

HEALTH CARE REFORM ASSESSMENT PROJECT

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Local Children's Health Care Coverage Programs Transition to

# The Healthy Families Program and Medi-Cal

REPORT TO

# First 5 California

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## Executive Summary

**P**rior to the national and state economic crisis, California policymakers were giving active consideration to covering all California children in state coverage programs, regardless of immigration status with family incomes up to 300% of the federal poverty level. One of the major implementation issues the state would have faced if this policy were enacted was how to transition children who are covered in local children's health initiatives (CHIs).

### The Situation of Local CHI's

CHIs are locally funded health care programs for children not eligible for the HFP or Medi-Cal based on federal rules. CHI's operate in 29 counties and at the time this report was written covered around 150,000 children. MRMIB and DHCS consulted with all 29 CHI's to prepare this report.

This report is being issued at a critical time for the (CHIs). Even as the state struggles to find funding to sustain basic programs, the CHI's also face major funding challenges that could affect their viability. Many are facing imminent reductions and possible elimination of their private foundation funding. In fact, many have already instituted waiting lists and closed enrollment, mostly to the 6 to 18 year old population. The 0 to 5 year old population has not been impacted as much since those children for the most part are receiving funding through the local First 5 commissions.

First 5 California funded Managed Risk Medical Insurance Board (MRMIB) and the Department of Health Care Services (DHCS) to evaluate and set the groundwork for transition of children from the local programs to the Health Families Program (HFP) and Medi-Cal. The construct for the analysis was one that presumed the program structure set forth in ABX 1X. Specifically, all children with family incomes at or below 300% would be enrolled in a state program (Medi-Cal or HFP, depending on family income). Of the close to 150,000 children enrolled in the various local programs slightly more than 39,000 would be eligible for the HFP and 111,000 would be Medi-Cal eligible.

The report presents the results of the analysis that MRMIB and DHCS conducted. It includes an evaluation of the eligibility and enrollments systems of the various state and local programs, a readiness assessment, and a gap analysis between the state and local programs. It highlights operational considerations that should be addressed as part of a transition and provides recommendations for the transition process, including a task check list for the implementation management team.

### Report Elements

The report focuses on the analysis of eligibility and enrollment systems of the twenty-nine CHIs, California Kids Program, and the Kaiser Permanente Child Health Plan. The following areas are identified and addressed in the report:

- ✦ Privacy laws related to sharing data;
- ✦ Enrollee data transferred to the HFP and Med-Cal, including a data dictionary "cross walk," and the method of transferring data;

- ✦ Differences with existing HFP and Med-Cal Program requirements;
- ✦ Tasks and a timeline associated with a transition;
- ✦ Choice in selecting plans and continuity of care issues;
- ✦ Premium structures and premium assistance programs;
- ✦ Enrollment, outreach, re-determination and retention best practices used by the CHIs, California Kids, and the Kaiser Permanente Child Health Plan;
- ✦ Anticipated transition related outreach activities and strategies; and
- ✦ Options for children on a CHI wait or interest list.
- ✦ Lessons learned from the numerous and diverse outreach efforts of the CHIs:
- ✦ A check list for the implementation team to pick up where this report leaves off.

## **Recommendations**

The report includes four main recommendations:

1. *Conduct early outreach to families enrolled in the local programs to advise them of the upcoming transition opportunity and secure a signed “Consent to Share Information” form.*

The Consent to Share Information form provides the legal authority to exchange the eligibility and enrollment data among the programs.

2. *Secure necessary resources (i.e., information technology staff) at the local program level to successfully transfer enrollee data to the state.*

For most of the local programs, transfer of children’s data would need to occur using a flat file process in which the local program convert its data into a standard flat file data format and sends it to a designated secure file transfer protocol site at the Single Point of Entry (SPE), a screening function operated by the HFP administrative vendor. Of particular note is that a few CHIs and the California Kids Program have indicated that they either do not have the technical capability to generate a flat file or their resources are limited for this endeavor.

3. *Enact legislation that permits HFP and Medi-Cal to use the local CHI's income verification documentation for the transition.*

After conducting numerous surveys and interviews, staff found that no two local programs operated in the same manner and that the HFP and Medi-Cal programs have stricter documentation requirements. Without legislation allowing use of the CHI's documentation for the transition, parents of the children enrolled in the local programs would need to provide additional information prior to the child's enrollment into either the HFP or Medi-Cal. The additional information centers on the state's requirement to accurately account for each member living in the home with the child and their financial responsibility to that child. Further, the core determinant of eligibility, income, is not collected and stored by the local programs in a consistent and up-to-date manner.

If policy makers' priority is to create a "seamless" transition, one in which a family does not need to provide additional information to the state, then legislative language permitting HFP and Medi-Cal to use the CHI's income verification finding process should be considered. This would significantly reduce the logistics of enrollment into a state program and would be fortified by the parent's signature on the Consent to Share Information form that requires the parent to attesting under penalty of perjury that the information provided is true and correct.

Note: Los Angeles County, the largest of the CHIs, covering over 30,000 children, proposes an alternative method of transitioning children enrolled in their program. The LA CHI believes conducting local outreach to families (prior to assisting them to submit a joint HFP and Medi-Cal application) to update their records with the core data elements the HFP and Medi-Cal programs require for enrollment is the best approach. At first glance, this seems counterintuitive to the goal of a streamlined transition where a family would be required to submit a minimum amount of information for enrollment. However, based on their past experience working with this population, the CHI believes that this process is the most appropriate approach as it allows local application assistants (rather than the state) to collect all of the necessary information and increases the likelihood of families completing the enrollment process. During the transition phase, it will be important to re-start conversations with Los Angeles to investigate if the CHI proposed approach or the flat file process approach is more efficient since there are other operational considerations with the proposed alternative approach.

4. *Establish a mechanism at the state-level to provide children with continuity of care during the transition.*

This would mean assigning a child to the same health plan in the HFP or Medi-Cal Program that the child was in at the CHI. In CHI's, families do not have a choice of plans, but rather are

<b>CHI PROGRAMS</b>
Del Norte
Fresno
Humboldt
Kern
Kings
Los Angeles
Marin
Mendocino
Merced
Napa
Orange
Riverside
Sacramento Region:
Colusa, El Dorado, Placer, Sacramento & Yuba
San Bernardino
San Francisco
San Joaquin
San Luis Obispo
San Mateo
Santa Barbara
Santa Clara
Santa Cruz
Solano
Sonoma
Tulare
Yolo

enrolled with the one plan that serves the CHI. . For the transition, it would be important to ensure that a child to remain enrolled in the same health plan and with the same provider. This should be possible generally because most of the CHI plans also participate in both Medi-Cal and HFP. Families would later be able to change plans if they chose pursuant to the plan transfer rules of HFP and Medi-Cal.

It is the sincere hope of the staff involved with the report that the information contained herein will be of benefit to policy makers when California or the United States is able to continue down the road to health care reform that covers all California children.

## A Transition Plan

Staff from the MRMIB and DHCS engaged in conversations with the California Children’s Health Initiatives, the leadership organization of all local CHIs, and advocates, at the beginning of the project to establish a set of guiding principles and goals. A number of issues and key questions were raised during these discussions. Many of the issues have been addressed in the following transition plan. Since the CHIs collect a great deal of information from the families already, the ultimate goal is to establish a process that will *minimize* the level of contact and the amount of additional information the state will need to ask of the child’s family.

### **Principles identified for establishing a transition framework:**

- ✦ Encourage a partnership among CHIs, MRMIB and DHCS to clearly document how CHIs operate;
- ✦ To the extent possible, establish a mechanism to exchange enrollment data electronically among CHIs, MRMIB and DHCS;
- ✦ Streamline the transition for families; for example, not requesting information already maintained by the CHI; and
- ✦ Educate families about the new health care delivery system (the HFP and Medi-Cal).

Planning for a transition requires an understanding of the enrollment and annual review processes of each of the individual CHI programs, California Kids, and Kaiser Permanente Child Health Plan, as well as the existing government programs. The detailed accounting of program characteristics, policies and resources included in this report lays the understanding of what data and documents can be transferred from the children’s programs to the state.

As CHI enrollees are transitioned to the appropriate state program, the transfer of data and documentation should expedite the necessary HFP and Medi-Cal eligibility determination processes. Although the characteristics of the coverage provided by the CHIs are very similar, there are significant variations among the policies and procedures utilized for obtaining and storing enrollment information, certifying income and residency, and determining eligibility.

Many aspects of a transition would be determined by the specific details of the legislation, initiative, or regulation that authorizes the policy change. Therefore, the advanced planning attempted in this report is flexible, accounting for a full range of possible scenarios. The primary goal of this report is to describe the relevant general characteristics of the CHIs, California Kids, and Kaiser Permanente Child Health Plan, as well as the important, though often subtle, variations among their operations. This information sets forth a framework to develop a range of alternatives for the efficient migration of enrollees into state and possibly federal financed coverage.

## Children's Health Initiatives (CHIs)

The CHIs are county-based, public-private partnerships that provide comprehensive health coverage for children in low to moderate-income families. These programs, called Healthy Kids in most counties, have demonstrated success identifying, enrolling, and providing continuous coverage to children that are ineligible for existing state programs. The programs currently cover over 73,000 children in twenty-nine counties throughout California. Despite their success, the development of sustainable long-term financing has proven extremely challenging for most CHIs. Over the past several years, there has been significant interest among stakeholders and state-level policy-makers in transitioning the coverage of CHI participants into an existing state coverage program, either the HFP or Medi-Cal.

**MRMIB and DHCS staff met with CHIs during face to face visits and conference calls.**

### **CHI Closure:**

Alameda county CHI closed its program in September 2008 due to lack of funding. This closure displaced over 1,000 children who were receiving coverage through the CHI. An additional 2,500 children were on a wait list for enrollment into the CHI. MRMIB and DHCS initiated contact with the CHI prior to its closure and were unsuccessful in obtaining information about the children enrolled in the CHI.

**The HFP and Medi-Cal currently serve 4.3 million children state-wide -** The HFP must operate under prescribed federal and state funding allotments. Conversely, Medi-Cal is an entitlement program, serving all California's low-income eligible children. A new revenue source is necessary to expand state operated programs to include the close to 90,000 children currently enrolled in the CHIs and on the CHI wait lists. The transition of these children can only occur in the context of a state-wide expansion which will increase eligibility to include all uninsured children.

## CHI Enrollment

The following chart depicts enrollment by age groups. In certain counties, a CHI does not have a direct contract with a health plan to provide health care services; instead, children are enrolled directly into the California Kids Program.

CHART 1: CHI ENROLLMENT

	CHI (a.k.a. Healthy Kids)			California Kids (CHI enrollment only)		
	0-5yrs	6-18 yrs	Total	2-5 yrs	6-18 yrs	Total
Del Norte				2	23	25
Fresno	330	1,240	1,570			
Humboldt				41	293	334
Kern	269	749	1,018			
Kings	50	60	110			
Los Angeles	5,284	25,182	30,466			
Marin				93	1,135	1,228
Mendocino				45	342	387
Merced	173	183	356			
Napa	46	159	205			
Orange	187	1,217	1,404			
Riverside & San Bernardino	2,824	4,296	7,120			
Sacramento Region:						
Colusa	21	25	46			
El Dorado	32	110	142			
Placer	18	52	70			
Sacramento	245	747	992			
Yuba	26	64	90			
San Francisco	467	3,101	3,568			
San Joaquin	337	2,104	2,441			
San Luis Obispo	151	380	531			
San Mateo	727	5,538	6,265			
Santa Barbara	164	882	1,046			
Santa Clara	1,273	8,128	9,401			
Santa Cruz	256	1,669	1,925			
Solano	76	815	891			
Sonoma	178	284	462			
Tulare	244	426	670			
Yolo	82	221	303			
<b>Total</b>	<b>13,460</b>	<b>57,632</b>	<b>71,092</b>	<b>181</b>	<b>1,793</b>	<b>1,974</b>

ENROLLMENT DATA compiled by the California Children's Health Initiatives as of December 31, 2008

**6 to 18 year old enrollment** is often restricted in the CHI by means of a wait list or interest list. CHIs for the most part are adequately funded through local First 5 Commissions for their 0 to 5 population. However, due to limitations in how First 5 funding can be allocated, these resources are not available to fund health care for older children. Ironically, most of the children eligible and not yet enrolled in the CHIs are 6 to 18 years of age. To address closed enrollment in the CHIs some have partnered with Kaiser Permanente Child Health Plan to either transfer CHI enrollment or clear wait lists by offering coverage through Kaiser Permanente Child Health Plan. This occurred in Los Angeles, Orange, San Joaquin, Santa Clara, Sonoma, and Solano counties.

**Enrollment of 0 - 5 year olds remains open as a result of funding from First 5 and less of a demand for this population.**

**Counties with CHIs and other non-governmental children’s health care programs**

Forty of the 58 counties in California provide health insurance plans to children not eligible for state-subsidized coverage. Enrollment in the programs listed below in Chart 2, are often limited by age, funding levels, and provider coverage areas. Some of the counties are currently closed to new enrollment.

CHART 2: COUNTIES WITH LOCAL CHILD HEALTH PROGRAMS

County	CHI	California Kids	Kaiser Permanente Child Health Plan	No Coverage
Alameda			✓	
Alpine				✓
Amador			✓	
Butte				✓
Calaveras				✓
Colusa	✓	✓		
Contra Costa		✓	✓	
Del Norte	✓*	✓		
El Dorado	✓	✓	✓	
Fresno	✓		✓	
Glenn				✓
Humboldt	✓*	✓		
Imperial		✓		
Inyo				✓
Kern	✓			
Kings	✓	✓	✓	
Lake		✓		
Lassen				✓
Los Angeles	✓	✓	✓	
Madera		✓	✓	
Marin	✓*	✓	✓	
Mariposa			✓	
Mendocino	✓*	✓		
Merced	✓	✓		
Modoc				✓

Mono				✓
Monterey		✓		
Napa	✓		✓	
Nevada				✓
Orange	✓	✓		
Placer	✓	✓	✓	
Plumas				✓
Riverside	✓	✓		
Sacramento	✓		✓	
San Benito				✓
San Bernardino	✓	✓		
San Diego		✓		
San Francisco	✓		✓	
San Joaquin	✓		✓	
San Luis Obispo	✓			
San Mateo	✓		✓	
Santa Barbara	✓			
Santa Clara	✓		✓	
Santa Cruz	✓	✓		
Shasta				✓
Sierra				✓
Siskiyou				✓
Solano	✓		✓	
Sonoma	✓	✓	✓	
Stanislaus		✓	✓	
Sutter			✓	
Tehama				✓
Trinity				✓
Tulare	✓		✓	
Tuolumne				✓
Ventura				✓
Yolo	✓	✓	✓	
Yuba	✓		✓	

\*CHI enrolls directly into California Kids

## Role of California Kids Program

California Kids is a limited-scope (outpatient only) subsidized health coverage plan offered in several counties. Unlike CHI programs, California Kids is an independent public private funded program that is centrally administered and its policies are consistent among participating counties, for example the application and eligibility rules are the same.

**Enrollment into California Kids is available in 23**

The amount of monthly premiums varies from \$7 to \$15 per child (\$21 up to \$90 family maximum) depending on the county.

<b>CURRENT</b>
<b>STATEWIDE</b>
<b>ENROLLMENT</b>
California Kids ~ over 6,700
Kaiser Permanente Child Health Plan ~ over 69,000

### CHIs and California Kids

In Del Norte, Humboldt, Marin, and Mendocino counties all CHI eligible children are enrolled directly into California Kids. The CHI pays the California Kids Program premium. Eligibility is determined by the CHI. The application information is sent to California Kids who then enters the information on the application into the Anthem Blue Cross (California Kids administrative vendor) main frame system and processes the premium

payment.

In 16 counties, a CHI is operational along with a California Kids Program. In 7 counties, California Kids is a stand alone program.

## Role of Kaiser Permanente Child Health Plan

Kaiser Permanente Child Health Plan offers a subsidized comprehensive health coverage plan in both its Northern and Southern California regions with basic eligibility requirements similar to those of the CHI programs. The Kaiser Permanente Child Health Plan is only available in areas served by Kaiser Permanente facilities, including all or part of many CHI counties; however, it is not available in all California counties. In the Northern California Region, the Kaiser Permanente Child Health Plan is offered as an alternative to CHIs in the areas where it is available, and in some cases enrollment is coordinated by the CHIs. In the Southern California Region, the Kaiser Permanente Child Health Plan is only offered during specific open enrollment periods lasting several weeks, generally once or twice per year. In the areas where Kaiser Permanente Child Health Plan is available, enrollment has not been systematically integrated with CHI outreach and enrollment activities. Although, there have been some episodic coordination.

**Enrollment into Kaiser Child Health Plan is available in 24 counties.**

## Eligibility and Enrollment Overview

*Similarities in the eligibility and enrollment procedures among CHIs, California Kids, and the Kaiser Permanente Child Health Plan will help facilitate a transition for children into either the HFP or Medi-Cal.*

The following section describes in detail how each of the programs, HFP, Medi-Cal, CHIs, California Kids, and the Kaiser Permanente Child Health Plan operates. Implemented in April 1999, the Single Point of Entry (SPE) is a model for efficiency and standardization in state government. The SPE is the central processing center for the joint HFP and Medi-Cal mail-in and electronic online (Health-e-App) applications. It uses a complex set of logic to assure children are referred to the appropriate program using uniform income, relationship and family size rules approved by the federal government. The SPE includes a toll-free service center to answer questions about the application, assistance with a phone-in application, and status of applications.

