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ARNOLD SCHWARZENEGGER
Governor

November 14, 2005

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 05-39
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL COUNTY MEDS LIAISONS

SUBJECT: EXPANSIONS TO "EXPRESS ENROLLMENT" FOR CHILDREN
ENROLLED IN FREE SCHOOL LUNCH PROGRAM
(Reference: All County Welfare Directors Letters Nos.: No. 03-05;
03-08; 03-35)

The purpose of this All County Welfare Directors Letter (ACWDL) is to provide instructions to counties on implementing provisions of Senate Bill 1196 (SB 1196), (Cedillo, Chapter 729, Statutes of 2004) which amended Section 14005.41 of the Welfare and Institutions Code, Section 12693.75 of the Insurance Code and Section 49557.2 of the Education Code to expand the Express Enrollment program. Additionally, updated instructions for application tracking for Medi-Cal Eligibility Data System (MEDS) AP 18 transactions are provided in this ACWDL.

In September 2004, Governor Arnold Schwarzenegger signed SB 1196 into law. Effective July 1, 2005, the new statute:

1. Authorizes counties to share the National School Lunch Program (NSLP) application and supplemental information with the Healthy Families Program (HFP) or with county- or local-sponsored health insurance programs (as applicable) if a child is determined ineligible for full-scope, no share of cost (SOC) Medi-Cal (or is eligible for limited-scope Medi-Cal), and if the parent or guardian has provided consent.

2. Authorizes school districts to not process the child's application for Express Enrollment if the school districts are aware of a child's active Medi-Cal or HFP case. Instead school districts shall inform the family of their child's active status and forward the application to the local Medi-Cal office for final disposition.
3. Authorizes an optional provision that allows counties, with the consent of a parent or guardian, to notify the school of names and contact information of children who are in jeopardy of losing accelerated Medi-Cal coverage because a child's parent or guardian did not provide the required follow-up information to the county. The bill specifies that this shall be done for the sole purpose of enabling the school, at its option, to conduct outreach activities to encourage or assist those parents or guardians to complete and submit the required follow-up information.
4. Requires schools to deny Express Enrollment for a child that is eligible for reduced-price or paid meals under the NSLP, when the parent has completed and signed the consent on the Medi-Cal section. The schools shall send notifications of ineligibility for Express Enrollment to children determined eligible for reduced-price or paid meals. The notification shall include information on Medi-Cal, HFP and the county- or local-sponsored health insurance program, if one is available.

Background

Current law authorizes school districts, at their option, to participate in a statewide program to determine temporary Medi-Cal eligibility for a child, based on the child's participation in the NSLP for free meals. The California Department of Health Services (CDHS) issued ACWDL 03-35 to outline implementation requirements for counties. The program, called "Express Enrollment," began July 1, 2003, with participating school districts located in five counties. During Fiscal Year 2004-2005, school districts in nine counties participated in the Express Enrollment project.

Express Enrollment authorizes school districts, at their option, to modify the NSLP application to request additional information needed to make a Presumptive Eligibility (PE) determination for Medi-Cal and to request consent for the school district to share the NSLP application with the designated school staff and then forward the application to the county to finalize the Express Enrollment process to make an eligibility determination for Medi-Cal.

Express Enrollment begins when a child applies for the NSLP at a participating school. If the school determines that the child is eligible for free meals and the parent/guardian signs the consent to share information with the local Medi-Cal office, the school uses a

simplified income calculation to determine PE for the child. PE provides temporary full-scope Medi-Cal benefits for the child until the county completes a Medi-Cal determination. The 45-day Medi-Cal processing period begins on the date the county receives the NSLP application from the school.

The Medi-Cal eligibility determination is completed after the parent/guardian submits the supplemental form (MC-368M) that gathers additional federally required information, including, but not limited to, the child's citizenship/immigration status. If the school has determined a child eligible for free meals, but is ineligible for Express Enrollment due to the monthly income, the county may request documentation regarding income deductions, such as expenses for child care, child support and health insurance premiums to determine eligibility for no SOC Medi-Cal.

New Features to Express Enrollment

This letter contains guidelines for the new program features to be implemented to the Express Enrollment program effective July 1, 2005. These guidelines incorporate changes that are required by SB 1196, as well as recent changes that were announced by the NSLP. Unless a change in the Express Enrollment process has been identified in this ACWDL, all current Express Enrollment guidelines issued in ACWDL 03-35 are to be followed by counties.

Changes to the NSLP Application for School Year 2005-06

Congress passed the Child Nutrition and Women, Infants and Children (WIC) Reauthorization Act of 2004 (Public Law 108-265), which states effective July 1, 2005, "A State Educational agency or local educational agency may not request a separate application for each child in the household that attends schools under the same local educational agency." As a result, the California Department of Education (CDE), which administers the NSLP Program, announced the discontinuance of single-child NSLP application. Counties which have participating school districts, will now receive the household based multi-child NSLP application.

Changes to the Medi-Cal Section of the NSLP Application Prototype

Optional Language

School districts are encouraged to add language to the modified NSLP application to discourage families from completing the Medi-Cal section of the application if their children are already enrolled in Medi-Cal or HFP. The following statement has been suggested, "STOP!! Do Not Complete This Page (Sec. E) If Your Child(ren) Already Has Medi-Cal or Healthy Families."

Title for Medi-Cal Section

The title for the Medi-Cal section was revised to: "Section E (optional) Joint application for Medi-Cal, Healthy Families and **Healthy Kids** (if applicable). Complete the next section only if you want to apply for health benefits for your child(ren). You do not need to complete this section for your child(ren) to qualify for school meals."

The term "Healthy Kids" displayed in a shaded area on the modified NSLP application prototype is a placeholder for school districts to insert the name of the county- or local-sponsored health insurance program, if one is available in the county. School districts will delete this language if no local program exists in their county.

This new title makes it clear to applicants that they are applying for three different programs (Medi-Cal, HFP, and if available the county- or local-sponsored health insurance program). This title also makes a clear connection with the provisions of the revised consent statement described below.

Consent Statement

For school year 2005-2006, the modified NSLP application Medi-Cal consent section has been updated. The parent/guardian consent allows the Medi-Cal program to: (1). Contact the school to request assistance in helping the applicant complete the Medi-Cal application process, and (2) share the NSLP application with the HFP, and if applicable the county- or local-sponsored health insurance programs if a child is determined ineligible for full-scope, no SOC Medi-Cal (or is eligible for limited-scope Medi-Cal).

