



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

July 16, 2009

TO: ALL COUNTY WELFARE DIRECTORS Letter No.: 09-39
ALL COUNTY ADMINISTRATIVE OFFICERS
ALL COUNTY MEDI-CAL PROGRAMS SPECIALIST/LIAISONS
ALL COUNTY HEALTH EXECUTIVES
ALL COUNTY MENTAL HEALTH DIRECTORS

SUBJECT: THE HEALTHY FAMILIES PROGRAM (HFP) WAIT LIST COUNTY
RESPONSIBILITIES
Reference: All County Welfare Directors Letter (ACWDL) No's: 03-01,
07-03, 07-09, 08-58

This letter is to inform counties that due to the current fiscal year budget funding deficit, on June 29, 2009, the Managed Risk Medical Insurance Board made a finding of insufficient funds and is limiting new enrollment of children into the HFP effective July 17, 2009. The HFP will continue to accept new applications, but applications that are screened eligible to the HFP received on or after July 17, 2009, will be placed on the wait list based on the date of receipt at Single Point of Entry (SPE).

The wait list is expected to continue until at least June 30, 2010, if no additional funds are allocated. Enrollment of children in the HFP will begin after that date if funding then becomes available. During the wait list period, when the SPE receives the application it will continue to income screen applications for both no cost Medi-Cal and the HFP. The HFP will deny the application due to insufficient funds and send a denial letter (see enclosure) to the applicant indicating the child has been placed on the HFP wait list. The HFP letter informs the family that if their income decreases they may become Medi-Cal eligible with no Share-of-Cost (SOC) and that they should contact the county. The letter also informs them that they can contact the county regarding obtaining Medi-Cal with a SOC while on the HFP waiting list.

HFP Wait List and County referrals

The policy decision to implement the HFP wait list will impact those children who are screened at SPE as not eligible for no-cost Medi-Cal, but their family income is within the HFP guidelines. The HFP wait list shall not affect the counties' Medi-Cal eligibility determination process or the counties' requirement to refer eligible children to the HFP when there is parental consent.

It is important that counties continue to forward the children's Medi-Cal applications or redetermination forms to the HFP if they are not eligible for Medi-Cal with no SOC because they will be placed on the wait list. Their ranking on the waiting list will be based on the date that the HFP receives the application or redetermination form. When the county sends the case information to the HFP, with parental consent, the family will receive the above referenced notice from the HFP that the child has been placed on the wait list. When the HFP begins to process the applications on the wait list, the HFP will contact the families directly to obtain necessary information to complete the HFP eligibility determination.

If families have questions regarding the wait list, they shall be referred to the HFP toll-free line at: 1-800-880-5305. Based on the HFP wait list denial letter, counties may receive calls from the impacted families who have been denied the HFP and placed on the wait list, for information about no-cost or SOC Medi-Cal and for applications for Medi-Cal, where the child may be eligible for Medi-Cal with or without a SOC. If there is not an open Medi-Cal case, counties should send families requesting no-cost or SOC Medi-Cal an application package. If there is an open Medi-Cal case, however property information has not been previously submitted, families should be sent supplemental property forms in order to obtain the property information to determine SOC Medi-Cal eligibility. The HFP will not forward to the county the applications of children who have been denied the HFP and are placed on the wait list.

Accelerated Enrollment (AE)

There is no change to the SPE screening process for the joint application. The SPE will continue to forward those applications that appear to be eligible for no-cost Medi-Cal to the counties. AE coverage begins the first day of the month in which the child's application was screened eligible for no-cost Medi-Cal and will continue until the county makes a final determination.

No Changes at SPE

1. New applications submitted directly to the SPE.

SPE will continue to screen the Healthy Families/Medi-Cal joint applications based on the established income guidelines for no-cost Medi-Cal and the HFP. Children who are screened income eligible for no-cost Medi-Cal will continue to have their applications forwarded to the county for a determination.

2. County determinations at Application and Annual Redetermination.

Following current procedures, when children are determined only eligible for SOC Medi-Cal at application or annual redetermination, counties shall send families a Notice of Action (NOA) informing them of their eligibility for SOC Medi-Cal. If the family has given consent to refer the child to the HFP, counties shall refer the application or annual redetermination form to the HFP, where the child will be placed on the HFP waiting list.