When SPE screens a child for the HFP and Medi-Cal, it utilizes two critical concepts: the Medi-Cal Family Budget Unit (MFBU), and the Mini Budget Unit (MBU). In summary, the SPE uses the following guidelines. *Note: the examples below do not represent the entire list of who counts in the family size.*

### SPE Eligibility Core Data Elements for Screening:

- ✦ Child's First/Last Name
- ✦ Child's Date of Birth
- ✦ Applicant's First/Last Name
- ✦ Family Size (MFBU)
- ✦ Relationship of Family Members to Applicant (MFBU)
- ✦ Household Gross Income
- ✦ Household Net Income
- ✦ Individual's Gross Income (MBU)
- ✦ Individual's Net Income (MBU)

### Medi-Cal Family Budget Unit (MFBU):

The MFBU is the number of relatives included in the family composition (size) of the child's household. The MFBU may include persons that do not have financial responsibility for the child, such as siblings and step-parents living in the home with the child. Distant relatives such as aunts, uncles, grandparents or cousins are not included in the MFBU. A pregnant relative included in the family size is counted as two.

This family size, the age of the child applying for services, and the MBU income is compared to the HFP and Medi-Cal eligibility income levels.

**Mini Budget Unit (MBU):**

The MBU is the sub-unit derived from the MFBU that ensure income is treated in accordance with financial responsibility rules established in Medi-Cal and utilized by both Medi-Cal and the Healthy Families Program. The MFBU is separated into MBUs only if a child has income or resources of his/her own, or when a stepparent is included in the MFBU. Then that child is evaluated in his or her own separate MBU and the income of the responsible relative(s) for that child is included in the calculation. A sibling's income is not counted nor is a step-parent's income. In general, the income of the child (i.e., child support) and the income of the parent are added together to make up the MBU income. The actual MBU income is adjusted for standard allowable deductions, such as a \$90 work credit, child day care expenses, etc.

CHART 3: INCOME ELIGIBILITY BY AGE GROUP

Family Size	Medi-Cal	HFP	Medi-Cal	HFP	Medi-Cal	HFP
	Birth up to age 1 or pregnant woman	Birth up to age 1	Age 1-5	Age 1-5	Age 6-18	Age 6-18
1	\$0 - \$1,805	\$1,806 - \$2,257	\$0 - \$1,201	\$1,202 - \$2,257	\$0 - \$903	\$904 - \$2,257
2	\$0 - \$2,429	\$2,430 - \$3,036	\$0 - \$1,615	\$1,616 - \$3,036	\$0 - \$1,215	\$1,216 - \$3,036
3	\$0 - \$3,052	\$3,053 - \$3,815	\$0 - \$2,030	\$2,031 - \$3,815	\$0 - \$1,526	\$1,527 - \$3,815
4	\$0 - \$3,675	\$3,676 - \$4,594	\$0 - \$2,444	\$2,445 - \$4,594	\$0 - \$1,838	\$1,839 - \$4,594
5	\$0 - \$4,299	\$4,300 - \$5,373	\$0 - \$2,859	\$2,860 - \$5,373	\$0 - \$2,150	\$2,151 - \$5,373
6	\$0 - \$4,922	\$4,923 - \$6,153	\$0 - \$3,273	\$3,274 - \$6,153	\$0 - \$2,461	\$2,462 - \$6,153

GUIDELINES CHANGE ANNUALLY IN APRIL- Effective April 2009

**The Joint HFP and Medi-Cal Application (MC 321 HFP)** – Both the mail-in and on-line electronic version (Health-e-App) collect the necessary information for the two programs to make an accurate screening at SPE and a final eligibility determination. If the elements are missing from the application, a missing information process (phone calls and a letter) is initiated. The programs share information (refer applications back and forth). *The following information is collected.*

**Applicant's Information:**

Demographic information about the person applying for the child such as full name, date of birth, address, phone number, language preference for oral and written communication.

**Child's Information:**

Demographic information about who is being applied for such as full name, date of birth, home address, confirmation that the child is living in the home with the applicant and the relationship to the applicant, identification of the mother and father of the child and if the parent is living with the child, gender, ethnicity, birthplace, confirmation of U.S. Citizenship or immigration status, other insurance status

(including employer sponsored insurance enrollment), option to request retro Medi-Cal (3 months) for prior medical expenses.

**Family Income and Size:**

In order to properly determine financial responsibility, the application requests a list and documentation of the income, source and frequency of the income for every person listed on the application.

In order to establish a family's net income, the application requests confirmation of certain monthly expenses of the applicant and other adults receiving income listed on the application. Specifically requested are amounts for child day care, disabled dependent care, court-ordered child support and court-ordered spousal support.

To capture family size the application requests a list of all other family members who live in the home (name, gender, date of birth, relationship to the applicant) and asks if any of these individuals are pregnant.

**Additional, optional information requested by Medi-Cal:**

- ✦ Does the applicant or any other person in the home want Medi-Cal?
- ✦ Does any person in the home have a physical, mental, emotional, or developmental disability and want Medi-Cal?
- ✦ Is any person applying for coverage involved in a lawsuit because of an injury or accident?
- ✦ Is there more than one car owned by household members?
- ✦ Is there more than \$3,150 held by household members in cash or bank accounts?

**Additional, optional information requested by the HFP:**

- ✦ The HFP offers the applicant an opportunity to choose their plan provider on the joint application; Health Plan, Doctor or clinic, Dental Plan, Dentist or clinic, Vision Plan, Eye Doctor or clinic
- ✦ The HFP premiums can be waived per the applicant's request if the applicant is a Native American Indian or Alaska Native.

**Community Based Organizations (CBOs) Role in the Community as Enrollment Entities (EEs):**

The CBOs play an important role in providing information to potential applicants about the changes in the HFP and Medi-Cal, informing them about other county programs and helping them complete the application for these programs. Various groups and individuals can become EEs if they demonstrate that their organization has a history of providing services to the target population. The employees of the EEs must successfully complete a state authorized training session to become a Certified Application Assistant (CAA). EEs receive reimbursement from the state for the assistance they provide in helping children successfully enroll or re-qualify in the HFP or Medi-Cal.

As of July 2006, EEs are reimbursed \$50 for each successful HFP or Medi-Cal enrollment using the joint HFP and Medi-Cal application, \$60 for each successful enrollment using the electronic on-line Health-e-App, and \$50 for the HFP annual redetermination. It is envisioned that CAAs would help in those counties where an electronic exchanged of data is not possible (i.e., limited technical resources of the local program or no Consent to Share Information Form on file) and with any HFP or Medi-Cal missing information requests. At the time of writing this report, EE reimbursements were discontinued due to the state budget deficit. If the EE payments are not in place at the time of transition, the ability of the local programs to conduct application assistance may be minimized.

# The Healthy Families Program Eligibility and Enrollment Overview

Federal funds pay for approximately two-thirds of the cost of California's Healthy Families Program (HFP), which is California's version of the Federal Children's Health Insurance Program. Children are eligible for the HFP if: they are under age 19, they have been without employer-sponsored health insurance in the last three months (with some exceptions), they live in California, they are not eligible for or are enrolled in no-cost Medi-Cal, they meet citizenship or immigration rules, the family income falls within the HFP guidelines, or if they were born to mothers enrolled in the Access for Infants and Mothers (AIM) Program.

## How Children Get Enrolled in the HFP:

HFP enrollment is completed primarily through the mail-in joint application or electronic on-line Health-e-App. When the HFP receives the child's initial application from SPE, the HFP has 10 calendar days to determine if the child qualifies for HFP. If the child does in fact qualify for HFP, the child's first day of coverage begins 10 calendar days from the date HFP determined the child qualified for HFP. However, if the application is missing information (MI), HFP will contact the applicant to request the necessary information needed for a complete application. The applicant has 17 days from the date HFP received the application to send the MI. HFP will notify the applicant in writing of their eligibility determination and their effective date of coverage, if eligible.

There are different acceptable forms of income documentation and deductions, but they are consistent with Medi-Cal requirements. As discussed previously, the MBU and MFBU methodology is used in the HFP eligibility determination process.

**Consumer choice in selecting plans** – The HFP gives the applicant a choice of health, dental, and vision insurance plans. The applicant chooses from any insurance plan available in the county where the child lives. All children in one household must be enrolled in the same health, dental and vision plans. Each county includes a Community Provider Health Plan, which has a lower monthly premium.

**Open enrollment process** – Each year, typically from April 15 to May 31, the applicant can choose a new health, dental, or vision insurance plan. The HFP mails the information in early April. If a new insurance plan is chosen, all the children in the household are transferred to the new plan. Coverage in the new plan starts on July 1.

**25 health plans, 6 dental plan and 3 vision plan choices are available in the HFP effective July 2009.**

### To make a final HFP eligibility determination the following information is necessary. If absent the application is considered missing information.

- ✦ Applicant's Full Name, Date of Birth, Primary Written and Oral Language, Home and Mailing Address, and Phone Number
- ✦ Applying Child's Full Name, Home and Mailing Address, Date of Birth, Birth Place, Gender, Citizenship or Immigration Status Documentation (can be submitted after enrollment but within 2 months), Relationship to the Applicant
- ✦ Family Members Living in the Home and Relationship to the Applicant – this includes number of unborn babies
- ✦ Plan Selections
- ✦ Income Documentation for Each Individual
- ✦ Income Deduction Documentation
- ✦ Signed Application Declarations

**Annual Eligibility Review (AER) process** – The applicant is notified by mail of their AER at least 60 calendar days before the end of the family’s anniversary date in the HFP. The applicant must verify the family size and provide updated income documentation. The AER, which is a pre-populated form, and income documents must be received by the last day of the anniversary month or the child will be disenrolled. If the enrolled child continues to qualify for the HFP, coverage continues for another 12 months. If a child does not re-qualify for the program during AER because the household income is below the HFP’s guidelines, the HFP forwards the AER to Medi-Cal for eligibility determination. The child receives free temporary health coverage from Medi-Cal (if they meet certain requirements) until the time Medi-Cal makes a final eligibility decision.

**Premiums** – Monthly premiums for children are determined by income category, which includes family size, family income, and the health plan chosen. The family’s monthly premium is between \$4 and \$17 for each child, up to a maximum of \$51 for all children in a family. Effective November 1, 2009 HFP monthly premiums will increase. The new premiums will range between \$4 and \$24 for each child, up to a maximum of \$72 for all children in a family.

CHART 4: PREMIUM CATEGORIES BY INCOME

Family Size	Category A	Category B	Category C
1	\$904 - \$1,355	\$1,355.01 - \$1,805	\$1,805.01 - \$2,257
2	\$1,216 - \$1,822	\$1,822.01 - \$2,429	\$2,429.01 - \$3,036
3	\$1,527 - \$2,290	\$2,290.01 - \$3,052	\$3,052.01 - \$3,815
4	\$1,839 - \$2,757	\$2,757.01 - \$3,675	\$3,675.01 - \$4,594
5	\$2,151 - \$3,225	\$3,225.01 - \$4,299	\$4,299.01 - \$5,373
6	\$2,462 - \$3,692	\$3,692.01 - \$4,922	\$4,922.01 - \$6,153
7	\$2,774 - \$4,159	\$4,159.01 - \$5,545	\$5,545.01 - \$6,932
8	\$3,086 - \$4,627	\$4,627.01 - \$6,169	\$6,169.01 - \$7,711
9	\$3,397 - \$5,095	\$5,095.01 - \$6,792	\$6,792.01 - \$8,490
10	\$3,709 - \$5,562	\$5,562.01 - \$7,415	\$7,415.01 - \$9,269
Amount for each additional family member			
	\$313 - \$468	\$468.01 - \$624	\$624.01 - \$780

GUIDELINES CHANGE ANNUALLY IN APRIL- Effective April 2009

CHART 5: PREMIUM CATEGORIES A, B AND C

Category A		Category B			Category C		
Number of Children		Number of Children			Number of Children		
1	2 +	1	2	3 +	1	2	3 +
\$4 - \$7	\$8 - \$14	\$9 - \$12	\$18 - \$24	\$27 - \$36	\$14 - \$17	\$28 - \$34	\$42 - \$51

If premium payments are not paid in full for two consecutive months, the child will be disenrolled at the end of the second month. The HFP sends reminder notices before the disenrollment occurs.

**Co-Payments** – Families do not pay for preventative services, they pay a \$5 co-payment at the time of receiving certain services such as visits to a doctor and prescription drugs. Two hundred and fifty (\$250) is the family maximum co-payment amount per benefit year. Effective November 1, 2009 co-payments will increase from \$5 to \$10 with the following two exceptions. The co-pay for the emergency room will be \$15 unless hospitalized. The co-pay for brand name prescription drugs will be \$15 and only applies if there is an appropriate generic drug available.

Of note, if the applicant or child applying for the HFP is of American Indian or Alaska Native descent they may not have to pay the monthly premium and co-payments. Documents proving the ancestry must be provided.

<p style="text-align: center;"><b>AB 495</b></p> <p style="text-align: center;"><b>COUNTIES</b></p> <p style="text-align: center;">San Francisco</p> <hr style="width: 100%;"/> <p style="text-align: center;">San Mateo</p> <hr style="width: 100%;"/> <p style="text-align: center;">Santa Clara</p> <hr style="width: 100%;"/>	<p>Chapter 648, Statutes of 2001, Assembly Bill (AB) 495 created the Children’s Health Initiative Matching Fund in the State Treasury administered by the MRMIB. The fund allows for the intergovernmental transfer of local funds used for CHIs to draw down federal matching funds for federally eligible children (i.e., US citizen or qualified legal immigrant children). The program provides federal funding for low cost health coverage, with an eligibility process, benefits, and premiums similar to the HFP. The program provides coverage to uninsured children to age 19, who are not eligible for the HFP or the no-cost Medi-Cal Program, and whose household income falls below 300 percent of the FPL.</p>
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Because the three AB 495 counties (San Francisco, San Mateo, and Santa Clara) are required to structure their eligibility and enrollment process identical to that of the HFP, the CHIs in these counties have all of the necessary and up-to-date information needed to transition the children, without delay, into either the HFP or Medi-Cal.

## Medi-Cal Eligibility and Enrollment Overview

Existing state and federal law provides for the Medi-Cal program, which is the Medicaid program in California. The Medi-Cal program provides for limited-scope coverage, which includes emergency and prenatal services, for persons who, except for their citizenship and immigration status, would be eligible for full-scope (comprehensive healthcare and screenings, including prescription coverage and dental care) coverage. The Medi-Cal program operates with federal financial participation (FFP) based on federal Medicaid requirements. State law also provides for some state-only funded Medi-Cal programs to cover persons who do not meet federal requirements. Since current federal law does not provide for HFP or full-scope Medi-Cal eligibility coverage for persons who fail to meet citizenship and immigration status, in a transition, it would be necessary to establish state-only funded programs.

Currently, Medi-Cal has a variety of full scope programs that pays for medically-necessary health care services for children who meet citizenship and satisfactory immigration status. Therefore, if legislation were enacted to disregard those who do not have satisfactory immigration status, these children would be evaluated for the appropriate Medi-Cal program based on their family income and circumstances.

### **How Children Get Enrolled in Medi-Cal:**

The majority of children currently are enrolled in Medi-Cal coverage in one of the following ways:

- ✦ Through a preliminary screening by a Child Health and Disability Prevention (CHDP) provider; the process is known as the CHDP Gateway where the child receives temporary coverage and later submits a joint application to SPE or applies directly at a county office.
- ✦ By submitting a joint application, either independently or through a CAA, to SPE; a child may receive temporary Medi-Cal coverage known as Accelerated Enrollment (AE) pending a full Medi-Cal determination by the county.
- ✦ By visiting the county Department of Social Services and completing an application.

The CHDP Gateway electronic process results in immediate full-scope Medi-Cal coverage for children not already enrolled in HFP or Medi-Cal and whose family income seems to qualify them for either the HFP or Medi-Cal based on an income limit for their family size. In the CHDP Gateway process, this coverage lasts for the month of application and the following month, unless a joint application is submitted before the coverage ends. If a joint application is submitted before the end of the second month, coverage is extended until an eligibility determination is made. In the SPE AE process, since an application has already been submitted, the coverage is until an eligibility determination is made by the county office. The CHDP Gateway and SPE AE processes use the mail-in joint application, unless the application is made through a CAA who has access to the electronic online Health-e-App.

Children applying through the county Department of Social Services do not receive immediate full scope coverage while their application is being processed. The county is mandated to complete the application process in 45 days if the application is for family based eligibility. This process mainly uses the Medi-Cal application (MC 210).

### **What Medi-Cal Program Would the Children be Placed In?**

Medi-Cal has a variety of full scope programs that pays for medically-necessary health care services for eligible residents of California with linkage (primary eligibility factors prior to consideration of income or resources), such as: recipients of state or federal public assistance cash aid programs; qualified low-income

persons such as families with children; low-income children and pregnant women; and aged, blind, and disabled persons.

Medi-Cal offers only emergency and pregnancy-related services for children who fail to meet immigration and/or citizenship requirements for full-scope Medi-Cal. Thus, the establishment of full-scope Medi-Cal to cover children currently not eligible due to their failure to meet federal immigration status would likely mirror the requirements of the description of current programs that follow unless the enabling legislation directed otherwise. There would be a significant fiscal impact to the establishment of any state-only funded program.

