



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



EDMUND G. BROWN JR.  
Governor

June 24, 2013

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 13-15  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: FOLLOW-UP QUESTIONS AND ANSWERS TO ALL COUNTY WELFARE DIRECTORS LETTER (ACWDL) NO: 13-03, SCREENING OF CHILD APPLICANTS IN THE AGE GROUP 6-18 FOR POTENTIAL NO-COST MEDI-CAL ELIGIBILITY UNDER SECTION 1931(b) BEFORE ENROLLING THEM INTO HEALTHY FAMILIES.  
(Maternal and Child Health Access (MCHA) v California Department of Health Care Services (DHCS) and Managed Risk Medical Insurance Board (MRMIB))

**PURPOSE AND BACKGROUND:**

The purpose of this ACWDL is to respond to questions submitted by the counties to the Department of Health Care Services (DHCS) after the release of ACWDL13-03. ACWDL 13-03 informed counties regarding the implementation of Medi-Cal Section 1931(b) program screening processes at the Healthy Families Program (HFP) per the July 10, 2012, San Francisco Superior Court Order Enforcing Writ in the case of MCHA vs. DHCS and MRMIB.

Note: All new applications received at Single Point of Entry (SPE) are forwarded to the County Welfare Departments (CWD) as of January 1, 2013, for a full Medi-Cal eligibility determination. The new Section 1931(b) screening process systems changes are not used with new applications received at the SPE. The screening process is used with the HFP Premium Re-evaluation and HFP Annual Eligibility Review forms (AER). Therefore, counties will receive the new Section 1931(b) screening only for HFP Premium Re-evaluation and HFP AER forms.

## QUESTIONS AND ANSWERS:

**Q 1.** What do the counties need to do with the HFP Premium Re-evaluation forms being sent to them by HFP as a result of outreach notices that were being sent to families currently enrolled in HFP?

**A 1.** HFP sent outreach notices to families with a 6-18 year old who had applied between December 2010 and December 2012 when the child would have met the Section 1931(b) screening criteria (one income disregard indicator and one deprivation indicator). Counties will process the Premium Reevaluation forms in the same manner as is described in the Medi-Cal Eligibility Procedure Manual, Article 4, Section 4X-Single Point of Entry Processing and Referrals to/from the Healthy Families Program, IV. HFP ACTIONS, H. Premium Re-evaluation Form which reads:

At any time of the year, a member may ask for a Premium Re-evaluation Form in order to request HFP to reevaluate the monthly premium. This form must be accompanied by proof of income and deductions. If the HFP determines that one or more of the children are potentially eligible for no-cost Medi-Cal and the family authorized the application to be sent to Medi-Cal, the Premium Re-evaluation, the last application or Annual Eligibility Review (AER) form received and all current supporting documents will be forwarded, under cover of a transmittal, to the County Welfare Department (CWD) of residence. The children who have been on HFP will be bridged for two months in order to allow the CWD adequate time to make an eligibility determination.

Note: ACWDL 08-18 eliminated the Bridging Program and replaced it with Presumptive Eligibility (PE) (aid code 5E) which the children will be provided if they meet the same requirements as for the Accelerated Enrollment (AE) program. ACWDL 08-18 states:

- Medi-Cal eligibility under 5E will continue until a Medi-Cal determination has been completed.
- Transmittals for the HFP to Medi-Cal PE cases will include a PE start date and will be populated in the "AE Start Date" column, which will be the first of the month following HF disenrollment.
- The Medi-Cal application date will be the PE start date.

Also, the children referred to Medi-Cal with the Premium Re-evaluation forms are being discontinued from the HFP at the end of the month that the form is forwarded to the county and cannot be re-enrolled to the HFP if found ineligible to the Section 1931(b) program. This is because, effective January 1, 2013, HFP no longer enrolls new applicants and the transition of HFP children to Medi-Cal is underway since that date. Therefore, the county must evaluate the children for all other Medi-Cal programs, including the new Optional Targeted Low Income Children Program (OTLICP), using the hierarchy of programs.

June 24, 2013

**Q 2.** What is the process for HFP children whose families respond to the outreach notices they were sent in December that stated they might qualify for no-cost Medi-Cal even before their HFP transition date?

**A 2.** When the family submits the Premium Re-evaluation form with current income documentation along with authorization (by signing on line 8 of the Premium Re-evaluation form) and if they meet the 1931(b) screening criteria, the form will be forwarded to the county. HFP coverage will cease at the end of the month that the form is forwarded and PE will start at that time if they meet the requirements. See also Q 1.

**Q 3.** What information should the HFP be including with the Premium Re-evaluation form when HFP sends it to the county?

