefits only.

An individual has a right of access to records containing his/her personal information that are maintained by the Department of Health Services. Contact your local welfare office to request your records.

KEEP FOR YOUR RECORDS

ATTACHMENT H

Transitioning NOA Language

Regular Medi-Cal (full scope) approval with no Share of Cost (SOC):

"Your child _____ will now receive Medi-Cal under the _____ program, instead of under the Express Enrollment program, which was temporary. This determination does not affect your child's eligibility in the National School Lunch Program."

Regular Medi-Cal (full scope) approval with Share of Cost (SOC):

"Your child _____ will now receive Medi-Cal under the _____ program, instead of under the Express Enrollment program, which was temporary. Your child has a monthly share of cost of \$ _____. Your child may be eligible for low-cost health coverage through the Healthy Families Program. We have enclosed a Healthy Families application for your use. This determination does not affect your child's eligibility in the National School Lunch Program."

Regular Medi-Cal (restricted) approval with no Share of Cost (SOC):

"Your child _____ will now receive restricted Medi-Cal benefits under the _____ program, instead of full scope benefits under the Express Enrollment program, which was temporary. The change in scope of benefits is due to unsatisfactory immigration status for full scope services as required by federal law. Your child's benefits under Express Enrollment will end on the last day of _____. Your child may use the Benefits Identification Card (BIC) to obtain full scope no-cost Medi-Cal until _____. This determination does not affect your child's eligibility in the National School Lunch Program."

Regular Medi-Cal (restricted) approval with Share of Cost (SOC):

"Your child _____ will now receive restricted Medi-Cal benefits under the _____ program, instead of full scope benefits under the Express Enrollment program, which was temporary. The change in scope of benefits is due to unsatisfactory immigration status for full scope services as required by federal law. Your child has a monthly share of cost of \$ _____. This determination does not affect your child's eligibility in the National School Lunch Program."

Denial:

"Your child _____ has been determined ineligible for Medi-Cal because we did not receive the information we asked you for. Your child's benefits under Express Enrollment will end on the last day of _____. Your child may use the Benefits Identification Card (BIC) to obtain no-cost Medi-Cal until _____. This determination does not affect your child's eligibility in the National School Lunch Program."