**Mandatory and Optional or Child Groups Eligible for Coverage with Federal Financial Participation (FFP)** – Medi-Cal covers a variety of “mandatory” and “optional” groups that are eligible for coverage with FFP. Children transitioning from CHIs, California Kids, and the Kaiser Permanente Child Health Plan would be enrolled into one of these groups by meeting all the requirements therein, except for the immigration requirements for non-citizen children. The development of the CHI transition plan must take into account the particular requirements for each group. These groups are described below in relative order of importance and use.

**Mandatory groups include FPL and 1931(b) children:**

**Children’s programs with eligibility based on a percentage of the Federal Poverty Level (FPL)** – The FPL is an important determinant of Medi-Cal eligibility. The FPL is a nationwide, federal categorization of persons in relationship to federally defined poverty levels that are based on income and family size. Federal law requires that all state Medicaid programs cover certain so-called “mandatory” groups, but it also allows states to receive federal matching funds for certain other “optional” groups. Children and infants are a mandatory group, but states can choose the income level within certain parameters. California chose to expand the FPL income limits for its children’s programs. The establishment of state-funded FPL children’s programs for infants and children who do not meet immigration status requirements would likely be based on the requirements below:

California has an asset waiver for the FPL programs. None of the family’s assets count against their children’s eligibility.

**FPL Program for Children:**

For infants (up to 1 year of age), up to 200 percent of FPL; and

For children up to age 19, the coverage at the maximum allowed in federal law is:

Children ages 1 to 5, 133 percent of FPL; and Children ages 6 to 19, 100 percent of FPL.

**1931(b) program** – Children in family groups that would have received Aid to Families with Dependent Children (AFDC) under the rules in place on July 16, 1996, (including families that now receive California Work Opportunity and Responsibility to Kids [CalWORKS] cash aid) and children deprived of parental support and care are a mandatory coverage group under section 1931(b) of the Social Security Act. California’s 1931(b) program currently covers families with countable income up to 100 percent of the FPL for their family size, a higher limit than is required by federal law.

Assets are not exempt for children in the 1931(b) program. This means that in addition to income and deduction information, asset and property information is needed in order to determine a family’s eligibility. The home the family lives in is exempt and in certain circumstances the vehicle.

**Optional groups include medically needy (MN) children and medically indigent (MI) children:**

**Medically needy children** – These are children deprived (based on having an absent, incapacitated, or unemployed parent) with family income that exceeds the children’s FPL program level and the 1931 (b) level who receive Medi-Cal with a Share of Cost (SOC) – the amount of medical expenses the person or family must pay or obligate to pay each month before Medi-Cal pays any remaining medically necessary Medi-Cal covered expenses. There is no income limit in this program.

Children’s assets are not exempt in the MN or MI programs. The principal residence is exempt. This includes all property contiguous or adjacent to the property that includes the home. Real property other than the principal residence is limited to \$6,000 net equity and must be utilized. One vehicle regardless of value is exempt.

**Medically indigent children** – These are children who meet the same income and asset standards as MN children, but who do not meet deprivation requirements and other children who receive state-only foster care, Adoption Assistance Payments (AAP), and Kinship Guardianship Assistance Program cash payments. MI children may also have a SOC.

The MN program is the most widely used optional group, as it allows for Medi-Cal eligibility to persons who may have too much income to qualify for Medi-Cal without a SOC.

## Children’s Health Initiative Eligibility and Enrollment Overview

All of the Children’s Health Initiative (CHI) received a survey from the MRMIB and DHCS that asked about the CHIs eligibility and enrollment process and for copies of their application, annual renewal form, and policy and procedures manual. The survey gathered information relevant to the analysis the state undertook to compare and contrast CHIs with the HFP and Medi-Cal. The survey covered three key areas: outreach, application and eligibility determination process, and data records and systems.

Outreach	Application & Eligibility	Data Records & Data Systems Used
<ul style="list-style-type: none"> <li>✦ Outreach and retention activities during a transition</li> <li>✦ Outreach areas which additional assistance is requested from the state</li> <li>✦ Coordination with Enrollment Entities and Certified Application Assistants</li> <li>✦ Feedback from families not wanting to apply for a state program</li> </ul>	<ul style="list-style-type: none"> <li>✦ Use of the HFP and Medi-Cal joint application</li> <li>✦ Concurrent enrollment of children into limited scope Medi-Cal</li> <li>✦ Access to the MEDS system and data matching agreement with DHCS Third Party Liability</li> <li>✦ Consent from families to share information with a state program</li> <li>✦ Current wait or interest list</li> <li>✦ Premium assistance or hardship program</li> <li>✦ Annual Review process</li> </ul>	<ul style="list-style-type: none"> <li>✦ Joint application questions related to demographics of the applicant, other individuals living in the home and the children applying for coverage</li> <li>✦ Income for purposes of determining eligibility</li> <li>✦ Premiums collected and case status</li> <li>✦ Denials and appeals</li> <li>✦ Additional data collected by the CHI</li> <li>✦ Storage and Retention of data collected and document</li> </ul>

**Each CHI developed its own individualized procedures for enrollment, including the collection and certification of income and residency documentation** - Although many counties report that their processes “mirror” the HFP, nearly every county has made subtle but important alterations to these processes. Some Medi-Cal enrollment requirements are not addressed most importantly, household income calculations and financial responsibility rules. In addition, a signature “under penalty of perjury” attesting that the information submitted on the application is true and correct is missing from the CHI process.

There are a variety of different applications used for enrollment into the CHI programs, falling generally into three categories. First, some of the CHI counties exclusively use One-e-App, a web-based application system that allows CAAs to perform an initial eligibility screening for a family and submit applications on behalf of eligible children for CHI, HFP or Medi-Cal. Because this is a paperless application submitted electronically by a CAA over the web, it usually requires the family to apply in person at an outreach location. Second, other counties use a

**These differences may require the collection of additional information from families or the completion of additional steps in an enrollment transition.**

combination of the joint HFP and Medi-Cal application with an “addendum,” usually one page, for enrollment into the CHI program. Counties that use this method generally can take an application in person with a CAA at an outreach location or in some cases the family can fill out the application and send it in by mail. Last, there are a few counties that use a unique local application for their CHI programs. These are roughly based on the joint HFP and Medi-Cal application, generally with less information required, and may be paper-based or electronic. The electronic applications must be completed in person with a CAA, while the paper-based applications can be mailed to the CHI. For example, in Los Angeles County, the largest CHI with over 30,000 children uses multiple methods. They use One-e-App and Health-e-App at some outreach locations and paper-based applications at others. Although a large investment was made in implementing One-e-App in Los Angeles County, less than 2,000 Healthy Kids members enrolled through this method largely because One-e-App was not implemented until February 2007, about a year after the enrollment hold for children ages 6 to 18.

**The state will have to accept CHI data originating from various enrollment systems.**

It is a fact that no two counties are the same in terms of the data they will be able to provide. Even among CHIs that do solely use One-e-App, there are differences in how it is implemented that require tailoring specific transition processes for each county.

**How One-e-App Can Help in a Transition:**

One-e-App is a web-based application and enrollment system utilized by a number of CHI counties to screen and enroll children into HFP, Medi-Cal and local CHI programs. It uses all of the questions from the joint application. It retains in a centralized location all enrollment data provided for each child processed through the system. It also contains an authorization from families allowing data to be shared among the programs. For counties utilizing the One-e-App system, it provides an efficient ‘one-stop’ location for state program administrators to obtain key data necessary to transition enrollment from local CHI programs to statewide coverage. In counties that have adopted One-e-App after launching their program, it is the case that enrollee data for pre-existing members has not been ‘back-filled’ into One-e-App. One-e-App is also used for annual review in some counties. However, One-e-App has not always been the exclusive system for enrollment into a CHI. Therefore, One-e-App does not contain data for all enrollees in counties which utilize other enrollment options currently or in the past. Chart 6, Exclusive Use of One-e-App for Enrollment and Annual Review, summarizes this limitation on the next page.

**Ideally, all CHIs would be using One-e-App but due to the expense many cannot take advantage of the technology.**

CHART 6: EXCLUSIVE USE OF ONE-E-APP FOR ENROLLMENT AND ANNUAL REVIEW

<b>One-e-App County</b> (Enrollment as of 12/08)	<b>One-e-App Used for Annual Review</b>	<b>All Enrollment Data in One-e-App</b>
<b>Fresno</b> (1,570)	✓	No; as of 12/08 plan is to migrate 220 old applications into OeA
<b>Orange</b> (1,404)	Do not use OeA because they renew each child separately	No; as of 1/09 plan is to migrate 1,000 old applications into OeA
<b>San Joaquin</b> (2,441)	✓	✓
<b>San Mateo</b> (6,265)	✓	✓
<b>Santa Clara</b> (9,401)	✓	✓
<b>Santa Cruz</b> (1,925)	✓	✓

## California Kids Program Eligibility and Enrollment Overview

*California Kids and the Kaiser Permanente Child Health Plan serve a critical role in providing health care coverage to children who cannot enroll in the Healthy Families Program, Medi-Cal, or a Children's Health Initiative.*

The California Kids Program provides affordable and preventative out patient health care services for children in households with family income up to 300 percent FPL, ages 2 to 18, who are not eligible for the HFP, Medi-Cal or any other state sponsored health insurance program. California Kids was founded in 1992 and is an independent non-profit organization. Since the inception of the program, California Kids has served more than 65,000 children in 38 counties who are not eligible for government sponsored health care programs and whose parents are not able to afford the cost of private medical insurance. California Kids is subsidized by contributions from businesses, foundations and individual monthly shared premium payments.

California Kids partners with many community-based organizations, health care providers, and foundations to identify and assist in enrolling eligible children. The program has contracted with over 1,000 health care providers and 8 pharmacies throughout the State of California. Currently there are children enrolled in the program in 23 counties throughout the state. California Kids provides medical, dental and vision coverage to qualifying children. Medical coverage is provided by Anthem Blue Cross; dental and vision coverage is provided by SafeGuard; behavior health is provided by the Holman group; and Mckesson provides the 24-hour nurse services. A co-payment is required at the time services are rendered ranging from \$5 to \$50. The monthly premium to participate in the program ranges from \$7 per child up to \$15 with a family maximum ranging from \$21 to \$90 monthly. Of note, Marin County does not charge a premium.

California Kids also uses Anthem Blue Cross as their program administrator. The following fields are captured in the administrator's system: child's full name, date of birth, address, phone number, and parent's name. All hardcopy documents of income documents, birth certificate and the one page application are kept via hard copy for up to three years.

### **CHI direct enrollment into California Kids:**

There are only a handful of counties in which California Kids is accepting new enrollment. These are primarily the counties which use California Kids as the program administrator for their CHI; they include: Del Norte, Humboldt, Marin, and Mendocino. El Dorado and Imperial counties are also open for enrollment.

**More than likely, California Kids and Kaiser Permanente Child Health Plan will continue to operate serving a different population.**

California Kids and CHI counties work closely together to ensure children are screened appropriately into an eligible program. Once a child has been screened and is eligible for the program, the county CHI will send appropriate information (application and premium) to California Kids. All eligibility is determined by the CHI, then the information and appropriate paperwork is sent to California Kids and they will enter the application into the administrator's main frame system and process the premium payment. Once application and premium is processed, California Kids will send information to the appropriate health care providers. On a monthly basis California Kids prepares and distributes to the CHI an enrollment report listing all children enrolled.

## Kaiser Permanente Child Health Plan Eligibility and Enrollment Overview

Kaiser Permanente Child Health Plan provides a subsidized comprehensive coverage plan in California. Kaiser Permanente Child Health Plan was first implemented in 1998. The Kaiser Permanente Child Health Plan is available in 24 counties throughout the state. As of the date of this report, the Kaiser Permanente Child Health Plan is closed for new enrollments in the Southern California region, with the exception of Los Angeles County. Northern California Region is open for new enrollments. Kaiser Permanente Child Health Plan total enrollment as of April 2009 is over 69,000.

Federal Poverty Level	Enrollment
0 – 100%	29,516 (42.4%)
101 – 250%	32,969 (47.4%)
251 – 300%	7,048 (10.1%)
<b>TOTAL</b>	<b>69,533</b>

Kaiser Permanente Child Health Plan provides medical, dental and vision coverage. There is a monthly premium of \$8 to \$15 per child, and \$24 to \$45 for up to three children. Additional children are covered at no extra premium. Dental services are available to children enrolled in the Kaiser Permanente Child Health Plan at no additional charge and is administered by the PMI Dental Health Plan, a Health Maintenance Organization (HMO) affiliate of Delta Dental. There is a co-payment at the time services are rendered ranging from \$5 for office visits and \$35 for emergency services. Children get enrolled into the program through community-based organizations and school districts. Kaiser Permanente Child Health Plan enrollment can be done through One-e-App (electronic single application system for multiple state and local health care programs) in selected counties. One-e-App is used in Fresno, Santa Clara, San Joaquin, Los Angeles and Orange counties to enroll children into the program.

Kaiser Permanente Child Health Plan’s eligibility requirements are similar to those of the CHIs; children ages birth to 19 who are not eligible for the HFP, Medi-Cal or any state-sponsored health insurance program. In addition, the child can not be eligible for health coverage that is paid for, in any part, by an employer, and family income must be at or below 300 percent of the FPL. The Kaiser Permanente Child Health Plan currently practices eligibility reviews every two years. This process began in September 2008; prior to this date they would request information once a year. The Kaiser Permanente Child Health Plan does not require families to send updated income information.

Kaiser Permanente Child Health Plan uses their customized system to input all application information received. The Kaiser Permanente Child Health Plan application captures basic information about the applicant, demographics of the child applying for coverage, prior Kaiser Membership, current insurance status, family size and household income. The data system is able to pre-populate information, and they currently pre-populate the bi-annual renewals.

## Readiness Assessment

*Each CHI is unique; so a transition will require extensive coordination at the state-level. The California Kids Program and the Kaiser Permanente Child Health Plan will also require additional attention.*

Each CHI is unique in terms of the resources they have available to them to assist in a program transition; as well, as the relevant local policies and procedures for gathering and storing data during enrollment and annual review. There are a number of general considerations regarding the CHI programs that provide important context in assessing their overall readiness for a transition to state-financed coverage. The following analysis summarizes the characteristics of the local programs.

### CHI County by County Analysis

**Del Norte, Humboldt, Marin, Mendocino (California Kids)** – In these counties, the CHI enrolls children directly into California Kids. California Kids uses their administrative vendor’s system to store enrollment information. Data is exchanged with the designated providers once children are enrolled into the program. The California Kids section of the report provides more detail on the process.

**Fresno** – The Healthy Communities Access Program Office, also known as the Fresno CHI, administers the Healthy Kids program in Fresno County. In November 2008, the Fresno CHI became the singular program administrator of the Healthy Kids program; prior to that date the 0 to 5 population was administered by a separate entity. The Fresno CHI data system is exclusively One-e-App with the exception of approximately 220 applications from the 0 to 5 transition that they are in the process of migrating into One-e-App. During the initial application process and during their annual review process they require current income documentation.

The Fresno CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Fresno CHI is Health Net, which also provides coverage to HFP and Medi-Cal in Fresno County. The monthly premiums are \$4 to \$36 per child; family maximum \$8 to \$45 and co-payments are \$5 for all non-preventative service visits. The Fresno CHI does not have a premium assistance program. If enrollment becomes capped, a waiting list is activated and full applications are kept on file for families seeking coverage. The Fresno CHI concurrently enrolls members into limited scope Medi-Cal, but does not have access to the Medi-Cal Eligibility Data System (MEDS).

**Kern** – The Children’s Health Initiative of Kern County, also known as the Kern CHI, administers the Healthy Kids program in Kern County. The Kern CHI’s data system is FileMaker Professional database. During the initial application process, the Kern CHI utilizes their Healthy Kids application and at times uses the joint HFP and Medi-Cal application with the Healthy Kids application. The Kern CHI requires proof of residency, proof of income, and proof of age (birth certificate). Their Healthy Kids paper applications are completed by CAAs and forwarded to the local Department of Human Services (DHS) where the MEDS is updated by local DHS staff. The Kern CHI has an annual review process and sends a pre-printed “Annual Eligibility Review” form to confirm family information is correct; in which new income documentation and proof of residency are requested.

The CHI provides health coverage for children living in a household with income at or below 300 percent of FPL. The health plan for the Kern CHI is Health Net which also provides coverage to the HFP and Medi-Cal in Kern County. The monthly premiums are \$5 per child; family maximum \$25 and co-payments are \$5 for all non-preventative service visits. The CHI offers a “premium exemption” for families with income below 150 percent of the FPL. The Kern CHI has a hardship fund for enrollees having difficulty in paying their premium. The fund is based on first come first serve, and is available upon receipt of accepted application for the following reasons: loss of employment, illness, and catastrophic circumstances: illness, disaster (fire, theft, and flood) death in family, disability, divorce/separation, and child CCS eligibility.

If enrollment becomes capped, the Kern CHI utilizes their waiting list policy and keeps full applications on file for families seeking coverage. The Kern CHI works closely with Kern County DHS and has access to the MEDS; they concurrently enroll the children into limited scope Medi-Cal.

**Kings** – Kings County Healthy Kids organization, also known as Kings CHI, administers the Healthy Kids program in Kings County. The Kings CHI has the smallest enrollment (110 children) and is the most recent to launch, summer 2007. The CHI’s data system is Microsoft Access database. During the initial application process, the Kings CHI utilizes their Healthy Kids application, which also serves as an “Annual Renewal” form. They require proof of age, proof of income, and proof of residency. The Kings CHI has an annual review process and requests new income documentation that is updated in their Access database, and limited documentation is kept on file.

