

**CALIFORNIA CODE OF REGULATIONS
TITLE 10: INVESTMENT
CHAPTER 5.8 MANAGED RISK MEDICAL INSURANCE BOARD
HEALTHY FAMILIES PROGRAM**

ARTICLE 2. ELIGIBILITY, APPLICATION, AND ENROLLMENT

Text originally proposed to be added is underline format.

Text originally proposed to be deleted is in ~~strikeout~~ format.

Text that has been added by regulatory action since the original proposed regulations were noticed to the public is in double underline format.

Text that has been deleted by regulatory action since the original proposed regulations were noticed to the public is in ~~double strikeout~~ format.

Section 2699.6611 is amended to read:

2699.6611. Disenrollment.

- (a) A subscriber shall be disenrolled from participation in the program if any of the following occur:
- (1) The subscriber is found by the program to no longer be eligible during the annual eligibility review period.
 - (2) The Board has made a finding pursuant to Section 2699.6603(b) and subscriber children are disenrolled from the program at Annual Eligibility Review. Each subscriber child disenrolled pursuant to Section 2699.6603(b) shall be placed on the waiting list and the subscriber child's effective date on the waiting list shall be his or her disenrollment date.
 - ~~(2)~~(3) The subscriber child attains the age of 19. A subscriber child who attains the age of 19 will not be disenrolled from the program if he or she applies to the program pursuant to Section 2699.6600 and is determined to be eligible for the program as a subscriber parent pursuant to Section 2699.6607 before his or her effective date of disenrollment.

- ~~(3)~~(4) A subscriber is determined by the program to not be a citizen, non-citizen national, or a qualified alien eligible to participate in the program or fails to provide documentation required pursuant to Subsection 2699.6600(c)(1)(T) within the required time period.
- ~~(4)~~(5) The applicant fails to pay the required family contribution for the subscriber for two (2) consecutive calendar months.
- ~~(5)~~(6) The applicant so requests in writing on behalf of himself or herself or on behalf of another subscriber for whom he or she applied.
- ~~(6)~~(7) The applicant has intentionally made false declarations in order to establish program eligibility for any person.
- ~~(7)~~(8) The applicant fails to provide the necessary information for the subscriber to be requalified.
- ~~(8)~~(9) Death of a subscriber.
- ~~(9)~~(10) The child through whom the subscriber parent became eligible as a child-linked adult as defined in Section 2699.6500 is no longer enrolled in no-cost Medi-Cal and has not enrolled in the program.
- ~~(10)~~(11) The child through whom the subscriber parent became eligible as a child-linked adult as defined in Section 2699.6500 did not enroll in no-cost Medi-Cal, or the program, and the subscriber parent has no other children enrolled in the program or no-cost Medi-Cal.
- ~~(11)~~(12) The child through whom the subscriber parent became eligible as a child-linked adult as defined in Section 2699.6500 attains the age of 19 and the subscriber parent has no other children enrolled in the program or no cost Medi-Cal.
- ~~(12)~~(13) The child through whom the subscriber parent became eligible as a child-linked adult as defined in Section 2699.6500 no longer lives with the subscriber parent and another adult with whom the child now lives applies and is

found eligible for enrollment as a child-linked adult through the same child.

~~(13)~~(14) The child through whom the subscriber parent became eligible as a child-linked adult as defined in Section 2699.6500 is no longer enrolled in the program, and the subscriber parent has no other children enrolled in the program or no-cost Medi-Cal.

(b) (1) Prior to disenrolling a subscriber pursuant to ~~(a)(4)~~(5), the program shall provide written notification to the applicant no less than thirty (30) days prior to disenrollment. Such notice shall clearly indicate all of the following:

~~(4)~~(A) The disenrollment will not occur if payment in full is made as required.

~~(2)~~(B) If disenrollment for non-payment occurs, coverage will be terminated at the end of the second consecutive month for which the family contribution was not paid.

(2) Prior to disenrolling a subscriber pursuant to subsection (a)(2) of this section, the program shall provide written notification to the applicant no less than fifteen (15) days prior to disenrollment. Such notice shall clearly indicate all of the following:

(A) The reason for the disenrollment.

(B) The effective date of disenrollment.

(c) When a subscriber is disenrolled pursuant to (a) above, the program shall notify the applicant of the disenrollment. The notice shall be in writing and include the following information:

(1) The reason for the disenrollment.

(2) The effective date of disenrollment.

(3) The final day of coverage provided through the program.

(4) An explanation of the appeals process including the right to

request continued enrollment pursuant to Section
2699.6612.

- (d) Disenrollment pursuant to ~~(a)(4)~~(5) shall be effective as of the end of the second consecutive calendar month for which the required monthly contributions were not paid in full.
- (e) Disenrollment pursuant to (a)(1) and, (a)(2), and ~~(a)(7)~~(8) shall be effective at the end of the month of the subscriber's anniversary date.
- ~~(f)~~ Disenrollment pursuant to ~~(a)(1)~~ shall be effective two ~~(2)~~ months after the end of the month of the subscriber's anniversary date if the subscriber is no longer eligible for the program because his or her household income is below the program guidelines. Otherwise, disenrollment pursuant to ~~(a)(1)~~ shall be effective at the end of the month of the subscriber's anniversary date.
- ~~(g)~~(f) Disenrollment pursuant to ~~(a)(3)~~(4) shall be effective at the end of the calendar month in which the conclusion of the two-month period falls pursuant to Subsection 2699.6600(c)(1)(T).
- ~~(h)~~(g) Disenrollment pursuant to ~~(a)(5)~~(6) shall be effective at the end of the month in which the applicant's request was received. The applicant will be notified of the amount of family contribution due to the program for coverage through the subscriber's effective date of disenrollment.
- ~~(i)~~(h) Disenrollment pursuant to ~~(a)(6)~~(7) shall be effective at the end of the month in which the determination was made.
- ~~(j)~~(i) Disenrollment pursuant to ~~(a)(2)~~(3) and ~~(a)(11)~~(12) shall be effective on the last day of the month the subscriber child or the child through whom the subscriber parent became eligible as a child-linked adult attains the age of 19.
- ~~(k)~~(j) Disenrollment pursuant to ~~(a)(8)~~(9) shall be effective at the end of the month in which death occurred.
- ~~(l)~~(k) Disenrollment pursuant to ~~(a)(9)~~(10) shall be effective at the end of the month following the program's notification of the subscriber child's disenrollment from no-cost Medi-Cal.

~~(m)~~(l) Disenrollment pursuant to (a)~~(10)~~(11) shall be effective at the end of the month following the second month from the date in which the application was received.

~~(n)~~(m) Disenrollment pursuant to (a)~~(12)~~(13) shall be effective at the end of the month following the program's determination that the subscriber child has departed from the subscriber parent's household and is living with another adult who has applied for enrollment and is eligible as a child-linked adult through that same child.

~~(o)~~(n) Disenrollment pursuant to (a)~~(13)~~(14) shall be effective at the end of the month following the program's determination that the adult is no longer child linked.

NOTE: Authority cited: Sections 12693.21 and 12693.755, Insurance Code.
Reference: Sections 12693.21, 12693.45, 12693.74, 12693.77, 12693.755, 12693.96, 12693.98 and 12693.981, Insurance Code.