Signature

If there is more than one family unit living in the home, one NSLP application can be completed for the entire household for purposes of the NSLP eligibility determination. However, for each family that is applying for Medi-Cal, the parent/guardian must sign for their children. To obtain proper consent for a second family living in the household, a new question has been added, "Is there more than one family (Parent/child unit) in this household? If yes, we need the signature of the parent/guardian for the other family". Examples:

- A household with a father and his two children, a mother and her two children and one child in common. The mother and father are not married. The five children are listed on the NSLP application and all requesting Medi-Cal. In this instance both the father and the mother would have to sign the Medi-Cal section of the application.

- A household with two sisters and three children. One sister has two children and the other sister has one child. All children are listed on the NSLP application and all requesting Medi-Cal. In this instance both mothers would have to sign the Medi-Cal section of the application.

See Attachment 1 - NSLP 2005-06 Prototype.

Approval of School-Modified NSLP Applications

CDE allows school districts to modify the NSLP application prototype to meet the needs of the school district, however the revision must be submitted to CDE for approval prior to use. Additionally, when a school district participating in Express Enrollment modifies the NSLP application, the revision must also be submitted to CDHS for approval prior to use. If school districts use the state-approved prototype NSLP application for Express Enrollment, they do not need to submit it to CDE or CDHS.

Changes to Medi-Cal Program Forms

To implement changes to the Express Enrollment Program, modifications have been incorporated to the MC-368M.

As a result of the change to the household NSLP application, the MC-368M has been restructured to a multi-child format to collect information of all children in the household. This form consists of three pages: the one-page Important Information for Medi-Cal Applicants (the informing notice MC-368A) and the two-page Supplemental Form for Express Enrollment for Medi-Cal and Healthy Families (MC-368M). Please note, the Express Enrollment determination does not have fair hearing appeal rights; therefore, the NA-9 Back form should not be sent with the MC-368M.

Changes to the MC-368M include Question 5, which is asked to obtain additional information regarding other health insurance coverage, which is needed if the child is ineligible for no SOC Medi-Cal and the application is forwarded to the HFP.

The consent statement has been modified to clarify to families that if their child(ren) is not eligible for full-scope no SOC Medi-Cal, the application may be forwarded to the HFP and/or the county- or local-sponsored health insurance program to determine if their child(ren) is eligible for these programs. A new statement has been added "☐ (check box) Do not send my application to the Healthy Families or Healthy Kids programs". This option allows the parent/guardian to choose to apply for Medi-Cal only for the child.

As a result of these revisions to the MC-368M, the MC-368 Single Child Application is now obsolete. Counties may obtain copies of the MC-368M form on the CDHS website. See Attachment 2, MC-368M, 6/05

COORDINATION BETWEEN COUNTIES AND SCHOOL DISTRICTS—Changes to the Memorandum of Understanding, Exchange of information.

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 corresponding county. The requirements for the MOU are provided in Education Code section 49557.2(b)(2). The required activities and optional activities that school districts and counties choose to implement should be added to the MOU. Three new provisions of SB 1196 should be included in the MOU, if applicable:

- If a school district is aware that a child, who has been found eligible for free school lunches under the NSLP, and for whom the parent or guardian has consented to share the information provided on the NSLP application, already has an active Medi-Cal or HFP case, the application shall not be processed for Express Enrollment, but shall be forwarded to the local agency that determines eligibility under the Medi-Cal program for disposition.
- The school district shall notify the parent or guardian of the child's ineligibility for Express Enrollment Medi-Cal due to the current eligibility status. The notice shall include a statement, with contact information, advising the parent or guardian to contact Medi-Cal or HFP regarding the child's eligibility status.
- The option for the county to contact the school in regards to Express Enrollment cases that are in jeopardy of losing benefits, due to lack of required information.
- When the school district determines a child is eligible for reduced price or paid meals under the NSLP and the parent has completed and signed the Medi-Cal consent on the NSLP application, the school shall deny Express Enrollment. The school shall send the family a notification of ineligibility for Express Enrollment and include information on Medi-Cal, HFP and the county- or local-sponsored health insurance program if one is available.

See Attachment 3, Prototype- Memorandum of Understanding National School Lunch Program Information Sharing Agreement

Coordination between counties and schools: Processing of applications for children identified by the school as currently enrolled in Medi-Cal or HFP.

As described above SB 1196 allows school districts to not process certain applications for Express Enrollment. However, school districts are responsible for determining whether the school district is in possession of relevant and timely data to determine if a child is receiving Medi-Cal or HFP benefits.

School districts may also be aware of active Medi-Cal or HFP status through direct communication with the child's parent or guardian if Express Enrollment staff contacts a child's parent/guardian to obtain missing information on the NSLP. However, Express Enrollment staff cannot receive this information second-hand or from a family member other than the child's parent/guardian.

The School Function:

If the school district is aware that a student has an active Medi-Cal or HFP case, Express Enrollment will be denied by the school. The school shall notify the parent/guardian that the child is not eligible for Express Enrollment. The school must indicate in the notice, which program the child is currently enrolled in, such as:

- **Your child _____ is not approved to receive Express Enrollment no-cost Medi-Cal because:**

We show your child is enrolled in Medi-Cal. Children who are already receiving Medi-Cal cannot get Express Enrollment.

- **Your child _____ is not approved to receive Express Enrollment no-cost Medi-Cal because:**

We show your child is enrolled in Healthy Families. Children who are already receiving Healthy Families cannot get Express Enrollment. Call Healthy Families at 1-800-880-3505 to confirm your child's enrollment.

In these circumstances, the school must forward the NSLP application to the county office, for disposition of the application. These applications should be identified by the school as ineligible for Express Enrollment due to active enrollment status. See Attachment 4, Express Enrollment Instructions For School Staff

The County function:

The county is required to process the applications identified by a school as ineligible for Express Enrollment due to current active Medi-Cal or HFP status. Although these applications are not subject to the five-working day processing requirement for NSLP applications certified for Express Enrollment, counties must still process these applications within the current Medi-Cal 45-day processing timeframe.