The Kings CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Kings CHI program is Health Net, which also provides coverage in the HFP. Medi-Cal coverage in this county is fee-for-service (FFS). Monthly premiums are \$5 per child, with no family maximum, and co-payments are \$5 for all non-preventative service visits. Families with income below 150 percent of the FPL are exempt from paying premiums.

If enrollment becomes capped, an interest list is activated and basic family contact information is kept on file for families seeking coverage. The Kings CHI reported that they do not concurrently enroll children into limited scope Medi-Cal, and do not have access to the Medi-Cal Eligibility Data System (MEDS). However, the Kings CHI stated that in their experience most children are already enrolled in limited scope Medi-Cal; if this is the case they are identified in their data system. The Kings CHI works closely with their local Child Health and Disability Prevention (CHDP) Gateway providers who check current HFP and Medi-Cal eligibility; if the child is not enrolled they assist with a Healthy Kids application.

**Los Angeles** – The CHI of Greater Los Angeles (CHIGLA), also known as the LA CHI, has the largest Healthy Kids program enrollment, accounting for over 40 percent of total enrollment statewide. Healthy

Kids is administered by the L.A. Care Health Plan. The LA CHI's main data system for Healthy Kids is Oracle Data Base. During the initial application process, they utilize their Healthy Kids/LA Care application and at their option, CAAs use One-e-App for enrollment. There is a direct interface with One-e-App and the Oracle Data Base. Since One-e-App was implemented in February 2007, about a year after the enrollment hold for children ages 6 to 18, the CHI reports that less than 2,000 children are enrolled through One-e-App. The LA CHI has a passive annual review process. They send families a pre-printed "Annual Renewal" form to confirm whether their family income and information has changed. Income documents are not requested at annual renewal, unless the income has changed.

The LA CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the LA CHI Healthy Kids program is LA Care, which also provides coverage to the HFP and Medi-Cal. The monthly premiums are \$0 to \$6 per child with a family maximum of \$12 and co-payments are \$5 for all non-preventative service visits. They have a premium assistance fund created to help families who cannot afford the premium payments. However, families with incomes below 133 percent of the FPL are exempt from paying premiums, which is approximately 86 percent of participating families.

If enrollment becomes capped, an interest list is activated and basic family contact information is kept on file for families seeking coverage. The LA CHI does not have access to MEDS. Although this practice varies in Los Angeles County, some of the CAAs will concurrently enroll children into limited scope Medi-Cal and advise a family with limited scope Medi-Cal to complete the renewal process.

**Merced** – The Merced County CHI organization, also known as Merced CHI, administers the Healthy Kids program in Merced County. The Merced CHI stated their data system for Healthy Kids is Microsoft Excel which stores most of their Healthy Kids enrollment data. During the initial application process, the Merced CHI utilizes their Healthy Kids application. They request proof of residency, proof of income and proof of citizenship. The Merced CHI has an annual review process and sends their "Annual Eligibility Review" form to families, and they are required to provide proof of income, and proof of residency.

The Merced CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Merced CHI Healthy Kids program is Health Net, which also provides coverage in the HFP. Medi-Cal coverage in this county is fee-for-service. Beginning in April 2008, families are not required to pay monthly premiums and only have to make co-payments of \$5 for all non-preventative service visits.

If enrollment becomes capped, a waiting list is activated and full applications are kept on file for families seeking coverage. The Merced CHI concurrently enrolls their Healthy Kids into limited scope Medi-Cal, which is approximately 96 to 98 percent of Merced's Healthy Kids participants. The Merced CHI has a very close relationship with Merced County Human Services Agency and has an Inter-Agency Agreement with them. In general, this relationship has allowed the Merced CHI to easily transfer information (with consent from the families) to Medi-Cal when necessary.

**Napa** – The CHI Napa County organization, also known as the Napa CHI, administers the Healthy Kids program in Napa County. The Napa CHI data system is Microsoft SQL Database and Excel which stores their Healthy Kids enrollment data. During the initial application process, the Napa CHI utilizes the joint HFP and Medi-Cal application and a Healthy Kids application with an addendum. They request proof of residency, proof of income, and proof of citizenship. The Napa CHI has an annual review

process and sends their “Recertification Form” annually to families; families are required to complete and return it with proof of income.

The Napa CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Napa CHI Healthy Kids program is Partnership Health Plan of California, which also provides coverage in Napa County for the Medi-Cal Program; but is not available in the HFP. The Napa CHI monthly premiums are \$4 to \$12 per child with a family maximum of \$36 and co-payments are \$5 for all non-preventative service visits. The Napa CHI offers a hardship fund for families requiring premium assistance.

If enrollment becomes capped, a waiting list is activated and full applications are kept on file for families seeking coverage. The Napa CHI has a strong working relationship with Napa County Medi-Cal Office. However, the Napa CHI does not concurrently enroll children into limited scope Medi-Cal, the CHI reports that this is because families fear public charge and the families decline applying for limited scope Medi-Cal.

**Orange** – The Children’s Health Initiative of Orange County, also known as the Orange CHI, administers the Healthy Kids program in Orange County. The CHI’s data system is One-e-App which contains all enrollment data except for about 1,000 older enrollment records and annual review data. They store their Healthy Kids annual review data in Excel and keep a hard copy of the income documents. During the initial application process the CHI utilizes One-e-App for all enrollments. They request proof of residency, proof of income, and proof of citizenship. The Orange CHI has a unique annual review process and sends a separate “Annual Eligibility Review Form” yearly for *each child* enrolled into the Healthy Kids program. As a result, a family with multiple children will have more than one renewal a year.

The Orange CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the program is CalOptima which is also a provider for the HFP and Medi-Cal program in that county. The monthly premiums are \$10 per child with no family maximum and co-payments are \$5 for all non-preventative service visits. They do not have a premium assistance program for Healthy Kids.

If enrollment becomes capped, a waiting list is activated and full applications are kept on file for families seeking coverage. The Orange CHI does not concurrently enroll children into limited scope Medi-Cal. CalOptima has limited access to MEDS system.

**Riverside and San Bernardino** – The Inland Empire Health Plan (IEHP), also known as the Riverside/San Bernardino CHI, administers the Healthy Kids program in Riverside and San Bernardino Counties. The CHI’s data system is a web-based system called GoldMine. During the initial application process, Riverside/San Bernardino CHI screens applications for the HFP or Medi-Cal program and then screens for the Healthy Kids program. The CHI utilizes either their Healthy Kids application or phone in application. They request proof of residency, proof of income, (self-certification for income is allowed), family size, and relationship to applicant. The CHI has an annual review process and sends the family a pre-printed (except income) “Annual Eligibility Review” form to confirm the family’s information and request proof of residency and income.

The CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Riverside/San Bernardino CHI Healthy Kids program is IEHP

which also provides coverage to HFP and Medi-Cal in those counties. The CHI does not charge monthly premiums in Healthy Kids. However, Riverside charges an enrollment processing fee of \$5 per child or \$20 for all children in a family. San Bernardino charges an enrollment processing fee of \$20 per year for all children in a family. Both Riverside and the San Bernardino CHI co-payments are \$5 for all non-preventative service visits.

If enrollment becomes capped, an interest list is activated and basic family contact information is kept on file for families seeking coverage. In the past, they maintained wait lists with full applications on file. The CHI does not concurrently enroll children into limited scope Medi-Cal.

**Sacramento Region (Colusa, El Dorado, Placer, Sacramento, Yuba Counties)** – The Healthy Kids Healthy Future, also known as the Sacramento CHI, administers the Healthy Kids program for Sacramento County and four other CHI counties: Colusa, El Dorado, Placer, and Yuba. The CHI's data system is a web-based system called Talos Enrollment Services and Support (TESS) and has the capability to report enrollment broken down by FPL. During the initial application process, the Sacramento CHI utilizes the joint HFP and Medi-Cal application and their Sacramento CHI Healthy Kids application. The other regional county applications are processed centrally by the Sacramento CHI. They request proof of residency, proof of income, and birth certificate. The Sacramento CHI has an annual review process and sends a pre-printed "Renewal Application" in which new income documentation is required; the hard copy is kept on file, but not stored in the TESS database system.

The Sacramento CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Sacramento CHI Healthy Kids program (available in all five counties) is Health Net. Either Health Net EPO or HMO is available in the HFP in these counties. Health Net is available in Sacramento County in Medi-Cal; however, in Colusa, El Dorado, Placer and Yuba Counties Medi-Cal is provided under fee-for-service. The monthly premiums are \$4 to \$15 per child with \$8 to \$45 family maximum and co-payments are \$5 for all non-preventative service visits. The Sacramento CHI does not offer premium assistance.

If enrollment is capped, the Sacramento CHI has a waiting list policy they utilize when their Healthy Kids enrollment reaches 90 percent of their target. The CAA's contact the families to inform them of the waiting list process. The Sacramento CHI waiting list contains the child's name, date of birth, current age, whether the child is a sibling of a currently enrolled child living in same household or a shared living arrangement, and if the family has a financial hardship situation. The Sacramento County CHI does not have access to MEDS. Families are offered the option of concurrently enrolling into limited scope Medi-Cal when they enroll into Healthy Kids; however, the CHI reported that many families decline because they fear public charge.

**San Francisco** – The San Francisco CHI and Healthy Kids Program is a joint venture between the City and County with significant funding from First 5, and administered by the San Francisco Health Plan. The Healthy Kids program is funded by the City & County of San Francisco, First 5, and AB 495 Federal funds. The program is fully administered by the San Francisco Health Plan. The Healthy Kids program's data system is A3, with a web based initial application, which stores all their Healthy Kids eligibility data. During the initial application process, the San Francisco Healthy Kids program utilizes one of the following: 1) paper Healthy Kids Application, 2) On-line Healthy Kids Application, or 3) One-e-App. The San Francisco Healthy Kids program requires proof of residency, proof of income, proof of age, and proof of deductions. They request proof of citizenship and immigration documents to enable screening for Medi-Cal and Healthy Families, but are not required for enrollment into the Healthy Kids program.

The San Francisco Healthy Kids program has an annual review process. They send their “Annual Eligibility Review” pre-populated application packet to families, subsequently call families, and send reminder postcards. During the annual review, the San Francisco Healthy Kids program requires proof of current income, residency, and deductions

The San Francisco CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. Due to authorized legislation of AB 495, the San Francisco CHI receives federal funding for eligible Healthy Kids families with income between 250 to 300 percent of the FPL, received through the County Children’s Health Insurance Program (C-CHIP) matching program. The health plan for the San Francisco CHI Healthy Kids program is the San Francisco Health Plan, which is available in the HFP and Medi-Cal in that county. The premiums are \$48 to \$126 per child annually and most co-payments are \$5. The San Francisco CHI has a premium assistance program for families with income at 150 percent or below of the FPL, and the San Francisco CHI provides discounts for families with income under 250 percent of the FPL. In order to receive premium assistance, the request forms must be submitted before the application process begins.

The San Francisco CHI does not maintain a waiting list because they enroll all eligible children, and their program is fully funded by local public revenues. The San Francisco CHI does not have access to MEDS, and they do not concurrently enroll children into limited scope Medi-Cal.

**San Joaquin** – The Health Plan of San Joaquin, also known as the San Joaquin CHI, administers the San Joaquin County Healthy Kids program. The CHI’s data system is exclusively One-e-App. The San Joaquin CHI requires proof of residency and proof of income. The San Joaquin CHI has an annual review process. They use One-e-App for their “Annual Renewal”, and they require proof of income and residency.

The San Joaquin CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the San Joaquin CHI Healthy Kids program is the Health Plan of San Joaquin, which is available in the HFP and Medi-Cal in that county. The monthly premiums are \$5 per child with no family maximum and co-payments are \$10 per office visit, \$20 per emergency visit. The San Joaquin CHI offers premium assistance independently through the community-based organizations.

If enrollment becomes capped, a waiting list is activated and full applications are kept on file for families seeking coverage. The San Joaquin CHI does not have access to MEDS and does not concurrently enroll children into limited scope Medi-Cal. However, children ages 6 to 18 placed on a waiting list for Healthy Kids will have their application sent via One-e-App to Medi-Cal for a limited scope eligibility determination. The San Joaquin CHI indicated that families decline applying for Medi-Cal, because they fear public charge.

**San Luis Obispo** – The San Luis Obispo CHI administers the Healthy Kids program in San Luis Obispo County. The County Department of Social Services (DSS) is the administrative vendor for the San Luis Obispo CHI. The CHI’s data system for Healthy Kids is Excel. During the application process, the San Luis Obispo CHI utilizes two applications for their Healthy Kids program. They use the Medi-Cal Application (MC 210) and their Healthy Kids Application (CHI 815) for each applying family. The San Luis Obispo CHI forwards the completed applications and supporting documents to DSS for an eligibility determination. DSS screens applications for the HFP or Medi-Cal program and then screens for the Healthy Kids program. If the child qualifies for both the Healthy Kids program and limited scope Medi-

Cal, the DSS will concurrently enroll the child into both programs. DSS updates MEDS with the eligibility determination, and forwards the completed e-form (referral) with the eligibility information to the San Luis Obispo CHI. Once the San Luis Obispo CHI receives the e-form, they update their Healthy Kids Excel spreadsheet and send the family a determination letter. The San Luis Obispo CHI has an annual review process. The DSS sends their “MC 210 RV Packet” to families and requires proof of current income. The San Luis Obispo CHI manages the premium processing and billing for the Healthy Kids program.

San Luis Obispo CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for San Luis Obispo CHI is CenCal Health, which is also a provider for the HFP and Medi-Cal program in San Luis Obispo County. San Luis Obispo CHI does not have a premium assistance program. However, if the family income is under 100 percent of the FPL, they are exempt from premium payments. The monthly premiums are \$0 to \$15 per child with a family maximum of \$12 to \$45 and co-payments are \$5 for all non-preventative service visits.

Once their Healthy Kids program enrollment reaches the maximum level, a waiting list is established for families applying for the Healthy Kids program. The San Luis Obispo CHI concurrently enrolls all children under 250 percent of the FPL into limited scope Medi-Cal. They do not have access to MEDS; however, their administrative vendor, DSS, has access to MEDS and San Luis Obispo CHI has a close working relationship with DSS.

**San Mateo** – The San Mateo County Children’s Health Initiative, also known as the San Mateo CHI, administers the San Mateo County Healthy Kids program. The CHI’s data system is exclusively One-e-App. They request proof of residency, proof of income, proof of age, proof of birth place (if undocumented), proof of citizenship, or proof of legal immigration status. The San Mateo CHI has an annual review process and they send their families a “Healthy Kids Renewal Notice” 75 days before the child’s one year eligibility term ends. The family is required to renew their child’s eligibility in person with the CAA. The families are required to provide new supporting documents, including proof of income.

The San Mateo CHI provides health coverage for children living in a household with income at or below 400 percent of the FPL. The San Mateo CHI, receives federal funding received through the County Children’s Health Insurance Program (C-CHIP) matching program (AB 495 authorizing legislation) for eligible Healthy Kids families with income between 250 to 300 percent of the FPL. The health plan for the San Mateo CHI Healthy Kids program is the Health Plan of San Mateo, which also provides coverage to the HFP and Medi-Cal in San Mateo County. The monthly premiums are \$4 to \$20 per child and there is not a family premium maximum. Co-payments are \$5 for all non-preventative service visits. The San Mateo CHI provides premium assistance to approximately 23 percent of their members, and reports that the majority of their participants are below 150 percent FPL.

The San Mateo CHI encourages families to enroll their children concurrently into limited scope Medi-Cal and has access to MEDS. If the families choose to do so, their application is forwarded to the Human Services Agency and keyed into MEDS. Unfortunately, many families decline, because they fear public charge. The San Mateo CHI reported that approximately 25 percent of their Healthy Kids are enrolled into limited scope Medi-Cal.

The San Mateo CHI is the only CHI that provides coverage through Healthy Kids for children up to 400 percent of the FPL. However, if a transition were to occur, children in households with income between

300 to 400 percent of FPL (about 7.5 percent [465 children] of the CHIs enrollment) will not be eligible for the HFP.

**Santa Barbara** – The Santa Barbara County Education Office, also known as the Santa Barbara CHI, administers the Healthy Kids program in Santa Barbara County. The CHI's data system is Oracle Paradigm, a web-based data system that calculates and stores their Healthy Kids data. During the initial application process, the CenCal Health screens applications for the HFP or Medi-Cal programs and then screens for the Healthy Kids program. The Santa Barbara CHI utilizes the joint HFP and Medi-Cal application and their Santa Barbara Healthy Kids Supplemental Application which must include the calculator print out from their web-based system, Oracle Paradigm. The Santa Barbara CHI requires proof of income, residency, and age. For children who are U.S. Citizens or legal permanent residents, proof of citizenship or residency status must be provided. Families must apply for Healthy Kids through a CAA and utilize the on-line calculator. The Santa Barbara CHI has an annual review process in which a notification is sent to the family requesting the completion of the joint HFP and Medi-Cal application and the Santa Barbara Healthy Kids Supplemental Application. The CHI requests new income documentation that is kept on file but not stored in their data system.

The Santa Barbara CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Santa Barbara CHI Healthy Kids program is CenCal Health, formerly, Santa Barbara Regional Health Authority. CenCal Health also provides coverage for the HFP and Medi-Cal in Santa Barbara County. The monthly premiums are \$4 to \$36. If paid 3 months in advance, the fourth month is free; if paid 9 months in advance, months 10, 11, and 12 are free. Co-payments are \$5 for all non-preventative service visits. The Santa Barbara CHI does not have a premium assistance program.