**A 3.** The HFP should be including income documentation and either the most recent application or AER for the child when it forwards the Premium Re-evaluation Form to the county for an eligibility determination. These directions can also be found on the DHCS website under the [SPE Applications and Forms Guide-Maximus](http://www.dhcs.ca.gov/services/Documents/SPE%20Applications%20and%20Forms%20Guide.pdf) or at: <http://www.dhcs.ca.gov/services/Documents/SPE%20Applications%20and%20Forms%20Guide.pdf>

**Q 4.** When is the HFP aid code (9H) switched off for children being referred to Medi-Cal from HFP at AER? Is it at the time of their HFP AER because they appeared Medi-Cal eligible due to the new 1931(b) screening processes?

**A 4.** The HFP aid code is switched off on the last day of the child's HFP anniversary month. There are situations where counties will receive these Section 1931(b) HFP AER referrals 45 days or more before the case will be discontinued from HFP. During this time, the child will still have 9H eligibility. The reason the county may receive these referrals while the child is still enrolled in HFP is that HFP sends out AER packets 60-75 days in advance of the child's AER due date. If the parent submits the AER early, HFP finishes the determination and if the case screens for the Section 1931(b), it is sent immediately to the county; however, the child's HFP eligibility (9H) still continues until the last day of the child's HFP anniversary month and PE still does not begin until the first day of the month following HFP disenrollment. Therefore, the PE aid code 5E could begin two months from the date the county receives the HFP AER form. Please refer to the CWD Transmittal Form AE Start Date field to see when the 9H will end and the PE under aid code 5E will begin.

HFP screens for 1931(b)	HFP Ends:	PE Starts:
Premium Reevaluation form sent to county (Q&A 1&2)	The last day of the month the form is submitted to the county	The first day of the following month
AER form sent to county (Q&A 4)	At the end of the AER anniversary month	The first day of the following month

June 24, 2013

**Q 5.** What is the date of application for an HFP AER referred to the county if the child is still aided under the 9H aid code?

**A 5.** Per ACWDL 08-18, transmittals for the HFP to Medi-Cal PE cases will include a PE start date and will be populated in the "AE Start Date" column, which will be the first of the month following HFP disenrollment. The Medi-Cal application date will be the PE start date.

**Q 6.** If a county works the 9H HFP case before the switch into aid code 5E is processed by Medi-Cal Eligibility Data System (MEDS) and the case moves into a regular Medi-Cal aid code, will this automatically discontinue 9H?

**A 6.** No. The 9H aid code will remain until the child's HFP anniversary date unless the parent does not pay premiums or provides a written request to HFP to be discontinued.

**Q 7.** If the county determines Medi-Cal eligibility for a child in a 9H HFP aid code before the HFP AER date, will the pending MEDS transaction for 5E be overridden or will it process and move the child back into aid code 5E?

**A 7.** No, the regular Medi-Cal aid code will not be overridden by 5E. Aid code 5E is a PE aid code that cannot be assigned to a child with active Medi-Cal eligibility. MEDS will only accept a PE transaction for the current month or the first prior MEDS month of eligibility.

**Q 8.** Would there be double premiums if a child is still in aid code 9H and subsequently enrolled in OTLICP H3 or H5 aid code with a premium for the same month?

**A 8.** DHCS has been working with the administrative vendor in order to prevent the double billing of premiums. If a child is still shown as active in HFP in the administrative vendor's system, they will bill for HFP. Otherwise, they will bill for Medi-Cal.

**Q 9.** What should counties do if they do not receive needed information with the Premium Re-evaluation or AER Forms?

**A 9.** Counties should contact the SPE County Liaisons for assistance. The county contact number is: (916) 673-4602 or via e-mail at [SPELiaisons@maximus.com](mailto:SPELiaisons@maximus.com).

**Q 10.** Are the criteria being used in the 1931(b) screen being improperly applied, resulting in ineligible children being referred in large numbers to counties?

**A 10.** DHCS reviewed the screening criteria and participated with MRMIB in the 1931(b) system testing which found it to be functioning correctly.

Note: Due to transition, no changes were made to SPE system logic, but the 1931(b) system changes were made to the HFP system to process the HFP Premium Re-evaluation and AER forms.

June 24, 2013

**Q 11.** What is the process for the later-phase transitioning HFP children who meet the screening criteria for the 1931(b) when their AERs are returned to HFP?

**A 11.** If the HFP AER for a non-transitioned child meets the new screening criteria for 1931(b), the AER will be forwarded to the county. HFP coverage will cease at the end of the anniversary month and PE will start at that time if they meet the requirements. See also Q 1.

If you have any questions, please contact Ms. Christine Wajda at (916) 327-0422 or by email at [Christine.Wajda@dhcs.ca.gov](mailto:Christine.Wajda@dhcs.ca.gov).

Original Signed By

Tara Naisbitt, Chief  
Medi-Cal Eligibility Division