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February 3, 2010

Medi-Cal Eligibility Division Information Letter No.: I 10-02

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

SUBJECT: CHANGES TO THE MC 321 HFP APPLICATION FORM

This Medi-Cal Eligibility Division Information Letter (MEDIL) informs counties of the changes made to MC 321 HFP application form.

Below is a description of the changes made to the MC 321 HFP application form. Please note that strikethrough text indicates deleted text and underlined text indicates added or modified text.

**Cover Page**

- The cover has a new photo depicting several children of multi-ethnic backgrounds.
- The HFP premiums have changed from \$4-\$15 to \$4-\$24.
- The Revision date has changed from 12/07 to 1/10.

**Page 2**

- Item # 2, second box, second bullet, second sentence has been modified to read: For a sample profit and loss statement, go to: [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov), then click on the ~~Download Forms and Documents~~ "Downloads" tab.

**Page A1**

- Question 10 has been modified from ~~Is this child living away from home?~~ to Does the child live away from home because of school?

**Page A2**

- Instructions for questions 16, 18, 19, 22, and 23 were modified from ~~for more information see page~~ to See page(s) number(s).

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- Question 22 was modified from ~~Was this child covered by a health plan paid by your employer in the last 3 months?~~ to Did this child have health insurance through someone's job in the last 3 months?
- Question 22 was modified from ~~Health coverage ended because:~~ to Check the box to tell us why health coverage ended:
- Questions 24 and 25 were modified to add the Middle Name.

**Page A3**

- Question 39 was modified to read: Does any child or other person in the home have a physical, mental, emotional or developmental disability and want Medi-Cal?

**Page 3**

- The right column has updated HFP premium amounts from \$4-5 to \$15-\$24 per month for each child, up to ~~\$45~~ \$72 per family.

**Page 6**

- The left column, second question has been modified to read: What if my child used to have health insurance through a ~~parent's~~ someone's job, but it ended?

**Page 7**

- Under the Healthy Families Notices a bullet was added and it reads: I attest to the identity of each person being applied for. This was added to comply with the Children's Health Program Reauthorization Act 2009 (CHIPRA, Section 211).
- Under the Medi-Cal Notices, the third bullet, second sentence was modified to read: I must ask for a hearing within 90 days after I ~~get a~~ the "Notice of Action" was mailed to me.

**Back Cover**

- The Federal Income Guidelines (FIGs) have been updated with new FIG amounts for 2009/2010. For example, FIGs which are in effect April 1, 2009, through March 31, 2010 are displayed in the income chart.
- The FIGs income chart date has been revised from 3/31/2009 to 3/31/2010.

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- The HFP premium amounts have been updated to ~~\$4-\$24~~ per month for each child, up to \$72 maximum per family. Other visits cost ~~\$5~~ \$5-\$15 for each visit.

Copies of the revised MC 321 HFP application form are available in English and the 11 threshold languages at the Department's website at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/Medi-CalForms.aspx>

Also, copies of the revised MC 321 HFP application form may be ordered by using the order form available at this links:

<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MC%20370.pdf>

If you have any questions regarding this MEDIL, please contact Ms. Angelica Perez, e-mail: [www.Angelica.Perez@dhcs.ca.gov](mailto:www.Angelica.Perez@dhcs.ca.gov) , or (916) 552-9511.

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