Upon receipt of these NSLP applications from the school, the county shall complete a file clearance in MEDS and county-maintained computer systems to ensure that the children do have active Medi-Cal or HFP benefits.

The county shall process the application under the standard Express Enrollment process as outlined in ACWDL 03-35 for children deemed ineligible for Express Enrollment. If the child is currently in receipt of no SOC Medi-Cal, the county will deny the Medi-Cal application for the following reason: "Applicant currently receiving benefits".

Forwarding information to the HFP

If the child has SOC Medi-Cal, the county will deny the Medi-Cal application for the following reason: "Applicant currently receiving benefits". The county will assess the case to determine if the child(ren) is potentially eligible for HFP. If the child is potentially eligible for HFP, the county will contact the family by telephone or in writing regarding the duplicate Medi-Cal application submitted through NSLP and the child's current Medi-Cal status.

The county shall advise the parent/guardian that they have the option to apply for HFP as an alternative to SOC Medi-Cal, and advise that with their consent the case can be referred to HFP. The county shall record the purpose, substance, date and method of contact in the case file. If the consent was by telephone, it also needs to be documented on the transmittal to the HFP.

If the parent/guardian consents to have the child's information referred to HFP, the county will forward the case information using the current procedures in ACWDL 03-05.

Forwarding information to the county- or local-sponsored health insurance program

If the child has limited scope Medi-Cal, the county will deny the Medi-Cal application for the following reason: "Applicant currently receiving benefits". The county will assess the case to determine if the child(ren) is potentially eligible for the county- or

local-sponsored health insurance program if one is available. The County will contact the family by telephone or in writing regarding the duplicate Medi-Cal application submitted through NSLP and the child's current Medi-Cal status.

The county shall advise the parent/guardian that they have the option to apply for the county- or local-sponsored health insurance program as an alternative to limited scope Medi-Cal. The county shall record the purpose, substance, date, and method of contact in the case file.

If the parent/guardian consents to have the child's information referred to the county- or local-sponsored health insurance program, the county will forward the NSLP application and the MC-368M using the procedures outlined in the MOU with the county or local-sponsored health insurance program.

Counties Notifying Schools of Incomplete Applications (Optional provision for the schools and counties)

SB 1196 authorizes an optional provision that allows counties to notify the school of the names and contact information of children who are in jeopardy of losing accelerated Medi-Cal coverage because a child's parent or guardian did not provide the required follow-up information to the county. This notification is for the sole purpose of enabling the school, at its option, to conduct outreach activities to encourage or assist those parents/guardians to complete and submit the required follow-up information.

If the school district and county opt to implement this provision a description of the roles and responsibilities of each entity should be included in their MOU. In the manner described in the MOU, the county will notify the school district of current students enrolled in Express Enrollment who are in jeopardy of losing their Medi-Cal benefits, because the parents have failed to complete or provided required forms or information. The notice to the schools will only consist of the student's contact information: name, phone number, and address. The notice shall not specify what information is missing for the Medi-Cal determination. There shall be no sharing of eligibility information between the county and the schools.

If the county and school district choose to implement this provision, language in the MOU should include how each agency will implement this provision and protect the confidentiality of the applicant's information and safeguard data integrity. The county and the school district shall ensure through the MOU that:

- Counties establish a timeframe for sharing this information that allows the school adequate time to perform follow-up with families and allows the family time to provide information before the county makes its final eligibility determination.

- Counties are prohibited from using this process to exchange information with schools about a child's Medi-Cal eligibility.
- School districts establish confidentiality procedures to ensure information will not be shared with outside entities.
- School districts utilize this contact information only for the purposes of conducting outreach activities to encourage and assist families to complete and submit the required follow-up information.
- School districts do not request specific eligibility information during their contacts with the parent/guardian.
- School districts do not share specific Medi-Cal case eligibility or school lunch participation eligibility with the county as a result of outreach efforts.
- School districts outline their outreach activities including, but not limited to:
 - a) Identifying, who at the school district will receive the contact information.
 - b) Describing how the school district will contact the parent/guardian. For example through: 1) a telephone call, 2) a written letter, or 3) in-person.
 - c) Describing the maximum number of contacts that will be made to the family for this purpose.

COORDINATION BETWEEN COUNTIES AND HFP

As a result of the SB 1196 changes to Express Enrollment, the parent/guardian may consent to have the county forward the NSLP application to the HFP for the purpose of determining eligibility for HFP, if the child has SOC Medi-Cal. The county will send a Notice of Action (NOA) to the family using the recommended transitioning language on Attachment 5. See Attachment 5- SB 1196 Updated Transitioning NOA Language

If the parent/guardian has consented to have the child's information referred to HFP; counties will follow the current procedures for the Medi-Cal to HFP transmittal process outlined in ACWDL 03-05. The current forms, the County Summary Transmittal (MC-363S) and Medi-Cal to Healthy Families Transmittal (MC-363) will continue to be used.

For NSLP purposes, counties must forward to the HFP:

- the NSLP/Medi-Cal application
- the MC-368M (this form also indicates the parent/guardian has not opted out of HFP)
- the current Medi-Cal NOA either indicating an SOC amount or denying a Federal Poverty Level Program

- the Medi-Cal Budget worksheet
- birth certificate (if available)
- immigration documentation (if available)
- any additional information the county may have collected to make its determination for full-scope SOC Medi-Cal (allowable deductions).

COORDINATION BETWEEN COUNTIES AND THE COUNTY OR LOCAL- SPONSORED HEALTH INSURANCE PROGRAM

Similar to the transfer of application information to the HFP, counties must develop a transmittal method with the county- or local-sponsored health insurance program (if one is available in their county).

SB 1196 requires that if the parent has consented and a child is determined ineligible for full-scope no SOC Medi-Cal, but is potentially eligible for the county- or local-sponsored health insurance program, the county must forward the NSLP application to that program for purposes of determining eligibility for that program.

If the child is determined eligible for limited scope Medi-Cal, the county will determine if the child(ren) is potentially eligible for the county- or local-sponsored health insurance program, if one is available. The county will send a NOA to the family using the recommended transitioning language on Attachment 5.

If the parent/guardian has consented to have the child's information referred to the county- or local-sponsored health insurance program, the information to be shared is limited to the NSLP application and the MC-368M form. No information regarding Medi-Cal eligibility or information regarding the county's Medi-Cal determination shall be shared with the county- or local-sponsored health insurance program.