If enrollment becomes capped, a waiting list is activated and full applications are kept on file for families seeking coverage. If the application has been on waiting list for six months, new income is requested and a new eligibility determination is made. The Santa Barbara CHI does not have access to MEDS and they do not concurrently enroll children into limited scope Medi-Cal. They inform families about limited scope Medi-Cal; but the CHI reports that most families decline because they fear public charge. Although some children have been previously enrolled into limited scope Medi-Cal, this data is not captured in their data system. The Santa Barbara CHI reported that they have a good working relationship with the Santa Barbara County Social Services Department and they have a contact person they work with directly.

**Santa Clara** – The Santa Clara County CHI is comprised of the Santa Clara Valley Health and Hospital System, Working Partnerships USA, People Acting in Community Together, Santa Clara Family Health Plan, and the County Social Services Agency. The Santa Clara Family Health Plan administers the Healthy Kids program for the Santa Clara County CHI. The CHI's data system is a combination of One-e-app and a home grown internal system to generate statements and premium billing. During the initial Healthy Kids application process the Santa Clara County CHI uses their paper Healthy Kids application. They request proof of residency and proof of income. The Santa Clara CHI has an annual review process and sends families their “Healthy Kids Membership Renewal Application” which requires another proof of income. All Healthy Kids application data, renewal data, and enrollment data are keyed into the One-e-App System upon successful enrollment into Healthy Kids. However, all supporting documentation is stored as a hard copy with the Santa Clara Family Health Plan.

The Santa Clara County CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The Santa Clara County CHI receives federal funding for eligible

Healthy Kids families with incomes 250 to 300 percent of the FPL through the County Children's Health Insurance Program (C-CHIP) matching program (AB 495 authorizing legislation). The health plan for the Santa Clara CHI Healthy Kids program is the Santa Clara Family Health Plan, which also provides coverage in the HFP and Medi-Cal program. The monthly premiums are \$4 to \$6, per child with family maximums of \$12 to \$18. Co-payments are \$5 for all non-preventative service visits. The Santa Clara County CHI has a hardship fund to provide premium assistance to families in need. Approximately 450 families out of 9,400 receive premium assistance.

If Healthy Kids' enrollment becomes capped, a waiting list is activated and full applications are kept on file for families seeking coverage. The Santa Clara CHI does not have access to MEDS.

**Santa Cruz** – The Central Coast Alliance for Health, also known as the Santa Cruz CHI, administers the Healthy Kids program in Santa Cruz County. The CHI's data system is exclusively One-e-App. During the initial application process, they request proof of residency, proof of income, and proof of age. The Santa Cruz CHI has a paperless annual review process, and families are required to renew their child's eligibility with the CAA and provide proof of income. Annual Renewal notices are sent to families three months prior to their renewal date. CAA's contact the families to schedule an Annual Renewal appointment.

The Santa Cruz CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for Santa Cruz Healthy Kids program is Central Coast Alliance for Health which also provides coverage to the HFP and Medi-Cal program. The monthly premiums are \$12 to \$36 per child, per quarter; with a family maximum per quarter of \$108. Co-payments are \$5 for all non-preventative service visits. The co-payment maximum is \$250 per benefit year. The Santa Cruz CHI has a premium assistance program for both the Healthy Kids Program and the HFP.

If enrollment becomes capped, a waiting list is activated and full applications are kept on file for a maximum of 45 days after which a family must re-apply and provide new documentation. Since the CAAs working under the CHI are Medi-Cal eligibility workers, they have access to MEDS. The Santa Cruz CHI provides families the option to concurrently enroll children into limited scope Medi-Cal; the CHI reports that most families decline because they fear public charge.

**Solano** – The Solano Kids Insurance Program, also known as the Solano CHI, administers the Healthy Kids program in Solano County. The CHI's data system used for the Healthy Kids program is the PHC System. During the initial application process, the Solano CHI uses their Healthy Kids application. They request proof of residency, proof of income, and proof of age. The Solano CHI has an annual review process and sends a "Recertification" cover letter and application packet to families. The Solano CHI requires new income documentation for annual review, and they allow self-certification at both initial enrollment and annual review.

The Solano CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Solano CHI Healthy Kids program is Partnership Health Plan of California (PHC), which also provides coverage for Medi-Cal in Solano County, but is not a health plan in HFP. The monthly premiums are \$7 to \$14, per child with family maximums of \$21 to \$45. Co-payments are \$5 for all non-preventative service visits. The Solano CHI has a premium assistance program, but not many families have utilized the program. The CHI reports only 60 to 90 children are receiving assistance.

If enrollment becomes capped, a waiting list is activated, full applications are kept on file, and the income is updated every 90 days. The Solano CHI indicated that PHC has access to MEDS and checks new enrollee's eligibility status. The Solano CHI indicated that they do not concurrently enroll children into limited scope Medi-Cal, because families decline due to their fear of public charge.

**Sonoma** – The County of Sonoma Department of Health Services, also known as the Sonoma CHI, administers the Healthy Kids program in Sonoma County. The CHI's data system is Access Data Base, which stores their basic Healthy Kids information: name, age, contact information, program and status of application. The Sonoma CHI indicated that Partnership Health Plan of California stores most of the Healthy Kids data. During the initial application process, the Sonoma CHI utilizes their Healthy Kids Application which resembles the joint HFP and Medi-Cal application, along with a Healthy Kids Application Addendum form for all Healthy Kids enrollees. They request proof of residency, citizenship, birth place or proof of identification. The Sonoma CHI has a passive annual review process in which they contact families to verify their information and families are not requested to provide proof of income.

The Sonoma CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Sonoma CHI is Partnership Health Plan of California Healthy Kids which is not available in either the HFP or Medi-Cal program in that county. The monthly premiums are \$4 to \$17 per child and co-payments are \$5 for all non-preventative service visits. The Sonoma CHI has a Hardship Fund for enrollees having financial hardships.

If enrollment is capped, an interest list is activated and basic family contact information is kept on file for families seeking coverage. The Sonoma CHI does not have access to MEDS; however, they have one CAA that works for the county and has access to MEDS. They do not concurrently enroll children into limited scope Medi-Cal.

**Tulare (ages 0-5)** – The First 5 Tulare County, also known as the Tulare CHI 0 to 5, administers the Healthy Kids program for children ages 0 to 5 in Tulare County. The CHI's data system is an Excel spreadsheet which stores their Healthy Kids enrollment data. During the initial application process, Tulare CHI uses their Healthy Kids application and requests proof of income, Tulare County residency, age, child's identity (a document that shows parent's name), and proof of deductions. The Tulare CHI has an annual review process and sends families an "Annual Renewal Application" and requests proof of residency and income.

The Tulare CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Tulare CHI 0 to 5 Healthy Kids program is Health Net; which also provides coverage to the HFP and Medi-Cal Program in Tulare County. The monthly premiums are \$7 to \$15, per child with family maximums of \$14 to \$45. The Tulare CHI does not charge families co-payments. The Tulare CHI provides premium assistance for Healthy Kids program.

The Tulare CHI does not have access to MEDS; however, their CAA has access to MEDS. They do not concurrently enroll children into limited scope Medi-Cal.

**Tulare (ages 6-18)** – The Tulare County Health and Human Services Agency, also known as the Tulare CHI 6 to 18, administers the Healthy Kids program in Tulare County for children ages 6 to 18. The CHI's data system for their Healthy Kids program is Excel. However, it was reported that Health Net captures all the enrollment data. During the initial application process, Tulare CHI uses their Healthy Kids application and requests proof of income, county residency, age, child's identity (a document that shows

parent's name), and proof of deductions. The Tulare CHI has an annual review process and Health Net sends a pre-populated "Annual Renewal Form" and they request new income within the last 30 days.

The Tulare CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Tulare CHI 6 to 18 Healthy Kids program is Health Net, which also provides coverage to the HFP and Medi-Cal in Tulare County. The monthly premiums are \$7 to \$15 per child, with family maximums of \$14 to \$45. The Tulare CHI does not charge for co-payments. The Tulare CHI has a premium assistance program available up to six months.

If enrollment becomes capped, a waiting list is activated. The Tulare CHI accepts full applications or if contacted via telephone, they maintain the families' basic contact information. Since, the Tulare CHI, is the Tulare County Health and Human Services Agency, they have access to MEDS (Cal-win system). The Tulare CHI stated that their CAAs are Medi-Cal eligibility workers and that they enroll the Healthy Kids into any applicable Medi-Cal programs, which also includes concurrent enrollment into limited scope Medi-Cal.

**Yolo** – The Yolo County Children's Health Initiative, also known as the Yolo CHI, administers the Healthy Kids program in Yolo County. The CHI's data system is Compass, a web-based system. During the initial application process, the Yolo CHI requests proof of income, residency and age. The Yolo CHI has a passive annual review process and sends their "Annual Renewal Packet" ten months after the enrollment date, and follows up thirteen months after the enrollment date. The Yolo CHI sends an "Annual Renewal Application" to complete and provide proof of new income; however, a response is required only if the income has changed.

The Yolo CHI provides health coverage for children living in a household with income at or below 300 percent of the FPL. The health plan for the Yolo CHI Healthy Kids program is Partnership Health Plan of California which also provides coverage to Medi-Cal coverage, but it is not a HFP participating plan. The monthly premiums are \$0 to \$45 family maximum and co-payments are \$5 for all non-preventative service visits. The Yolo CHI has a Hardship Fund for enrollees having financial hardships; a family can receive two to three months premium assistance depending on the circumstances. The Yolo CHI reported that approximately fifteen families a year, request premium assistance. Currently 37 families receive this assistance.

If enrollment becomes capped, a waiting list is activated, in which they keep a "wait list form" on file and only when slots are available will a family complete an application. The Yolo CHI reported that they concurrently enroll Healthy Kids into limited scope Medi-Cal, but do not have access to MEDS.

## Gap Analysis

Appendix K – Gap Analysis Summary provides a quick analysis and comparison of the differences among the HFP, Medi-Cal, CHI, California Kids, and Kaiser Permanente Child Health Plan.

### **In total, 29 CHIs Were Included in the Gap Analysis; the Counties Were Divided into Four Groups:**

The first group is the One-e-App group which includes Fresno, Orange, Santa Clara, San Joaquin, San Mateo, and Santa Cruz counties. These CHIs use One-e-App exclusively to make eligibility determinations for the HFP, Medi-Cal, CHIs and other health care programs. One-e-App has all necessary data elements used at SPE, which should minimize follow-up with families although Medi-Cal may require additional information.

The second group consists of counties that concurrently enroll children in the CHI and limited scope Medi-Cal. These include Kern, Merced, and San Luis Obispo, Tulare 6 to 18, and Yolo counties. If the family has an active case with Medi-Cal, there should be no need to contact families for additional information. Prior to the transition to full scope Medi-Cal, the DHCS will issue an All County Welfare Director’s Letter that will provide direction to the county Medi-Cal office on identifying and processing those children now eligible for full-scope Medi-Cal. If the family does not have an active case with Medi-Cal, the case will be routed through the existing SPE process, then determined if they qualify for the HFP or full-scope Medi-Cal.

The third group includes Colusa, El Dorado, Napa, Placer, Riverside, Sacramento, San Bernardino, San Francisco, Santa Barbara, Solano, Sonoma, Tulare 0 to 5, and Yuba counties. Each CHI keeps different information in their eligibility and enrollment database. They are missing core data elements needed at SPE for screening and to make a final determination for the HFP and Medi-Cal. Most families in this group will be going through the missing information process, which can take up to 20 days to determine eligibility at the HFP and 45 days at Medi-Cal.

Two counties are included as a fourth group, Kings and Los Angeles. These CHIs indicated they will be assisting families to submit a new application to enroll their CHI members into the HFP or Medi-Cal. This group does not collect all necessary core data element required for the HFP or Medi-Cal. Kings does not have the technical capability to create a flat file (this process is described below) and so has chosen to use Health-e-App to transition their enrollment. Los Angeles CHI has the capability to create a flat file, but proposes an alternative method of transitioning children that involves conducting outreach to families to collect all necessary information prior to submitting a joint HFP and Medi-Cal application.

**Flat File Survey** – MRMIB and DHCS, in collaboration with the SPE and HFP administrative vendor, identified the data elements necessary to complete a screening and HFP eligibility determination. Those data elements were further refined to a set of “core” data elements, the minimum eligibility requirements. This information could be transferred to the state electronically using a flat file on a one-time basis. State staff conducted a subsequent survey, Appendix I- Flat File Survey, and several meetings with the CHIs to ensure they had the capability to develop a flat file and to confirm whether their data system maintained the data elements needed. Data elements necessary to conduct an accurate screening at SPE and the elements necessary to determine eligibility for the HFP were analyzed in comparison to what data is stored electronically by the CHIs. *Of note, Medi-Cal may require additional information to assist a family in enrolling in the most advantageous program.*

**Del Norte, Humboldt, Marin, and Mendocino counties were included in the California Kids Flat File Survey.**

Chart 7 lists the core data elements that would be included in the flat file the CHIs would submit to the state in a transition. A check mark means a CHI would be able to include the data field in the flat file. The “U” means unknown; the CHI was not able to confirm if the field was captured in their system.

**CHART 7: FLAT FILE DATA ELEMENTS COMPARISON**

\*SACRAMENTO REGION INCLUDES: COLUSA, EL DORADO, PLACER, SACRAMENTO, AND YUBA

Required Screening & Eligibility Data System Elements		Fresno	Kern	Kings	Los Angeles	Merced	Napa	Orange	Riverside & San Bernardino	Sacramento Reg. *	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara	Santa Clara	Santa Cruz	Solano	Sonoma	Tulare 0 – 5	Tulare 6 – 18	Yolo		
SPE	Applicant's Name	With the exception of counties that use One-e-App exclusively the CHIs cannot provide MFBU, MBU data nor do they use all of the standard HFP and Medi-Cal deductions All CHIs collect this data and store it in their eligibility and enrollment system.																						
	Child's Name																							
	Child's Date of Birth																							
	Household Gross Income																						✓	
HFP and Medi-Cal (Medi-Cal may request additional information)	Applicant Demographics	All CHIs collect this data and store it in their eligibility and enrollment system.																						
	Name																							
	Date of Birth																							
	Written & Oral Language	All CHIs collect this data and store it in their eligibility and enrollment system.																						
	Address																							
	Phone																							
	Child's Demographics	All CHIs collect this data and store it in their eligibility and enrollment system.																						
	Name																							
	Date of Birth																							
	Place of Birth	✓			✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	
	Gender	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
	Address	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓
	Relationship to Applicant	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓
Citizenship or Immigration Status	✓				✓	✓		✓	✓	✓			✓	✓	✓	✓	✓						✓	
Other Family Member's Name	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Other Family Member's Relationship to Applicant	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓		
Unborn	✓										✓		✓	U	✓	✓	✓					✓		
Income for each Person in Family Size	✓	U	U	U		U	✓	U	U		✓	✓	✓	U	✓	✓	✓			U	U	✓		

*In addition to the flat file survey, the evaluation of the different programs centered on Eligibility, Initial Enrollment, Annual Review, and Cost Sharing.*

**Eligibility:**

**Age** – HFP, Medi-Cal, CHIs and Kaiser Permanente Child Health Plan qualify children ages 0 to 18; California Kids qualifies children ages 2 to 18. Age is not a factor for the transition, all children in CHIs, California Kids, and Kaiser Permanente Child Health Plan can be accommodated into HFP or Medi-Cal based on age.

**Federal Poverty Level (FPL)** – HFP and Medi-Cal break down FPL by age groups. Infants in the Medi-Cal program go up to 200 percent of FPL; in HFP they go from 201 to 250 percent. Ages 1 to 6 in Medi-Cal go up to 133 percent of FPL; in HFP ages 1 to 5 goes from 134 to 250 percent of FPL. Ages 6 to 18 in Medi-Cal go up to 100 percent of FPL; in HFP they go from 101 to 250 percent of FPL.

Most CHIs go up to 300 percent of FPL, with the exceptions of San Mateo, which goes up to 400 percent and Marin, which goes up to 250 percent of FPL. The FPL for California Kids is 250 percent with Del Norte, El Dorado, Humboldt and Mendocino going up to 300 percent of FPL. Kaiser Permanente Child Health Plan goes up to 300 percent. Based on FPL in place in May 2009, there should be no gaps; all children except for those above 300 percent of FPL (the proposed expansion level) could be enrolled in the HFP or Medi-Cal. Children with FPL above 250 percent of FPL could be eligible for the Medi-Cal Medically Needy program, with a share of cost.

**Citizenship & Immigration** – U.S. citizens, U.S. non-citizen nationals, and eligible qualified immigrants can be enrolled in HFP or Medi-Cal program with full-scope benefits. Limited scope Medi-Cal benefits are given to undocumented children and children who cannot document their citizenship or identity. (Children born in California can have a birth record match to meet the citizenship requirement.) The CHIs, California Kids, and Kaiser Permanente Child Health Plan have no citizenship and immigration requirements. This transition is contingent on the creation of a universal coverage program for children in low income families, regardless of immigration status.

**Initial Enrollment:**

**Income documents required** – All programs require families to submit income documentation at initial enrollment. Although all CHIs require new income documents, not all information is entered into the CHI's databases. Instead, most CHIs keep hard copies on file. A foreseeable complication at transition is that income data for each CHI will not be available electronically.