Bridging Program

During the wait list period, there are no changes to the Bridging Program and the county's responsibility for timely referral of eligible children to the HFP. At annual redetermination, when a child's eligibility changes from no-SOC Medi-Cal to SOC Medi-Cal or becomes ineligible, and the family income is within the HFP guidelines, counties shall continue to place the child into the Bridging Program for one month and follow the instructions outlined in ACWDLs 07-03, 07-09 and 08-58. At the end of the Bridging month, if the child is SOC Medi-Cal eligible, the county shall continue the child in SOC Medi-Cal, regardless of the HFP waiting list. Compliance with the Bridge performance standards secures the child's placement on the HFP waiting list.

Notice of Action Language

Counties shall inform families regarding the child's ineligibility for no-cost Medi-Cal and that the child may be eligible to the HFP. During the HFP wait list period, counties shall include one of the following additional statements, as appropriate and dependent on if consent was received in the NOA when a child is determined ineligible for no-cost Medi-Cal and the family's income is within the HFP income guidelines.

1. Consent given - SOC eligible.

Your child is eligible for Medi-Cal with a Share of Cost beginning _____. Because your child is not eligible for no-cost Medi-Cal, and you have provided consent, his/her Medi-Cal case information has been forwarded to the Healthy Families Program (HFP) as an application for the HFP. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives the case information. Your child will get Medi-Cal with a SOC as long as he/she is eligible. Your child can stay on Medi-Cal with a SOC while on the HFP wait list or if enrolled in the HFP.

2. Consent not given, SOC eligible.

Your child is eligible for Medi-Cal with a Share-of-Cost (SOC) beginning _____. Because your child is not eligible for no-cost Medi-Cal, and you have not provided consent to send your child's case information to the Healthy Families Program (HFP), you may apply to the HFP for your child by contacting the HFP toll-free line at: 1-800-880-5305. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your application. Your child will get Medi-Cal with a SOC as long as he/she is eligible. Your child can stay on Medi-Cal with a SOC while on the HFP wait list or if enrolled in the HFP.

3. Consent Given - Not Medi-Cal eligible, need resources information.

Because your child is not eligible for no-cost Medi-Cal beginning ____, and you have provided consent, his/her Medi-Cal case information has been forwarded to the Healthy Families Program (HFP) as an application for the HFP. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your child's case information. Your child may be eligible for Medi-Cal with a

Share-of-Cost (SOC). If you want SOC Medi-Cal for your child, please contact your case worker listed on this notice.

4. Consent not Given - Not Medi-Cal eligible, need resources information

Because your child is not eligible for no-cost Medi-Cal beginning ____, and you have not provided consent to forward your child's case information to the Healthy Families Program (HFP), you may apply to the HFP for your child by contacting the HFP toll-free line at: 1-800-880-5305. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your child's application. Your child may be eligible for Medi-Cal with a Share-of-Cost (SOC). If you want SOC Medi-Cal for your child, please contact your case worker listed on this notice.

5. Consent Given - Not Medi-Cal eligible, excess resources.

Because your child is not eligible for no-cost Medi-Cal beginning ____, and you have provided consent, his/her Medi-Cal case information has been forwarded to the Healthy Families Program (HFP) as an application for the HFP. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your child's case information.

6. Consent not Given - Not Medi-Cal eligible, excess resources.

Because your child is not eligible for no-cost Medi-Cal beginning ____, and you have not provided consent to forward your child's case information to the Healthy Families Program (HFP), you may apply for the HFP for your child by contacting the HFP toll-free line at: 1-800-880-5305. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your child's application.

7. Consent Given at application - Not Medi-Cal eligible, no resource information.

Because your child is not eligible for no-cost Medi-Cal and you have provided consent, his/her Medi-Cal case information has been forwarded to the Healthy Families Program (HFP) as an application for the HFP. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your child's case information. Your child may be eligible for Medi-Cal with a Share-of-Cost (SOC). If you want SOC Medi-Cal for your child, please contact your case worker listed on this notice.

8. Consent not Given at application - Not Medi-Cal eligible, no resource information

Because your child is not eligible for no-cost Medi-Cal and you have not provided consent to forward your child's case information to the Healthy Families Program (HFP), you may apply to the HFP for your child by contacting the HFP toll-free line at: 1-800-880-5305. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your child's application. Your child may be eligible for Medi-Cal with a Share-of-Cost (SOC). If you want SOC Medi-Cal for your child, please contact your case worker listed on this notice.