A county that shares the information on the NSLP application with the county or local-sponsored health insurance program shall enter into a MOU with the county- or local-sponsored health insurance program. The MOU should include the requirements and responsibility for sharing information. The MOU must address the actions both parties must adhere to in maintaining the confidentiality of the applicant's information.

The MOU shall include the following:

- How each agency will implement this provision and how each agency will protect the confidentiality of the information contained in the application and safeguard data integrity.
- The transmittal procedure for forwarding the NSLP application and the MC-368M form. (Example: paper or electronic)

- Transmittal format.
- Contact persons at the county and at the local-sponsored health insurance program.

New Transitioning NOA Language

CDHS has developed suggested language for Medi-Cal cases that are being transitioned to the HFP or the county- or local-sponsored health insurance for the following case scenarios:

- Medi-Cal (full scope) approval with SOC referred to HFP.
- Medi-Cal (full scope) approval with SOC NOT referred to HFP.
- Medi-Cal (restricted) approval with no SOC referred to the county or local-sponsored health insurance program.
- Medi-Cal (restricted) approval with no SOC NOT referred to the county- or local-sponsored health insurance program.
- Medi-Cal (restricted) approval with SOC referred to the county- or local-sponsored health insurance program.
- Medi-Cal (restricted) approval with SOC NOT referred to the county- or local-sponsored health insurance program.

Application Tracking - MEDS AP18 Transactions

ACWDL 03-35 instructed counties to complete MEDS AP18 transactions for all NSLP applications submitted by schools. The AP18 transaction provides tracking information, and when appropriate enrollment into Aid Code 7T (Express Enrollment).

During the first year of implementation, the pilot counties reported that at file clearance 40 to 80 percent of the NSLP applications were for children who were already enrolled in Medi-Cal or HFP. This large volume of duplicate applications that required AP18 transactions created an extensive manual workload for counties.

Effective September 22, 2004, CDHS has allowed counties the option to suspend on-line AP18 transactions for those NSLP applications that are already Medi-Cal or HFP enrolled. This will continue to be an option, until further instructions are given. For county systems that are able to conduct AP18 batch transactions, as outlined in ACWDL 03-08, AP18 transactions will be required for all NSLP applications submitted by schools.

Counties are still required to manually track of the following information for NSLP/Medi-Cal applications:

- Total number of NSLP/Medi-Cal applications received by the county.
- Number of duplicate applications received (a child is already Medi-Cal or HFP enrolled).
- Number of children that qualify for EE.
- Number of children granted EE that continue to receive Medi-Cal.

Please note: The on-line AP18 transaction is still required to enroll (and the AP34 transaction to disenroll) children who are found temporarily eligible through the Express Enrollment process (Aid code 7T) as outlined by ACWDL 03-35. County administrative funding is available to counties for this activity through time-study.

If you have any questions about this letter, please contact Ms. Guadalupe Sanchez at (916) 552-9474, or by e-mail at gsanche1@dhs.ca.gov.

Original signed by

Tameron Mitchell, R.D., M.P.H., Chief
Medi-Cal Eligibility Branch

APPLICATION FOR FREE AND REDUCED PRICE MEALS FOR SCHOOL YEAR 2005-2006
ONLY ONE APPLICATION PER HOUSEHOLD

Please complete and return this application to_____. This school meals application can also be used to apply for Medi-Cal. To apply for Medi-Cal for your child(ren), complete the back page (Section E). **You do not need to apply for Medi-Cal to apply for free or reduced-price meals.**

SECTION A. STUDENT INFORMATION: Complete this section by providing information for all of the children in your household.

STUDENT/CHILD INFORMATION				FOR SCHOOL USE ONLY	FOOD STAMPS, CALWORKS, KINGAP, OR FDIPIR BENEFITS		FOSTER CHILD (MUST HAVE SEPARATE APPLICATION)		CHILD'S MONTHLY INCOME
LAST NAME	FIRST NAME	CURRENT SCHOOL WRITE "NA" IF NOT IN SCHOOL	GRADE		WRITE "YES" OR "NO"	IF "YES," WRITE CASE NUMBER	WRITE "YES" OR "NO"	IF "YES," ENTER CHILD'S MONTHLY 'PERSONAL USE' INCOME	WAGES, SSI, ADOPTION ASSISTANCE PAYMENTS OR OTHER INCOME
1									
2									
3									
4									
5									
6									

If you entered a Food Stamp, CalWORKs, KinGap, or FDIPIR case number for **each** child in Section A, or if this application is for a Foster Child and you entered his/her monthly personal-use income, skip Section B and complete Section C.

SECTION B. HOUSEHOLD MEMBERS AND MONTHLY INCOME: List all adult household members, regardless of whether or not they have income. Indicate the amount and source of monthly income each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income. Also, enter any income received by or for a child that has not been listed above in Section A from full-time or regular part-time employment, or for a child for SSI or Adoption Assistance payments.

LAST NAME	FIRST NAME	GROSS MONTHLY EARNINGS FROM WORK (BEFORE DEDUCTIONS) INCLUDE ALL JOBS	MONTHLY PENSION, RETIREMENT, SOCIAL SECURITY	MONTHLY WELFARE BENEFITS, CHILD SUPPORT, ALIMONY PAYMENTS	ANY OTHER MONTHLY INCOME (LIST SOURCE OF INCOME)	FOR SCHOOL USE ONLY: TOTAL MONTHLY INCOME
1.						
2.						
3.						
4.						

SECTION C. 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 in connection with the receipt of Federal funds, that school officials may verify the information on the application at any time, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

SIGNATURE OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM			DAYTIME TELEPHONE NUMBER		TODAY'S DATE
PRINTED NAME OF ADULT HOUSEHOLD MEMBER COMPLETING THIS FORM			SOCIAL SECURITY NUMBER (WRITE "NONE" IF NO SOCIAL SECURITY NUMBER)		
MAILING ADDRESS		APT. #	CITY		ZIP CODE

This institution is an equal opportunity provider.