**Citizenship/Immigration documents required** – HFP requires families to submit birth certificates for all citizens; for qualified immigrants proof of immigration status is required. Medi-Cal now has in place the Federal Deficit Reduction Act of 2005 (DRA), which requires most U.S. citizens and nationals to provide evidence of citizenship and identification as a condition of Medi-Cal eligibility. The documentation provided by an applicant or beneficiary must be an original or a copy certified by the issuing agency. California State law specifies that individuals who have been determined otherwise eligible, but are ineligible for full-scope Medi-Cal for failing to meet the citizenship/identity requirements, will receive limited-scope Medi-Cal services only. Under the Children's Health Insurance Program Reauthorization Act of 2009, a child will receive full scope Medi-Cal during the reasonable opportunity period while the documentation is obtained. Full discussion of DRA and the potential impact to the HFP is in Appendix B – DRA Program Implications.

The CHIs, California Kids and Kaiser Permanente Child Health Plan do not require citizenship or immigration documents to be submitted. This can be an impact on the transition, as families have not provided this information in the past but will be required to do so as a condition of enrollment in the HFP or full scope Medi-Cal.

**Consent to share data with state on application** – The purpose of the consent form is to give permission to share CHI enrollment information with the state, to allow the state to provide CHIs, California Kids and Kaiser Permanente Child Health Plan with information about a child’s application (sharing information ends when determination is made) and it allows the use of the CHIs income determination. The later is only to the extent that the enabling legislation allows self certification of income. The state programs will need to have the consent form on file before any transfer of data occurs. Most CHIs have incorporated some of this language on their applications, with the exception of Fresno, San Mateo, Kern, Merced, Yuba, Colusa, Placer, Santa Clara, Solano, Sonoma, Kings, and Los Angeles. In addition to these CHIs, California Kids and the Kaiser Permanente Child Health Plan do not have “consent to share data with the state” language on their application. The state has provided CHIs with a sample form, Appendix E – Consent to Share Information and Appendix F- Spanish Consent to Share Information, which needs to be used during the transition.

**Penalty of Perjury on application** – Medi-Cal requires a signature under penalty of perjury and will not be able to complete an eligibility determination without the signature. Some CHIs have implemented a similar signature block in their applications, with the exception of Fresno, San Joaquin, San Mateo, Santa Cruz, Kern, Merced, Santa Clara, Sacramento, Solano, Sonoma, San Bernardino, Riverside, Kings, Yolo and Los Angeles. In addition, California Kids and Kaiser Permanente Child Health Plan do not have a penalty of perjury statement on their application. The state has provided CHIs with a sample form, Appendix E and Appendix F- which incorporates the required language.

**Family size and income calculation** – In order to calculate family size, the HFP and Medi-Cal Program uses the Medi-Cal Family Budget Unit (MFBU) and Mini-Budget Unit (MBU) rules discussed earlier. Only six One-e-App CHIs (Fresno, Orange, Santa Clara, San Joaquin, San Mateo, and Santa Cruz) calculate family size in the same way as HFP and Medi-Cal. Since the other CHIs calculate family size differently, SPE cannot determine financial responsibility and make an accurate screening based on CHI information. Once the family size, relationship to the child, and all income has been identified, SPE can then determine the appropriate program for screening purposes.

**Benefits and coverage** – HFP offers comprehensive medical, dental and vision coverage to its members. Medi-Cal offers comprehensive medical, dental, vision to all its members. EPSDT coverage and full-scope Medi-Cal recipients are covered up to age 21. All CHIs and the Kaiser Permanente Child Health Plan offer medical, dental and vision coverage to their members. California Kids offers limited scope outpatient only services for medical, dental, and vision coverage.

**Plan availability** – In the area of health coverage, the HFP is exclusively a managed care delivery model. In contrast in the Medi-Cal program, depending on the county of residence, a child may have a choice of health plans via a managed care model, or one choice of plan via the county organized health systems model, or they may obtain their health care through a fee-for-service model if not in a mandatory aid code in a managed care county. Of note, while the health plan may be the same, the plan’s network of providers may be different for each program. During a transition, the state will solicit both the child’s existing plan and provider group information in the flat file in an attempt to ensure continuity of care

wherever possible. A more extensive analysis is included in the Continuity of Care Section of this report and in Chart 12- Health Plan Coverage by county.

The California Kids Program offers Anthem Blue Cross and Kaiser Permanente Child Health Plan offers their Kaiser Provider Network to their respective members. During a transition further discussion needs to occur with these programs to discuss the feasibility of continuing the child's coverage in the existing plan by default.

Since most children will be Medi-Cal eligible and Medi-Cal does not have a choice in dental or vision plans the report does not analyze the differences in the dental and vision plan networks.

**Annual Review:**

Most CHIs require an annual review except for Humboldt and Mendocino, which allow continuous enrollment. In Los Angeles, Sonoma and Yolo a passive annual review process is practiced, which means the information is only updated if the family contacts the CHI and offers new information. Most CHIs accept self-certification, except for San Joaquin, San Mateo, Santa Cruz, Humboldt, Kern, Merced, San Luis Obispo, Kern, Santa Clara, and Tulare.

Most CHIs update individual systems after annual review has been completed, with the exception of Humboldt, Merced, Napa, Yolo, Sacramento Region, Sonoma, Tulare, and Los Angeles. California Kids does not practice an annual review process, once children are enrolled; they remain enrolled in the California Kids Program. Kaiser Permanente Child Health Plan requires families to complete an eligibility review every 2 years.

Since not all the local programs will be providing the state with up-to-date income information, SPE will be unable to conduct an accurate screening based on CHI information. HFP requires families to submit the most recent income information on a yearly basis (called the Annual Eligibility Review process) and at this time does not allow families to self-certify income. Similarly, Medi-Cal requires recent income and, except in limited circumstances, does not allow families to self-certify income information. At the time of this report, an annual re-determination process is in place for children. Absent any legislative exception, when it comes time for the transition, all families will have to submit new supporting documents in order for the HFP and Medi-Cal to determine ongoing eligibility.

**Cost Sharing:**

**Premiums** – The HFP premiums is from \$4 to \$17 for each child per month, up to a maximum of \$51 for all children in family. Premiums due to increase effective November 1, 2009 with the new premiums \$4 to \$24 for each child per month, up to a maximum of \$72. HFP also offers multiple premium discounts. Medi-Cal has no premiums. Most CHIs have a similar premium structure as the HFP with some noted exceptions. San Mateo has no maximum for family premiums and in Santa Cruz families pay per quarter, not per month. Merced has no premiums. In Riverside and San Bernardino there are no premiums, only a yearly enrollment fee, and in San Francisco premiums are from \$48 to \$126 annually. In the California Kids program the monthly child premium is from \$21 to \$90 for counties with no CHI, and in Marin there are no premiums. The CHI counties with direct enrollment in California Kids have the following premiums per child: Del Norte the monthly premium is from \$10 to \$30, Humboldt \$10, Mendocino \$7. In Kaiser Permanente Child Health Plan premiums are from \$8 to \$15 per child up to 3 children.

Once the transition takes place, families will be impacted as their premiums will be changing. However, families going into full-scope Medi-Cal will no longer have to pay premiums.

**Co-payments** – The HFP co-payments are \$0 for preventive services and \$5 for all other services, with a \$250 yearly family maximum. Effective November 1, 2009 HFP co-payments will increase from \$5 to \$10 with the following two exceptions. The co-pay for the emergency room will be \$15 unless hospitalized. The co-pay for brand name prescription drugs will be \$15 and only applies if there is an appropriate generic drug available. Medi-Cal has no co-payments for children. Most CHIs are right in-line with HFP co-payments with some noted exceptions. In San Joaquin families are charged \$10 for office visits and \$20 for emergency services. Humboldt co-payments are from \$5 to \$25. In San Francisco, co-payments are from \$0 to \$5 for preventative services and \$15 for emergency room visits. Tulare 6 to 18 has no co-payments. California Kids’ co-payments are \$5 for office visits and \$50 for emergency room visits. In Kaiser Permanente Child Health Plan co-payments are \$5 for office visits and \$35 for emergency room visits.

Only families in Tulare 6 to 18 going into HFP will be negatively affected, as they will have to start paying co-payments. Many CHI children will benefit because HFP co-payments are \$0 where some CHIs charge \$5. The families going into Medi-Cal will benefit as they will no longer be paying any co-payments.

**California Kids Gap Analysis** – Most importantly, prior to a transition, a Consent to Share Information Form must be collected for all of the children enrolled in the California Kids Program.

Eligibility (FPL income) requirements for California Kids vary from county to county. California Kids does not have an annual eligibility review process; once a child is determined eligible for the program they remain enrolled. A disenrollment occurs due to non-payment, aging-out or per a family’s request.

Data Elements Required for a SPE Screening	Data Elements in the California Kids Data System
✦ Child’s First/Last Name	✦ Child’s First/Last Name
✦ Child’s Date of Birth	✦ Child’s Date of Birth
✦ Applicant’s First/Last Name	✦ Parent’s (Applicant’s) First/Last Name
✦ Family Size	✦ Address
✦ Relationship to Applicant	✦ Phone Number
✦ Household Gross & Net Income	Income documents, birth certificate and the one page application are kept on file (hard-copy only)
✦ Individual’s Gross & Net Income	

California Kids is unable to convert their children’s data into a flat file format, because they do not have the resources. Their enrollment information is only available in an Excel spreadsheet. The program administrator provides California Kids enrollment information for active members on a monthly basis via an Excel spreadsheet with the following information: identification number, child’s full name, and child’s date of birth, child’s address, child’s phone, provider name, effective date, premium amount and county code.

Therefore, a transition to the HFP or Medi-Cal will require follow-up with the family to obtain updated income, family composition, and financial responsibility.

**Kaiser Permanente Child Health Plan Gap Analysis** – Most importantly, prior to a transition the Consent to Share Information Form must be collected for all of the children enrolled in the Kaiser Permanente Child Health Plan.

<b>Data Elements Required for a SPE Screening</b>	<b>Data Elements in the Kaiser Data System</b>
<ul style="list-style-type: none"><li>✦ Child’s First/Last Name</li><li>✦ Child’s Date of Birth</li><li>✦ Applicant’s First/Last Name</li><li>✦ Family Size</li><li>✦ Relationship to Applicant</li><li>✦ Household Gross &amp; Net Income</li><li>✦ Individual’s Gross &amp; Net Income</li></ul>	<ul style="list-style-type: none"><li>✦ Child’s First/Last Name</li><li>✦ Child’s Date of Birth</li><li>✦ Parent’s (Applicant’s) First/Last Name</li><li>✦ Family Size</li><li>✦ Relationship to Applicant</li><li>✦ Applicant and Spouse Employment status/How often paid</li><li>✦ Address and Phone Number</li><li>✦ Prior Kaiser membership information</li></ul> <p>Income documents, birth certificate and the application are kept on file</p>

Kaiser Permanente Child Health Plan will be able to covert current enrollment data into a flat file format during a transition. Additional follow-up with a family transitioned to the HFP or MC will have to occur since the program does not require updated income and the eligibility review process is every two years.

## Policy Considerations & Implementation Options

As mentioned earlier in the report, MRMIB and DHCS staff met with a select group of CHI representatives and advocates to discuss policy implications that arise from the transition. It should be noted that during the process to develop recommended solutions, the alternatives below were considered:

- ✦ Request that families apply through an existing process that provides immediate, yet temporary, full scope coverage such as the CHDP Gateway or the SPE Accelerated Enrollment (AE) process.
- ✦ Seek federal approval to designate CHIs as “qualified entities” that are capable of granting temporary full scope coverage while their application for Medi-Cal or HFP is being processed.
- ✦ CHI staff assists families with the application process through the county Department of Social Services.

These alternatives were rejected because they either required the family to complete a full application (CHDP Gateway, SPE AE, and county Department of Social Services processes), granted immediate, yet temporary, full scope coverage which might confuse families (CHDP Gateway and SPE AE processes), or would require federal approval which may not be approved.

The chosen solution meets federal Medicaid and HFP application requirements without the need for further federal approval, provides a solution that automates the transfer of most of the family eligibility information thus reducing application barriers, and reduces confusion for families.

Senate Bill (SB) 1 (Steinberg), the only legislation at the time of writing this report, specifically addressed the transition of the CHIs to either the HFP or Medi-Cal. As such, certain assumptions were taken into consideration as the following policy issues were discussed in the context of passage of this legislation (SB 1 was held over and is now a two year bill).

### **State-Only Financing:**

Of primary importance and the catalyst upon which any transition can occur is the appropriation of state funds for the purposes of expanding the HFP and Medi-Cal. Law makers are likely to face a difficult economic reality in deciding if the state can afford to assume responsibility for this population. Since many of the children in the local programs may not qualify due to immigration status, there is no expectation that the state will receive any federal matching funds under the HFP or Medi-Cal Program. A state-only program will have to be created for this population.

### **Timing of a Transition:**

In the context of a statewide expansion of eligibility to all uninsured children with incomes up to 300 percent of FPL, it is preferable to transition the children enrolled in the local programs prior to the effective date of the expansion, but after enabling legislation is adopted. The CHI coverage would continue until a child successfully transitions to the HFP or full scope Medi-Cal. An attempt to delay the transition or stagger it past the effective date will be a disservice to these children since their application will be placed in the mix with all other children applying for the HFP or Medi-Cal. The purpose of advance planning of the transition is to minimize the amount of information the family is required to submit.

**Authority to Share Information & “Penalty of Perjury” Statement:**

To exchange any information between the local programs and the state requires a family to provide consent. The state solicited input from CCHI and suggests that Appendix E – Consent to Share Information is incorporated into CHI, California Kids, and Kaiser Permanente Child Health Plan operations. Furthermore, in order for Medi-Cal to process the information from the local programs as a formal application, the consent form was modified to include the required “Penalty of Perjury” declaration and signature. This form must accompany any records sent to the state. In doing so the child’s information may be processed expeditiously.

**Self-certification of Income:**

If the legislation includes allowing the HFP and Medi-Cal to accept self-certification of income at initial enrollment, the income information provided by the local programs may be sufficient to process the application. No additional follow-up with the family to request income documentation would be necessary. The Consent to Share Information (Appendix E and F) contains language which requires the applicant to attest to the accuracy of the information provided to the state and allows the state to verify the information.

**Instructions to the County Must Be In Place:**

DHCS will issue a comprehensive, instructional All County Welfare Director’s Letter (ACWDL) that will outline the transition and the requirements of the county to change limited scope children into full scope coverage to be in compliance with the needed new legislation. The ACWDL will describe the necessary system changes at the county. It is anticipated that once legislation passes, DHCS will issue the ACWDL within three months and provide direction to the county to make any necessary system changes within six months of issuance. The ACWDL will also delineate a process to review each child’s case. After eligibility for full-scope Medi-Cal has been established, children can receive a wider range of services which are medically necessary to help treat their condition than they would be eligible for as limited-scope Medi-Cal beneficiaries.

**Continuity of Care:**

As described earlier in this report, there are few differences in the health plan networks of the local programs and the state programs. The state will make an effort to assign the child transitioned to the HFP or Medi-Cal to the same health plan where the child has been receiving services, except in Fee for Service counties or County Organized Health System counties. To achieve this goal, the flat file will include data fields identifying the existing health plan and provider information, if available. This assignment of the same health plan will serve two purposes; primarily it will ensure continuity of care and second, it will facilitate the termination of local coverage and the initiation of state-sponsored coverage for purposes of capitation payments. Although the state programs will assign the child to the child’s existing health plan enrollment, the HFP and Medi-Cal policy of allowing a child to transfer out of the health plan will remain. The family will be provided with information about all of their health plan choices in the respective programs upon enrollment into said program.

**Bright Line:**

One provision of SB 1 would expand Medi-Cal eligibility for children ages 6 to 18 from 100 percent of FPL to 133 percent of FPL, in effect creating what is often referred to as a “bright line” where all children regardless of age (except under age 1 which would remain at 200 percent of FPL) would be assessed for eligibility in either the HFP or Medi-Cal at the same FPL (133 percent in this scenario). The impact of this change could materialize in many ways. The currently enrolled HFP children ages 6 to 18 (with incomes from 100 to 133 percent of FPL) could be transferred to the Medi-Cal Program; or these children could remain enrolled in the HFP with an approved federal waiver addressing benefits and cost sharing; or HFP could consider modifications to the benefit and cost sharing requirements. Although the HFP provides comprehensive services, a federally required benefit under the Medicaid Program which is not explicit in the HFP benefit package must be addressed. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), is a benefit which is described in detail in Appendix A – EPSDT Program Implications. In summary, there are two benefits required under the umbrella of EPSDT that are not covered by the HFP that may need to be assessed for inclusion in the benefit structure if a “bright line” is established include:

- ✦ Transportation for medically fragile individuals; and
- ✦ Extended Nursing Care.

**Deficit Reduction Act (DRA) Requirements:**

The HFP must adopt DRA requirements for all of its membership by January 2010. Only a small percent (approximately 20 percent) of the local program population is expected to be eligible for the HFP. For this group, the HFP will have to solicit birth certificate documentation and parental attestation and or documentation of the child’s identity. This will occur within the existing HFP missing information process. A detailed analysis of DRA Program Implications is in Appendix B.

## Transition Plan – Moving Data and Children

Many counties are not actively enrolling children into coverage due to financing constraints, and may be operating with reduced enrollment resources. During a transition, the personnel available locally will likely be minimal, since most counties will be focusing on eligibility renewal and utilization management, rather than new enrollment. The local CHIs most likely will request administrative support in order to be able to assist in the rapid transition of their entire participant population.

### How Many Children are Eligible for the HFP and Medi-Cal?

Of the estimated 150,000 children enrolled in the various local programs, only slightly more than 39,000 would be eligible for the HFP under the existing FPL program requirements. Most of the children would be Medi-Cal eligible.