9. Consent Given at application - Not Medi-Cal eligible, excess resources

Because your child is not eligible for no-cost Medi-Cal and you have provided consent, his/her Medi-Cal case information has been forwarded to the Healthy Families Program (HFP) as an application for the HFP. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your child's case information.

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10. Consent not Given at application - Not Medi-Cal eligible, excess resources

Because your child is not eligible for no-cost Medi-Cal and you have not provided consent to forward your application or redetermination form to the Healthy Families Program (HFP), you may apply for the HFP for your child by contacting the HFP toll-free line at: 1-800-880-5305. The HFP provides health coverage at low cost to low-income children who are not eligible for no-cost Medi-Cal. However, the HFP currently has a wait list and your child's application for the HFP will be put on the wait list until services become available. You will get a letter from the HFP regarding the wait list when the HFP receives your child's application.

Counties and families can also visit the HFP website for additional information about the HFP waiting list at <http://www.healthyfamilies.ca.gov> .

If you have any questions regarding this letter, please contact Ms. Rose Pankratz, of my staff, at (916) 650-0140 or rose.pankratz@dhcs.ca.gov.

Original Signed By Robert Sugawara for

Vivian Auble, Chief
Medi-Cal Eligibility Division

Enclosure

Family Member Number: FMN



DATE

HOH_NAME
ADDR_LINE_1
ADDR_LINE_2
CITY, STATE ZIP

Dear Applicant:

Recently, you asked us to enroll the child listed below in the Healthy Families Program:

[NAME_1]
[NAME_2]
[NAME_3]

We cannot do this because Healthy Families does not have enough state money to cover more children. Your child has been placed on a waiting list as of [WL_DT].

If you applied for a child who is not listed here, you will get another letter from Healthy Families telling you about coverage for that child.

What you have to do

Healthy Families will send you another letter with instructions when there is enough money for your child. If Healthy Families does not get additional money, your child will be on the waiting list through June 2010. You **do not** need to complete another application at this time. Make sure you notify Healthy Families if your address changes.

There may be other health care programs that can help you

Free Medi-Cal Program:

If your income changes and is below Healthy Families guidelines, you may qualify for free Medi-Cal. Free Medi-Cal provides health care coverage to children under age 19 who meet the program rules. To learn more about free Medi-Cal, call your county Medi-Cal office at:

CNTY NAME
CNTY ADDRESS
CITY, ST ZIP

CNTY_MC_PHONE

County Children's Health Insurance Program:

There are many counties that have free or low-cost health care programs for children. These county programs provide health, dental and vision coverage for children under age 19 who meet their program rules. Your child may qualify for the county program. If you have questions about the county program, call them at:

[Program Name]
Website: [Program Website Address]

[Program Telephone Number]

Kaiser Permanente Child Health Plan:

You also may be able to get health coverage through Kaiser Permanente Child Health Plan. Many counties have a Kaiser Permanente Child Health Plan. This plan provides low cost health, dental, and vision coverage for children under age 19 who meet their program rules. To learn more about Kaiser Permanente Child Health Plan, call 1-800-464-4000.

Medi-Cal with a Share-of-Cost Program:

There is another program that your child might qualify for. Your child may qualify for Medi-Cal with a share-of-cost. If your child qualifies for Medi-Cal with a share-of-cost, you will have to pay money for your child's medical care for that month. The amount you have to pay will be up to the share-of-cost amount. If you have to pay a share-of-cost amount, then Medi-Cal will pay for the remaining costs for that month. For months where your child has no medical expenses, there is no Medi-Cal share-of-cost amount that you must pay.

To learn more about Medi-Cal with a share-of-cost, call your county Medi-Cal office at:

CNTY NAME
CNTY ADDRESS
CITY, ST ZIP

CNTY_MC_PHONE

IMPORTANT! Most babies born to mothers in the AIM program may enroll in Healthy Families without an application. We must be told about the baby's birth and get some additional information. Healthy Families must get this information within 11 months after the baby is born. If this is your situation, you may call 1-800-880-5305 to find out whether your child may enroll in Healthy Families.

Questions?

If you have questions, please call 1-800-880-5305, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free. You can also check our website for program updates at www.healthyfamilies.ca.gov.

Thank you,

Healthy Families Program