SECTION D. CHILDREN'S RACIAL and ETHNIC IDENTITIES (Optional): 1) Mark one or more racial identities below:

2) Mark one ethnic identity:

AMERICAN INDIAN OR ALASKAN NATIVE ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE ☐

OF HISPANIC OR LATIN ORIGIN ☐ NOT OF HISPANIC OR LATIN ORIGIN ☐

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 FDIPIR 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 the application cannot be approved if a social security number is not provided or an indication is not made that the signer does not have such a number. The social security number may be used to identify the household member in carrying out efforts to verify correct information provided on the application. These verification efforts may be carried out through program reviews, audits, and investigations; and may include contacting employers to determine income, contacting the State's Employment Development Department or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in loss or reduction of the household's program benefits, or in administrative claims and/or legal actions against household members.

FOR SCHOOL USE ONLY- ELIGIBILITY DETERMINATION					
Year Rd Track:		Household Size:	Household Income:	Determining Official:	Date:
<input type="checkbox"/> Zero Income, Temporary Free Until (45 Calendar Days From Date Of This Determination):				Direct Certified as:	H M R
<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Denied <input type="checkbox"/> Categorically Free Due To Food Stamps, CalWORKs, Kin-Gap, or FDIPIR Benefits				2 nd Review:	EP <input type="checkbox"/>
Verification Official:			Date:	Follow-up:	

COMPLETE THE BACK PAGE OF THIS APPLICATION IF YOU WOULD LIKE TO APPLY FOR MEDI-CAL FOR ONE OR MORE OF YOUR CHILDREN.

STOP!! DO NOT COMPLETE THIS PAGE (Sec. E) IF YOUR CHILD(REN) ALREADY HAS MEDI-CAL OR HEALTHY FAMILIES.

For School Use Only

FREE

REDUCED

DENIED

MC FAMILY SIZE

CHILD AGE

INCOME

1

2

3

4

5

SECTION E (optional). JOINT APPLICATION FOR MEDI-CAL, HEALTHY FAMILIES AND HEALTHY KIDS: COMPLETE THE NEXT SECTION ONLY IF YOU WANT TO APPLY FOR HEALTH BENEFITS FOR YOUR CHILD(REN).

You do not need to complete this section for your child(ren) to qualify for school meals.

NAME OF CHILD/STUDENT FROM SECTION A		DO YOU WANT TO APPLY FOR MEDI-CAL FOR THIS CHILD? YES OR NO	CHILD'S DATE OF BIRTH (MO/DD/YR)	GENDER		MOTHER OR STEPMOTHER IN THE HOUSEHOLD CHECK MOTHER OR STEPMOTHER FOR EACH CHILD AND WRITE FULL NAME	FATHER OR STEPFATHER IN THE HOUSEHOLD CHECK FATHER OR STEPFATHER FOR EACH CHILD AND WRITE FULL NAME	IF NO/MOTHER/FATHER IN HOUSEHOLD, WRITE <u>GUARDIAN'S NAME AND RELATIONSHIP TO CHILD</u>
LAST	FIRST			MALE	FEMALE			
						<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	
						<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> STEPFATHER	
						<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	
						<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> STEPFATHER	
						<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	
						<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> STEPFATHER	
						<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	
						<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> STEPFATHER	
						<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	
						<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> STEPFATHER	
						<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	
						<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> STEPFATHER	

READ and SIGN below if you want to apply for MEDI-CAL BENEFITS for your child(ren). The parent/guardian for each child must sign below. If your child(ren) is not eligible for full-scope, no-cost Medi-Cal, the application may be sent to Healthy Families and/or Healthy Kids.

IF MY CHILD(REN) IS ELIGIBLE FOR FREE MEALS, I agree to the following: 1) The school will share the information on this meal application with Medi-Cal representatives for the purpose of applying for Medi-Cal. 2) The Medi-Cal program representative may contact the school to request assistance in helping me complete the Medi-Cal application process. 3) If my child(ren) is not eligible for full-scope, no-cost Medi-Cal, this application may be shared with Healthy Families and/or Healthy Kids health insurance programs for the purpose of applying for these programs. 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, Healthy Families, and/or Healthy Kids health insurance programs. I certify that I am the parent/guardian of the child(ren) 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, Healthy Families, and Healthy Kids purposes are true and correct to the best of my knowledge and belief.

SIGNATURE OF PARENT/GUARDIAN OF CHILDREN WANTING MEDI-CAL IN THIS HOUSEHOLD

PRINTED NAME OF PARENT OR GUARDIAN SIGNING THIS SECTION

TODAY'S DATE

* Do your children receive food stamps or FDPIR? If yes, please complete the following questions:

How many immediate family members, including the children, are living in the household? What is the combined monthly income of the children and the birth/adoptive parent(s) living in the household?

IS THERE MORE THAN ONE FAMILY (PARENT/CHILD UNIT) IN THIS HOUSEHOLD? IF YES, WE NEED THE SIGNATURE OF THE PARENT/GUARDIAN FOR THE OTHER FAMILY.

SIGNATURE OF PARENT/GUARDIAN OF CHILDREN WANTING MEDI-CAL IN THIS HOUSEHOLD

PRINTED NAME OF PARENT OR GUARDIAN SIGNING THIS SECTION

TODAY'S DATE

* Do your children receive food stamps or FDPIR? If yes, please complete the following questions:

How many immediate family members, including the children, are living in the household? What is the combined monthly income of the children and the birth/adoptive parent(s) living in the household?

**EXPRESS ENROLLMENT SUPPLEMENTAL FORM
FOR MEDI-CAL, HEALTHY FAMILIES and HEALTHY KIDS**

Case name: _____ Case number: _____
Eligibility Worker: _____ E. W. phone #: _____

Please complete the questions below for each child requesting health coverage. Return this information with any necessary documents in the enclosed postage-paid envelope no later than _____ or your child(ren)'s eligibility for Medi-Cal benefits may be discontinued or denied.

	Child 1	Child 2	Child 3	Child 4	Child 5
1. Name of child First, middle initial, last					
2. Social security number					

IMPORTANT: If your child does not have a social security number (SSN), you can apply for a SSN now 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 SSN.

3. U.S. Citizen or national? If NO, please check if the child has satisfactory immigration status and write the date of entry into the United States.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory immigration status ____/____/____ Date of entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory immigration status ____/____/____ Date of entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory immigration status ____/____/____ Date of entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory immigration status ____/____/____ Date of entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory immigration status ____/____/____ Date of entry
---	---	---	---	---	---

If your child is **not** a U.S. Citizen or national, send proof (copies) of his/her immigration status or a receipt from INS showing you have applied to replace a lost document. You may send the document now or within 30 days.