CHART 8: ENROLLMENT BY CHILDREN'S PROGRAM SUMMARY

	Enrollment	Estimated % HFP Eligible	Estimated % Medi-Cal Eligible
<b>HFP</b> (as of 4/09)	910,000		
<b>Medi-Cal</b> (as of 10/08)	3,485,000		
<b>California Kids</b> (including the 4 CHIs that conduct direct enrollment) (as of 12/08)	6,743	20% = (1349)	80% = (5394)
<b>Kaiser Permanente Child Health Plan</b> (as of 4/09)	69,533	Based on FPL 34%= (23,532)	Based on FPL 66%= (46,001)
<b>CHIs</b> (as of 12/08)	71,092	20% = (14,218)	80% = (56,874)
Limited Scope Medi-Cal Enrollment Counties	2,634		
Missing Information Counties	14,876		
One-e-App Counties	23,006		
New Application Counties	30,576		

**How Will the Transition Work?**

Collaborative meetings with MRMIB, DHCS, the SPE and HFP Administrative Vendor (AV), and the Center (One-e-App Administrator) resulted in the concept of a one time transfer of the local program's available data and related images of documents (i.e., income, immigration, consent form) electronically using a standard flat file process. The flat file process will be fully directed and coordinated by the AV with each CHI, California Kids, and the Kaiser Permanente Child Health Plan. The process includes setting up a secure File Transfer Protocol (FTP) site where each local program will post their data. The DHCS Information Technology Services Division (ITSD) will also access the site to screen for children already enrolled in limited-scope and full-scope Medi-Cal so that these records are not sent to the county and to avoid duplicative workload issues. Chart 9 summarizes the Flat File Process.

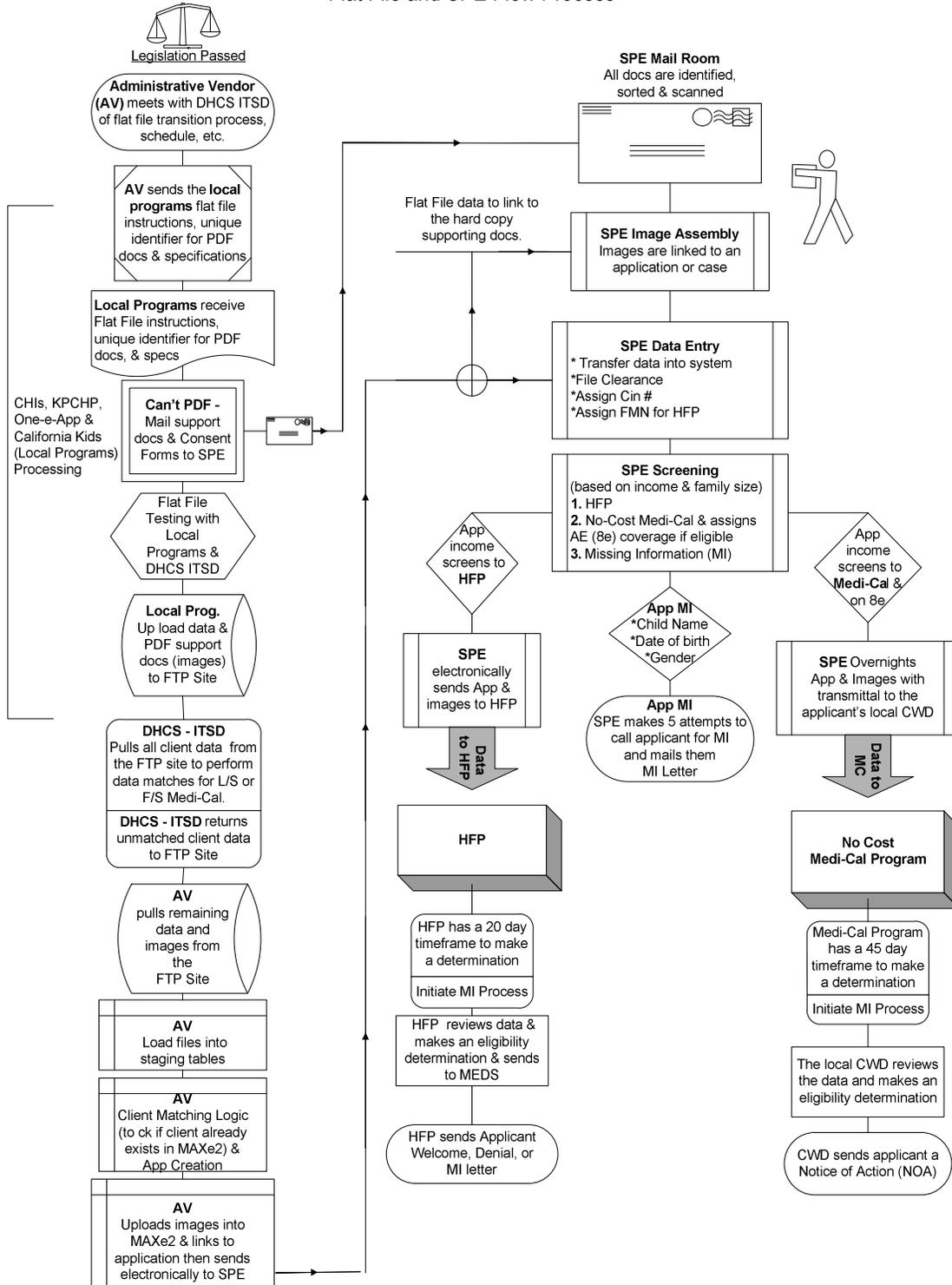
**Limited Technical Resources Will Impede a Transition**

The California Kids Program and Kings CHI have stated they do not have the technical expertise in-house to develop a flat file and many CHIs are concerned that they will not be able to produce the flat file without additional financial resources. The inability to transfer eligibility and enrollment data to the state in a standard workable format will lead to an unsuccessful transition and will probably leave many children without comprehensive health coverage.

The SPE and HFP administrative vendor is expecting a flat file transaction and assume that all CHIs have the capability to perform a secure File Transfer Protocol transactions (e.g., possession of a PGP encryption key). There may be a cost to the CHIs or it may be free, depending on what platform they will be running (Windows or Linux). If Windows, there will be a cost; if Linux, it is free. The standard is the OpenPGP Standard, as outlined in Internet Official Protocol Standards.

CHART 9: FLAT FILE AND SPE FLOW

Flat File and SPE Flow Process



## DHCS Role

DHCS Information Technology Services Division (ITSD) will work with the SPE AV to establish a process to access the File Transfer Protocol (FTP) site and retrieve all flat file data records. ITSD will not process any document image files. ITSD will attempt to match the data records to MEDS and screen out any that show a child with an active limited scope Medi-Cal case. This will allow the SPE to continue the screening and referral process to the county for a Medi-Cal determination with no duplicate case files. ITSD will also establish a reporting mechanism to identify the children that originated from the CHI who had existing limited scope Medi-Cal eligibility and for those whose applications were screened from SPE to the counties. Upon determination of full scope Medi-Cal eligibility, the Health Care Options (HCO) vendor (the organization that enrolls Medi-Cal beneficiaries into Managed Care plans) will be provided with information to initiate auto assignment of the child into the same CHI health plan and those children in fee-for-service or County Organized Health System (COHS) counties will be auto assigned by the MEDS system. See Appendix J – Expanded DHCS Processing Flowchart.

### **Proposed Operational Process:**

The proposed operational processes that the HFP and Medi-Cal will use in order to accomplish a successful transition from the CHIs, California Kids and the Kaiser Permanente Child Health Plan to these programs is separated into the following 5 distinct groupings.

**Concurrently Enrolled in Limited-Scope Medi-Cal Counties** – Kern, Merced and San Luis Obispo, Tulare 6 to 18, and Yolo Counties concurrently enroll children into their CHI program and the Medi-Cal limited scope program. This policy will facilitate a more streamlined transition of the children into a full scope Medi-Cal program. This transition is contingent on the county having an open updated Medi-Cal case on file for the child. If the case is open, no additional information will need to be requested from the family in order to administer the transition.

**Process:** DHCS will issue an ACWDL instructing counties to change the child’s eligibility status from limited scope to full scope. The CHIs will post their flat file data to the FTP site. The data provided will allow DHCS to identify currently enrolled limited scope children, and for those children not “active”, they will continue the screening process through SPE. If the child resides in a Medi-Cal Managed Care county where the CHI health plan is available, the child will be enrolled by default into that plan. The applicant will receive a letter explaining other options if available and the process to choose a different health plan.

**Missing Information Counties** – Colusa, El Dorado, Napa, Placer, Riverside, Sacramento, San Bernardino, San Francisco, Santa Barbara, Solano, Sonoma, Tulare 0 to 5, and Yuba counties and the Kaiser Permanente Child Health Plan have limited information on file that can be used to make a final eligibility determination for the HFP or Medi-Cal. As a result the programs will have to conduct some follow-up with the families to make an eligibility determination.

**Process:** The CHIs will post their flat file data to the FTP site with AV containing the available and pertinent data. Any children found active on a limited scope Medi-Cal case will be screened out (their full scope Medi-Cal eligibility will be established by the county Medi-Cal office). The application data for the remaining children will be screened through SPE. The application will go through the missing information process established by the HFP and Medi-Cal. **Single Point of Entry will forward applications to the county via the existing process.** If the child resides in a

Medi-Cal Managed Care county where the CHI health plan is available the child will be enrolled by default into that plan. The applicant will receive a letter explaining other options if available and the process to choose a different health plan.

**One-e-App Counties** – Fresno, Orange, Santa Clara, San Joaquin, San Mateo and Santa Cruz Counties use One-e-App technology to enroll children into their CHI. One-e-App captures the same information as the joint HFP and Medi-Cal application, but some additional information will be required, except in the case of collecting HFP premium, dental and vision plan choice and declarations.

**Process:** One-e-App will post the flat file data to the FTP site containing the available and pertinent data. Any children found active on a limited scope Medi-Cal case will be screened out (their full scope Medi-Cal eligibility will be established by the county Medi-Cal office). The application data for the remaining children will be screened through SPE. The application will go through the missing information process established by the HFP and Medi-Cal. If the child resides in a Medi-Cal Managed Care county where the CHI health plan is available the child will be enrolled by default into that plan. The applicant will receive a letter explaining other options if available and the process to choose a different health plan.

**New Joint HFP/Medi-Cal Application (Health-e-App or Paper) Counties** – Kings and Los Angeles counties have limited information on file that can be used to make a final eligibility determination for the HFP or Medi-Cal. As a result, the state programs will have to conduct some follow-up with the families to make an eligibility determination. Kings County does not have the capability to create a flat-file and will contact the family to fill out a new, complete, joint HFP and Medi-Cal Application via Health-e-App. Los Angeles County has the capability to create a flat file but prefers an alternative method of transitioning the children, described below.

**Process:** The LA CHI will modify an existing local enrollment form to include all of the joint HFP and Medi-Cal Application questions, pre-populate this form with information on file and conduct outreach to the families to obtain any missing information. The information will be migrated into One-e-App, Health-e-App or the paper application, whichever process is most efficient. This approach should reduce the amount of missing information follow-up by the state programs.

A number of operational concerns will be addressed at the time of transition. First, the state will not be able to keep track of these new applications and report on their status in a manner envisioned with the flat file transition group. Second, continuity of care will be compromised for this group, as described earlier in the report the flat file will identify the existing CHI health plan and processes will be in place to ensure, to the extent possible, enrollment into the same health plan through the HFP or Medi-Cal. Third, the SPE AV will not be able to screen out children concurrently enrolled in limited scope Medi-Cal; this will result in duplication of work at the local county Medi-Cal office. The flat file process was designed to minimize this problem (refer to Appendix J – Expanded DHCS Process). In addition, the goal of a seamless transition for the CHI enrollees will be in jeopardy if the CHI is unable to submit joint HFP and Medi-Cal Applications for all their children prior to the HFP and Medi-Cal expansion implementation date (refer to Chart 10 – Implementation Tasks and Timeline). Last, any new joint HFP and Medi-Cal Applications submitted must be assisted with neutrality with respect to choice of health, dental and vision plans; existing EE and CAA rules prohibit steering a family to a particular plan.

**California Kids** – 23 counties (including 4 CHI counties (Del Norte, Humboldt, Marin and Mendocino) that conduct direct enrollment) have limited information on file that can be used to make a final eligibility

determination for the HFP or Medi-Cal. As a result the programs will have to conduct some follow-up with the families to make an eligibility determination.

**Process:** The California Kids Program has indicated that they do not have the capability to create a flat file of their enrollment data; they could send the state data on an excel spreadsheet. The SPE AV will not be able to process information from an excel spreadsheet without considerable manual re-entry of data and expenditure of resources. The MRMIB and DHCS highly encourage the California Kids Program to seek outside (possibly Foundation) funding to produce a flat file of their enrollment data. If a flat file is produced then the application will be screened through SPE after any currently enrolled limited scope Medi-Cal children have been screened out.

After the initial SPE income screening, eligibility determination is made, as it always is, by one of the two programs following the standard HFP and Medi-Cal processes. Final tracking and reporting of individual child/case transition outcomes will be performed by the two programs at the conclusion of the eligibility determination and enrollment process. The SPE and HFP administrative vendor will perform these activities for HFP applications, and the Information Technology Services Division (ITSD) of DHCS will perform these activities for the Medi-Cal applications.

## Transition Timeline

A successful transition will involve coordination between the state’s administrative vendors, MRMIB, DHCS and the local programs. The implementation phase is estimated to be at least nine months. In general, the state coordination begins with the MRMIB initiating a kick off meeting to discuss a transition plan with DHCS, and the SPE and HFP the AV. The MRMIB will send a Letter of Instruction and Policy Letters to the AV. DHCS will issue an ACWDL to the counties. MRMIB will send the CHIs a transition letter that explains all necessary transition information; including, an update of the legislative bill, and specific CHIs transition responsibilities. The CHIs will conduct outreach to families and enrollment entities. The AV will set up the FTP processes and design development. There will be a testing period and then the actual data transfer will occur. The specific tasks are described on Chart 10 along with a general timeline for completing the activities.

CHART 10: IMPLEMENTATION TASKS AND TIMELINE

<i>Many of the following tasks will be completed concurrently. The implementation phase described below assumes 9 month duration, meaning the tasks need to begin no later than 9 months prior to the effective date of the legislation.</i>	<b>Duration</b>	<b>Calendar Month</b>
<p><b>Task 1: State Coordination (MRMIB lead)</b></p> <ul style="list-style-type: none"> <li>✦ Establish internal CHI transition project team</li> <li>✦ Update CHI transition work plan</li> <li>✦ Schedule CHI transition kick-off meetings and bi-wkly meetings with Administrative Vendor and DHCS</li> <li>✦ ACWDL development</li> <li>✦ Establish reporting and tracking process for Medi-Cal</li> <li>✦ Establish coordination with DHCS/ITSD of their role and responsibilities regarding the FTP site and flat file</li> </ul>	1 month	Month 1
<p><b>Task 2: DHCS/ITSD Define Business Requirements for system development</b></p> <ul style="list-style-type: none"> <li>✦ Conduct meetings to define business requirements for:               <ul style="list-style-type: none"> <li>➤ Client matching logic (checks to see if subscriber already exists in MEDS and has full scope or limited scope Medi-Cal);</li> <li>➤ Notify Health Care Options (HCO) of CHI children determined full scope Medi-Cal eligible;</li> <li>➤ Create “Medi-Cal eligibility outcome” reports for CHI children. Including client specific reports to provide outcome information of Medi-Cal determined children to the CHI program; and</li> <li>➤ Reporting/Tracking process for Medi-Cal.</li> </ul> </li> <li>✦ Document requirements and obtain approval</li> </ul>	2 months	Months 1 – 2
<p><b>Task 3: MRMIB Issues Letter of Instruction (LOI) and Policy letter to SPE and HFP Administrative Vendor</b></p> <ul style="list-style-type: none"> <li>✦ Outline new legislation</li> <li>✦ At minimum, request Administrative Vendor to perform the</li> </ul>	2 months	Month 1 – 2

<p>following:</p> <ul style="list-style-type: none"> <li>➤ Establish Transition Project Team that will coordinate with DHCS and local programs;</li> <li>➤ Develop an on going transition work plan to document all project activities;</li> <li>➤ Identify transition specific instructions needed during SPE processing and SPE tracking;</li> <li>➤ Identify modification to the HFP MI process (i.e., send pre-populated Joint Application);</li> <li>➤ Identify if specific changes are needed to the County Transmittal Form sent with the application and forwarded to the County;</li> <li>➤ Identify changes to plan notifications (if any);</li> <li>➤ Identify website and material modification needed including outreach to EEs;</li> <li>➤ Identify potential changes with the instructions, call scripts, and program alerts;</li> <li>➤ Develop a “Data Transfer Packet” which includes data transfer instructions, data transfer specifications, data element dictionary, data transfer roll-out schedule, that includes testing dates for flat file transfer, and data transfer implementation dates;</li> <li>➤ The “Data Transfer Packets” will be distributed to Local Programs &amp; DHCS/ITSD during Task 7;</li> <li>➤ Develop Flat File data transfer process;</li> <li>➤ Develop secure FTP Site and process;</li> <li>➤ Develop tracking and reporting logic and process;</li> <li>➤ Develop new business rules for this project to develop program modifications; and</li> <li>➤ Identify any other necessary program changes.</li> </ul>		
<p><b>Task 4: DHCS Issues an All County Welfare Directors Letter (ACWDL)</b></p> <ul style="list-style-type: none"> <li>✦ Draft and issue letter to address background, policy, implementation, reporting and tracking for Medi-Cal limited scope children (two months); provide counties with six months to test and implement system changes including modifying procedures.</li> </ul>	8 months	Month 2 – 8
<p><b>Task 5: MRMIB (lead) Issues Transition Notification to CHIs</b></p> <ul style="list-style-type: none"> <li>✦ In coordination with DHCS, draft a CHIs Transition Notification Letter with a brief summary of the new legislative bill, and identify the CHIs’ transition responsibilities. Include the following information in the letter: <ul style="list-style-type: none"> <li>➤ Remind the CHIs’ to confirm the Consent Forms are signed and completed;</li> <li>➤ Provide instructions for incomplete Consent Forms;</li> <li>➤ Provide a potential transition timeline;</li> <li>➤ Provide sample outreach flyers;</li> <li>➤ Provide the CHIs’ direction and/or recommendations of how to handle wait list kids;</li> <li>➤ Provide Immigration Public Charge information; and</li> <li>➤ Request CHI to authorize the Center to release</li> </ul> </li> </ul>	1 week	Month 2