4. Does this child have other health, dental, or vision insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	--

If **YES**, please complete the enclosed "Health Insurance Questionnaire" form (DHS 6155). If the children are all covered by the same insurance plan, only one form is required per family. If the children have separate insurance plans, separate forms are required. **IMPORTANT:** Your child can still be eligible for Medi-Cal even if he/she has other health coverage.

5. Was a child insured by an employer in the last 3 months? If YES, check the main reason why health insurance stopped and give the date it stopped.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost job <input type="checkbox"/> Moved, no insurance available <input type="checkbox"/> Employer ended benefits to all employees <input type="checkbox"/> COBRA coverage ended <input type="checkbox"/> Other _____ ____/____/____ Date Stopped	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost job <input type="checkbox"/> Moved, no insurance available <input type="checkbox"/> Employer ended benefits to all employees <input type="checkbox"/> COBRA coverage ended <input type="checkbox"/> Other _____ ____/____/____ Date Stopped	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost job <input type="checkbox"/> Moved, no insurance available <input type="checkbox"/> Employer ended benefits to all employees <input type="checkbox"/> COBRA coverage ended <input type="checkbox"/> Other _____ ____/____/____ Date Stopped	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost job <input type="checkbox"/> Moved, no insurance available <input type="checkbox"/> Employer ended benefits to all employees <input type="checkbox"/> COBRA coverage ended <input type="checkbox"/> Other _____ ____/____/____ Date Stopped	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lost job <input type="checkbox"/> Moved, no insurance available <input type="checkbox"/> Employer ended benefits to all employees <input type="checkbox"/> COBRA coverage ended <input type="checkbox"/> Other _____ ____/____/____ Date Stopped
--	---	---	---	---	---

6. Do you want Medi-Cal to cover any medical expenses this child had in the last 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--	--

7. Is anyone else in your family interested in applying for Medi-Cal? ☐ Yes ☐ No

Provide the following information if a box is checked.

☐ If you pay for child care services, child support, health insurance premiums, or have self-employment 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 Eligibility Worker listed on the top right corner of this form.

I understand and agree to the following: If my child(ren) is not eligible for no-cost full-scope Medi-Cal, this form may be shared with low-cost Healthy Families or Healthy Kids to determine if he or she is eligible for health coverage through these programs. I will be contacted for more information if my child(ren)'s application is forwarded. ☐ (check box) Do not forward my application to the Healthy Families or Healthy Kids.

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
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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.**

EXPRESS ENROLLMENT NOTICE AND SUPPLEMENTAL FORM FOR MEDI-CAL, HEALTHY FAMILIES and HEALTHY KIDS

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

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

(List children)

was found temporarily eligible for Medi-Cal benefits. If your child(ren) does not already have a California Benefits Identification Card (BIC), you will soon receive a BIC in the mail. Your child(ren) can immediately use the 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(ren) is eligible to continue receiving Medi-Cal, please complete and sign the enclosed form.**

(List children)

was NOT found temporarily eligible for Medi-Cal benefits. However, your child(ren) may be eligible for Medi-Cal once all information is reviewed. **For us to determine if your child(ren) is eligible for Medi-Cal, please complete and sign the enclosed form.**

Return the “Express Enrollment Supplemental Form for Medi-Cal, Healthy Families and **Healthy Kids**” in the enclosed postage-paid envelope no later than _____. Please be sure to attach any documents requested.

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

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.

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.

Pursuant to Education Code section 49557.2(c), effective July 1, 2005, the notifications and consent referenced in subdivision (a) and the procedures set out in subdivision (b) shall include the Healthy Families Program and any relevant county- and local-sponsored health insurance programs as necessary to implement Section 14005.41 of the Welfare and Institutions Code.

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 identification of the mother, stepmother, father, stepfather or guardian of each child applying for Medi-Cal, 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 including , if applicable, authorization for the county to share contact information with the school

when follow up is needed to complete the Medi-Cal application process. The consent also allows the sharing of the application with the Healthy Families, and/or the county or local-sponsored health insurance program if the a child is not eligible for no-cost, full-scope Medi-Cal for purposes of applying for those programs as described in Welfare and Institutions Code section 14005.41.

For children determined eligible for reduced-price or paid meals, send notification of ineligibility for Express Enrollment. The notification shall include information on Medi-Cal, Healthy Families and the county or local-sponsored health insurance program if one is available.

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:

IF APPLICABLE (the following activities are optional)

- If the school district is aware that a student is receiving Medi-Cal or Healthy Families, Express Enrollment benefits will be denied by the school. The school shall notify the parent/guardian that the child is not eligible for Express Enrollment. The school must indicate in the notice, which program the child is currently enrolled in.
- Counties may choose to notify the school districts of names and contact information of children who are in jeopardy of losing accelerated Medi-Cal benefits for failure to provide required follow-up information. This notification is for the sole purpose of enabling the school, at it's option, to conduct outreach activities.

Additional Responsibilities

(Leave Blank or Insert Lines)

(Insert Name of County Agency) will:

Ensure that only 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. (If school districts implement the provision to not enroll children in Express Enrollment because the school district is aware that a student is receiving Medi-Cal or Healthy Families, the school's process for identifying these children, and identifying and sending the application to the county should be described here.)

If applicable: (Insert the name of the School District or County Superintendent will use the following procedures when conducting outreach with families to complete the Medi-Cal application process. The school should identify who at the school will receive the contact list. (Examples to include: type of outreach activities to encourage and assist parents and guardians to complete and submit the required follow-up information, how the school will contact the parent/guardian, (by telephone, a written letter or in person), and the minimum/maximum number of contacts with families, confidentiality of the information and storage and retention of the information sent by the county.)

(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. Examples include processing methodology and timing, including for the applications identified as already enrolled in Medi-Cal or Healthy Families, the process to share applications with the Healthy Families program, and if applicable, the county- or local-sponsored health insurance program.

(If the county and the school district chooses to implement the provision of the county notifying the school when follow up is needed with the parent/guardian to complete the Medi-Cal application process, the county should include its process for notifying the school district. The county can share only the student's name, phone number, and address with the school. Counties should establish a time frame for notifying the school. The county and school contact persons should be included. Counties shall not specify what information is missing for the Medi-Cal determination. There shall be no sharing of eligibility information between the county and the schools.)

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.

Sample Notice of Express Enrollment Determination

When you completed your child's School Lunch application you asked that the information on the application be used to determine if your child is eligible for Medi-Cal health benefits.: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**

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.

Even if your child is not eligible for regular Medi-Cal, he or she may be eligible for health coverage through Healthy Families or Healthy Kids. The county will forward your child's application to these programs to see if he or she qualifies for these programs.

The information on your child's School Meals application is confidential and will only be used by to determine if your child is eligible for Medi-Cal, Healthy Families, the county or local-sponsored health insurance program. This does not affect your child's eligibility for the school meals program.

SAMPLE NOTIFICATION FROM SCHOOLS TO FAMILIES WHOSE CHILDREN ARE INELIGIBLE FOR EXPRESS ENROLLMENT BECAUSE THEY ARE ELIGIBLE FOR REDUCED-PRICE MEALS.

When you completed your child's School Lunch application, you asked us to check if your child is eligible for temporary Medi-Cal health benefits (Express Enrollment). Based on the information you gave on the application:

Your child is not eligible for temporary Express Enrollment because your child did not qualify for free school lunch meals. Only children who are eligible for free meals can get Express Enrollment.

Your child may still be eligible for health insurance through regular Medi-Cal, Healthy Families, or another health program.

To receive a Medi-Cal/Healthy Families application, please call 1-800-880-5305. Or if you want help in applying for health coverage for your child or if you have any questions, please call the school at _____

SAMPLE NOTIFICATION FROM SCHOOLS TO FAMILIES IF SCHOOLS CHOOSE TO NOT ENROLL CHILDREN IN EXPRESS ENROLLMENT BECAUSE THE SCHOOL IS AWARE THAT THE CHILD IS ALREADY ENROLLED IN MEDI-CAL OR HEALTHY FAMILIES.

The school shall notify the parent/guardian that the child is not eligible to Express Enrollment
The following is suggested language:

When you completed your child's School Lunch application you asked that the information on the application be used to determine if your child is eligible for Medi-Cal health benefits.

- ☐ Your child _____ is not approved to get Express Enrollment no-cost Medi-Cal, because _____ is already enrolled in Medi-Cal. Children who are already receiving Medi-Cal cannot get Express Enrollment.
- ☐ Your child _____ is not approved to get Express Enrollment no-cost Medi-Cal, because _____ is already enrolled in Healthy Families. Children who are already receiving Healthy Families cannot get Express Enrollment.

Your child's school meals application has been sent to the local Medi-Cal office to check if our records are correct. Your local Medi-Cal office will send you a letter soon. If your child is already receiving Medi-Cal or Healthy Families no action is needed. **Your child's benefits will continue.**

If the Medi-Cal office finds that your child is not currently enrolled in Medi-Cal or Healthy Families, a county worker will send you additional forms and let you know what information is needed to determine if your child is eligible for Medi-Cal and complete the enrollment process. If you do not agree with the Medi-Cal office about your child's benefits you can call _____.

The information on your child's School Meals application is confidential and will only be used to determine if your child is eligible for Medi-Cal, Healthy Families, or for the county or local-sponsored insurance program.

Follow these steps to determine if the child applying for health coverage 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, go to Step 8.

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

If yes, go to Step 3. If no, DO NOT PROCEED.

OPTIONAL STEP FOR SCHOOLS THAT ARE AWARE THAT CHILDREN ARE ALREADY ENROLLED IN MEDI-CAL OR HEALTHY FAMILIES? SEE STEP 9.

Step 3: What is the family size?

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 (married student)

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

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 , 2005			
Child's Age	6-18	1-5	<1
FPL Limits	100%	133%	200%
# of Persons	Monthly(\$)	Monthly (\$)	Monthly (\$)
1	798	1061	1595
2	1070	1422	2139
3	1341	1784	2682
4	1613	2145	3225

5	1885	2506	3769
6	2156	2868	4312
7	2428	3229	4855
8	2700	3590	5399
9	2971	3952	5942
10	3243	4313	6485
For each addtn'l member add:	272	362	544

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

The county shall provided the school district with the up-dated Federal Poverty Levels effective April 1st on an annual basis.

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 \$2,506.00. 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 \$1,500.00 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 \$1,500.00). Here we have a family of 3 with a declared gross monthly income of \$1,500.00. 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 \$1,341.00. 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.

Step 8: New provision of SB 1196 effective July 2005 for children who are eligible for reduced price or paid meals.

If a child is eligible for reduced price or paid meals under the National School Lunch Program and the parent/guardian has signed a consent statement, the school will not make a determination for Express Enrollment. The school shall notify the parent/guardian that the child is ineligible for Express Enrollment. The notification shall include information regarding other health coverage programs, including Medi-Cal, Healthy Families and the county or local-sponsored health insurance program, if one is available. School lunch applications with consent for children found eligible for reduced-price meals or paid status may be transferred to designated non-food services staff for purposes of sending the notification. These NSLP applications are NOT to be forwarded to the county Medi-Cal office.

Step 9: New provision of SB 1196 authorizing schools to not process Express Enrollment for children who are already enrolled in Medi-Cal or Healthy Families according to information obtained by the school.

ATTACHMENT 3

If a child is already enrolled in Medi-Cal or Healthy Families as identified by relevant, timely data, or information obtained from the child's parent or guardian as defined in the MOU, notify the family that the child is not eligible for Express Enrollment because he or she is already enrolled in Medi-Cal or Healthy Families and inform the family that the NSLP application is being forwarded to the county Medi-Cal office. The school within five working days of the determination, shall transfer the information on the NSLP application to the local agency that determines Medi-Cal to process this application as defined in the MOU.

EXPRESS ENROLLMENT INSTRUCTIONS FOR SCHOOL STAFF

Follow these steps to determine if the child applying for health coverage 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, go to Step 8.

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

If yes, go to Step 3. If no, go to Step 8. DO NOT PROCEED.

OPTIONAL STEP FOR SCHOOLS THAT ARE AWARE THAT CHILDREN ARE ALREADY ENROLLED IN MEDI-CAL OR HEALTHY FAMILIES? SEE STEP 9.

Step 3: What is the family size?

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 (married teen student)

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

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 , 2005			
Child's Age	6-18	1-5	<1
FPL Limits	100%	133%	200%
# of Persons	Monthly(\$)	Monthly (\$)	Monthly (\$)
1	798	1061	1595
2	1070	1422	2139
3	1341	1784	2682
4	1613	2145	3225
5	1885	2506	3769
6	2156	2868	4312
7	2428	3229	4855
8	2700	3590	5399
9	2971	3952	5942
10	3243	4313	6485
For each addtn'l member add:	272	362	544

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

The county shall provide the school district with the up-dated Federal Poverty Levels effective April 1st on an annual basis.

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 \$2,506.00. 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 \$1,341.00. 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.

Step 8: New provision of SB 1196 effective July 2005 for children who are eligible for reduced price or paid meals.

If a child is eligible for reduced price or paid meals under the National School Lunch Program and the parent/guardian has signed a consent statement, the school will NOT make a determination for Express Enrollment. The school shall notify the parent/guardian that the child is ineligible for Express Enrollment. The notification shall include information regarding other health coverage programs, including Medi-Cal, Healthy Families and the county or local-sponsored health insurance program, if one is available.

School lunch applications with consent for children found eligible for reduced-price meals or paid status may be transferred to designated non-food services staff for purposes of sending the notification. These NSLP applications are NOT to be forwarded to the county Medi-Cal office.

9. New provision of SB 1196 authorizing schools to not process Express Enrollment for children who are already enrolled in Medi-Cal or Healthy Families according to information obtained by the school.

If a child is already enrolled in Medi-Cal or Healthy Families as identified by relevant, timely data, or information obtained from the child's parent or guardian as defined in the MOU, notify the family that the child is not eligible for Express Enrollment because he or she is already enrolled in Medi-Cal or Healthy Families and inform the family that the NSLP application is being forwarded to the county Medi-Cal office. The school within five working days of the determination, shall transfer the information on the NSLP application to the local agency that determines Medi-Cal to process this application as defined in the MOU.

SB 1196 Updated Transitioning NOA Language

Current

❖ *Medi-Cal (full scope) approval with no Share of Cost:*

"Your child _____ will now receive Medi-Cal under the _____ program, instead of under the Express Enrollment program, which was temporary coverage that will end on _____.

Current

❖ *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 _____.

New

❖ *Medi-Cal (full scope) approval with Share of Cost referred to Healthy Families Program:*

"Your child _____ will now receive Medi-Cal under the _____ program, instead of full scope benefits under the Express Enrollment program, which was temporary coverage that will end on _____. Your child may use the Benefits Identification Card (BIC) to obtain no cost Medi-Cal benefits until _____.

Your income is too high to receive Medi-Cal at no cost, therefore beginning _____, _ your child will have a share of cost \$_____.

Your child may be eligible for low-cost health coverage through the Healthy Families Program.

Because you have consented, we will refer your child's application and other information from your Medi-Cal case to the Healthy Families program for an eligibility determination. You may contact the Healthy Families program by calling toll-free 1-800-880-5305. Please call _____ with questions.

New

❖ *Medi-Cal (full scope) approval with Share of Cost NOT referred to Healthy Families Program:*

"Your child _____ will now receive Medi-Cal under the _____ program, instead of full scope benefits under the Express Enrollment program, which was temporary coverage that will end on _____. Your child may use the Benefits Identification Card (BIC) to obtain no cost Medi-Cal benefits until _____.

Your income is too high to receive Medi-Cal at no cost, therefore beginning _____ your child will have a share of cost \$_____.

Your child may be eligible for low-cost health coverage through the Healthy Families Program. You may contact the Healthy Families program by calling toll-free 1-800-880-5305. Please call _____ with questions.

New

❖ ***Medi-Cal (restricted) approval with no Share of Cost referred to the county or local-sponsored health insurance program***

"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 coverage that will end on _____. Your child may use the Benefits Identification Card (BIC) to obtain no cost Medi-Cal benefits until _____.

The change in scope of benefits is due to unsatisfactory immigration status for full scope services as required by federal law. Your child will receive restricted Medi-Cal benefits beginning _____.

❖ **Your child may be eligible for low-cost health coverage through the county or local-sponsored health insurance program.** Because you have consented, we will refer your child's application to the Healthy Kids program for an eligibility determination. You may contact the Healthy Kids program by calling _____. Please call _____ with questions.

New

❖ ***Medi-Cal (restricted) approval with no Share of Cost NOT referred to the county or local-sponsored health insurance program:***

"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 coverage that will end on _____. Your child may use the Benefits Identification Card (BIC) to obtain no cost Medi-Cal benefits until _____.

The change in scope of benefits is due to unsatisfactory immigration status for full scope services as required by federal law. Your child will receive restricted Medi-Cal benefits beginning _____.

Your child may be eligible for low-cost health coverage through the county or local-sponsored health insurance program. You may contact the county/local-sponsored health insurance program by calling _____. Please call _____ with questions.

New

- ❖ ***Medi-Cal (restricted) approval with Share of Cost referred to the county or local-sponsored health insurance program:***

"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 coverage that will end on _____. Your child may use the Benefits Identification Card (BIC) to obtain no cost Medi-Cal benefits until _____.

The change in scope of benefits is due to unsatisfactory immigration status for full scope services as required by federal law. Your income is too high to receive Medi-Cal at no cost, therefore beginning _____, your child will have a share of cost of \$_____.

Your child may be eligible for low-cost health coverage through the county or local-sponsored health insurance program. Because you have consented, we will refer your child's application to the county/local-sponsored health insurance program for an eligibility determination. You may contact the county/local-sponsored health insurance program by calling _____. Please call _____ with questions.

New

- ❖ ***Medi-Cal (restricted) approval with Share of Cost NOT referred to the county or local-sponsored health insurance program:***

"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 coverage that will end on _____. Your child may use the Benefits Identification Card (BIC) to obtain no cost Medi-Cal benefits until _____.

The change in scope of benefits is due to unsatisfactory immigration status for full scope services as required by federal law. Your income is too high to receive Medi-Cal at no cost, therefore beginning _____, your child will have a share of cost of \$_____.

Your child may be eligible for low-cost health coverage through the county or local-sponsored health insurance program. You may contact the county/local-sponsored health insurance program by calling _____. Please call _____ with questions.