One-e-App (OeA) data to the State (if applicable).		
<p><b>Task 6: MRMIB (lead) CHI Outreach to Families and Enrollment Entities (EE)</b></p> <ul style="list-style-type: none"> <li>✦ Outreach Flyer – State to provide sample flyer to CHIs along with Public Charge flyers</li> <li>✦ CHIs to contact their Healthy Kids families and inform them of the transition</li> <li>✦ Develop and disseminate news article to EEs</li> <li>✦ Email blast to CAAs</li> <li>✦ These activities can also be incorporated for the Kaiser Permanente Child Health Plan and California Kids.</li> </ul>	1 month	Month 2 – 3
<p><b>Task 7: Administrative Vendor Analysis and Distribution of “Data Transfer Packets” to the Local Programs &amp; DHCS/ITSD</b></p> <ul style="list-style-type: none"> <li>✦ Documentation of the requirements</li> <li>✦ Data elements and placement</li> <li>✦ Data Dictionary</li> <li>✦ SPE Process Flows</li> <li>✦ The Administrative Vendor will standardize and publish the file format for the “Data Transfer Packets” that will be sent to CHIs, the Center, Kaiser Permanente Child Health Plan, California Kids and DHCS/ITSD.</li> <li>✦ The “Data Transfer Packet” will contain data transfer instructions, data transfer specifications, data element dictionary, data transfer roll-out schedule that includes testing dates for the flat file transfer and data transfer implementation dates.</li> </ul>	3 weeks	Month 3
<p><b>Task 8: Administrative Vendor Infrastructure</b></p> <ul style="list-style-type: none"> <li>✦ Work with DHCS/ITSD to set up secure FTP site and develop process for file exchange (i.e. identification of processed files vs. unprocessed files)</li> <li>✦ Work with CHI counties, the Center, Kaiser Permanente Child Health Plan and California Kids to set up secure FTP environment and process (concurrent with development)</li> <li>✦ Uploading of data into Maxe2</li> </ul>	3 weeks	Month 3
<p><b>Task 9: Administrative Vendor Design and Development (SPE &amp; HFP)</b></p> <ul style="list-style-type: none"> <li>✦ Technical design</li> <li>✦ Receive data, load to staging table</li> <li>✦ Client matching logic (check to see if subscriber already exists in Maxe2) and creation of applications</li> <li>✦ Uploading images and linking to applications</li> <li>✦ Create images for SPE staff</li> <li>✦ Creation of one new report</li> <li>✦ Addition of new immigration category</li> <li>✦ FPL above 250%</li> </ul>	1 month	Month 3

<p><b>Task 10: DHCS/ITSD Design and Development</b></p> <ul style="list-style-type: none"> <li>✦ Technical design</li> <li>✦ Pull and return data to the FTP Site</li> <li>✦ Client matching logic</li> <li>✦ Provide HCO Contractor with list or identifier of CHI children that become full scope Medi-Cal eligible and any pertinent CHI health plan information</li> <li>✦ Create “Medi-Cal eligibility outcome” reports for CHI children</li> </ul>	1 month	Month 3
<p><b>Task 11: Administrative Vendor Testing Period (SPE &amp; HFP)</b></p> <ul style="list-style-type: none"> <li>✦ Creation of test scenarios</li> <li>✦ Test and validate client matching logic</li> <li>✦ Test and validate images created</li> <li>✦ Test and validate the load of data/images into Maxe2</li> <li>✦ Test and validate the new immigration category in Maxe2</li> <li>✦ Test and validate termination logic to prevent disenrollments</li> <li>✦ Conversion in Production: <ul style="list-style-type: none"> <li>➤ Execution of conversion program in production;</li> <li>➤ Research of exceptions; and</li> <li>➤ Generation of application PDF's.</li> </ul> </li> </ul>	3 weeks	Month 4
<p><b>Task 12: DHCS/ITSD Testing Period</b></p> <ul style="list-style-type: none"> <li>✦ Creation of test scenarios &amp; build test records</li> <li>✦ Pull and return data to the FTP Site</li> <li>✦ Test and validate client matching logic</li> <li>✦ Test and validate CHI Tracking file</li> <li>✦ Test and validate HF18 reporting CHI children screened to Medi-Cal</li> <li>✦ Test and validate inclusion of full scope Medi-Cal determined CHI children on HCO files</li> <li>✦ Test and Validate CHI Medi-Cal eligibility outcome reports</li> <li>✦ Document Test Results &amp; obtain approval</li> </ul>	1 month	Month 4
<p><b>Task 13: Local Programs Final Data Transfer</b></p> <ul style="list-style-type: none"> <li>✦ Each CHI, the Center, California Kids, and the Kaiser Permanente Child Health Plan develops and submits a flat file to the FTP site, range is from 1 week to 6 months</li> </ul>	1 week – 6 months	Month 4- 9
<p><b>Task 14: ITSD Pulls Data from FTP site</b></p> <ul style="list-style-type: none"> <li>✦ ITSD will screen out the children currently enrolled in limited scope or full scope Medi-Cal and return the remaining children (in a file) to the FTP site</li> </ul>	1 day	Month 5 – 9
<p><b>Task 15: Administrative Vendor Pulls data from FTP site</b></p> <ul style="list-style-type: none"> <li>✦ After ITSD replaces the file the Administrative Vendor will send file to SPE for processing (including any images)</li> </ul>	1 day	Month 5 – 9
	4 business	Month 5 – 9

<p><b>Task 16: SPE Screens Applications to either the HFP or Medi-Cal</b></p> <ul style="list-style-type: none"> <li>✦ SPE Screening is within 4 business days of receipt of the application</li> </ul>	<p>days</p>	
<p><b>Task 17: Healthy Families Program (HFP) Processing</b></p> <ul style="list-style-type: none"> <li>✦ HFP eligibility determination must be made within 10 calendar days of receipt of complete application; 20 calendar days when application received is incomplete or missing information; effective date is 10 days from eligibility determination</li> </ul>	<p>1 month (maximum)</p>	<p>Month 5 – 9</p>
<p><b>Task 18: Medi-Cal Processing at the County</b></p> <ul style="list-style-type: none"> <li>✦ Medi-Cal has a 45 day timeframe to make an eligibility determination, effective date is retro to the application date</li> </ul>	<p>2 months</p>	<p>Month 5 – 9</p>
<p><b>Task 19: State Notifies Local Programs of Final Outcome</b></p> <ul style="list-style-type: none"> <li>✦ Report will include child’s name and DOB to allow CHIs to disenroll children from CHI plan (HFP only). Note: Medi-Cal will establish a separate notification process as described earlier in the report.</li> </ul>	<p>Ongoing until last flat file is processed</p>	<p>Month 5 -9</p>
<p><b>Task 20: Administrative Vendor Reports Applications from SPE to DHCS</b></p> <ul style="list-style-type: none"> <li>✦ Identifies CHI application screened to county, via HF18 (Note: HF18 needs modifications)</li> </ul>	<p>Daily until last flat file is processed</p>	<p>Month 5 – 9</p>
<p><b>Task 21: HFP and Medi-Cal Create Monthly Status Report on Application Outcomes (Internal Only)</b></p> <ul style="list-style-type: none"> <li>✦ Reports on application outcome for tracking purposes</li> </ul>	<p>Monthly</p>	<p>Month 5 – 9</p>

**Additional Considerations:**

- 1. Refund any CHI premium balance** – Any premium balances on the family’s account must be issued by the local programs. The HFP will not accept a transfer of any funds from the local programs to pay for monthly premiums. The policy of balance billing of the first month’s HFP premium will remain in place.
- 2. Public access** – A separate project which will likely overlap with the transition timeline is the launching of public access for the Health-e-App. This will impact the transition in two ways; one, families will be able to apply on their own to the HFP and Medi-Cal without assistance which could create duplicate files and second, a component of the project will electronically transfer applications screened at SPE to the county for Medi-Cal eligibility determination.

- 3. Interest and wait list** – The county by county analysis section of this report identified the CHIs that have either an interest or a wait list in place and to what extent children on those lists have a complete application on file. During a transition it would be worthwhile to explore further the feasibility of transferring the most complete applications on file along with the enrolled members on the flat file. All other children on the list would be candidates for outreach efforts by the local CAAs.
  
- 4. CAAs assistance to Medi-Cal applications/beneficiaries with the new DRA citizenship/identity documentation requirements** – The Department of Health Care Services is taking steps to allow CAAs to certify that they have viewed original or certified copies of citizenship documents for Medi-Cal applicants/beneficiaries. CAAs may voluntarily assist Medi-Cal applicants/beneficiaries, but are not required to do so. CAAs are not to determine whether the documents meet the requirements of the DRA. The county will determine if the documents meet the DRA citizenship/identity documentation requirements. CAAs are only certifying that they have viewed original citizenship/identity documents or copies certified by the issuing agency. This process can assist some children who will have to submit citizenship/identity documents for this transition.

## Operational Considerations

*Health care reform will result in modification to state materials, regulations and policy and procedures.*

Aside from the technical aspects of a transition, the day-to-day activities performed by the HFP and Medi-Cal programs must be modified to accommodate the new children's population group. After the initial data is received from the CHIs, California Kids, and Kaiser Permanente Child Health Plan, the work of determining a child's eligibility and enrollment will fall upon the HFP and Medi-Cal programs. As described in the gap analysis, with exception of the group using One-e-App, the local program applications do not collect the necessary information to complete a full eligibility determination. Any enacted legislation may provide the authority to self-certify income, but in order to screen the child to the appropriate program, an accurate assessment of who lives in the household and income must be completed. In addition, those children who are U.S. citizens or qualified immigrants are required to provide documentation of their status.

**HFP Missing Information Process** - Once the joint HFP and Medi-Cal application is received at HFP under normal processing guidelines and rules, the following missing information elements will require follow-up with the families or policy direction to waive (over-ride) the requirement to complete the processing of the child's application.

- ✦ Provide an HFP handbook which outlines program rules such as premium deadlines, Annual Eligibility Review requirements, and lists all health, dental and vision plan choices
- ✦ Confirm that the child is not currently (or within the last 3 months) enrolled in employer sponsored health insurance
- ✦ Obtain birth certificate and if applicable, immigration documents with date of entry into the U.S.
- ✦ Obtain plan choice
- ✦ Obtain signed declarations
- ✦ Optional, obtain request to waive premiums for Native American Indian or Alaska Native

A unique missing information process is in place for children screened to the HFP from the National School Lunch Programs. During a transition it may be useful to review the Letter of Instruction issued to the HFP administrative vendor by MRMIB and the processes established to determine whether there are aspects of that process could be incorporated. Another approach for consideration is to send a pre-printed application containing whatever information is provided on the flat file along with the missing information letter. This process is a modification of the current missing information process and will result in obtaining all of the required joint application elements; premium, plan selection, signature on declaration page. In addition, the applicant will receive the HFP handbook.

## Program Premiums and Co-Payments

There are no premiums or co-payment requirements in the Medi-Cal Program. Conversely in the HFP, which is constructed more similarly like private insurance in terms of shared financial responsibility, the premiums and co-payments are tiered based on family income. The HFP premiums range from \$4 to \$17 a month per child up to a monthly maximum of \$51 per family. As noted previously in this report, these premiums will increase effective November 1, 2009. The new premiums will range from \$4 to \$24 a month per child up to a monthly maximum of \$72 per family. With a focus on prevention, no co-payments are charged for preventative services such as well-child visits and immunizations; however, a \$5 co-payment is required for all other types of visits. Effective November 1, 2009 co-payments will also increase from \$5 to \$10 with the following two exceptions. The co-pay for the emergency room will be \$15 unless hospitalized. The co-pay for brand name prescription drugs will be \$15 and only applies if there is an appropriate generic drug available. A yearly maximum of \$250 in co-payments is part of the HFP structure.

CHI premiums vary widely, as listed in Appendix K – Gap Analysis Summary. In general, monthly premiums are \$4 to \$20 per child and all CHIs do not charge more than \$45 a month per family. For lower income families, typically below 150 percent of FPL no premium is charged. Co-payments are aligned with HFP; \$0 for preventative services and \$5 for all other services and are subject to increase consistent with the increases that will be in effect November 1, 2009.

### **California Kids and Kaiser Permanente Child Health Plan Premiums:**

California Kids charges families a monthly premium ranging from \$7 to \$15 a month per child (depending on the county of residence) up to a family maximum ranging from \$21 to \$90 monthly. In the California Kids Program a co-payment of \$5 is charged per office visit and \$50 for each emergency room visit; there is a \$500 a year maximum co-payment out of pocket cost. The Kaiser Permanente Child Health Plan charges \$8 to \$15 a month per child up to a maximum of \$45 monthly. Co-payments are \$5 per office visit and \$35 for each emergency room visit. There is a \$250 yearly co-payment maximum for one child enrollee and \$500 yearly co-payment maximum for 2 or more children.

## Hardship Funds

Most of the CHIs differ considerably in their cost-sharing structure, and this will be an important area of education for local and state personnel to address with families. Depending on the nature of an expanded state program, families may see an increase or decrease in their financial responsibility for coverage.

Some CHIs have hardship funds, also called premium assistance funds, in which a family facing financial inability to pay the monthly premiums can petition and receive a waiver on the cost of premiums for a designated period of time. Chart 11 lists the CHIs that have this type of assistance; percentage of their enrollment on such assistance and the length of time the CHI will allow the family to remain on such assistance.

CHART 11: CHI HARDSHIP FUND/PREMIUM ASSISTANCE AVAILABILITY

<b>County</b> (Enrollment as of 12/08)	<b>How Many Families?</b> (As of 6/09)	<b>How Long?</b>
<b>Humboldt</b> (334)	20 children	9 months with an extension for special circumstances
<b>Kern</b> (1,018)	181 Families. By design families at or below 150% FPL do not pay a premium.	1 year
<b>Los Angeles</b> (30,466)	4 children. 86% of families are in the 0-133% FPL income group, which by design is not required to pay a premium.	Premium assistance will continue for the duration of the member's coverage or until the annual eligibility review.
<b>Marin</b> (1,228)	All	Duration of enrollment
<b>Mendocino</b> (387)	59 children	2 months with an extension for special circumstances
<b>Merced</b> (356)	All	Duration of enrollment
<b>Napa</b> (205)	Did not report	Depends on Family Circumstances
<b>San Francisco</b> (3,568)	178 families (273 children)	1 year
<b>San Joaquin</b> (2,441)	36 families	1 year
<b>San Luis Obispo</b> (531)	By design families with income under 100% FPL do not pay a premium.	Duration of enrollment
<b>San Mateo</b> (6,265)	1,446 children	1 year
<b>Santa Clara</b> (9,401)	451 families (804 children)	Duration of enrollment
<b>Santa Cruz</b> (1,925)	905 children	1 year
<b>Solano</b> (891)	60-90 children	2 months increments with re-evaluation case by case
<b>Tulare (0-5)</b> (670)	50 families	3 months with an extension for special circumstances
<b>Yolo</b> (303)	37 families (52 children)	Duration of enrollment

The California Kids program does not offer a Hardship Fund/Premium Assistance Program for families. However, the following counties offer assistance through the counties CHI: Marin, Mendocino, Solano and Sonoma. Kaiser Permanente Child Health Plan does not officially offer its members a Hardship Fund/Premium Assistance Program. Families are referred to the billing department to see if assistance can be made available.

**Connecting to HFP Sponsors** – Families who are transferred to the HFP from CHI coverage, California Kids or the Kaiser Permanente Child Health Plan will need to understand changes in their financial responsibility and the resources available to them if they feel they can not meet the financial obligations of the program. The HFP offers a sponsorship program. A sponsor is a person or entity who is eligible and registered with the MRMIB and who pays a family’s premium on behalf of an applicant for any 12 months in the program. At the time of transition a discussion with the CHI should occur to determine whether it is feasible for the CHI to transition their premium assistance hardship fund and utilize it for HFP sponsorship. This would require coordination between the MRMIB and local CHIs.

**Additional Considerations Related to Program Premiums:**

- ✦ A child eligible for the HFP is balance billed for the first full month of premium. To avoid disenrollments a family is required to make monthly premiums. An account is delinquent and a disenrollment occurs after two months of non-payment. If a family is disenrolled for non-payment of premiums a new application is required for re-enrollment along with all past due premiums.
- ✦ At the time of transition it is anticipated that some families will have a credit balance in their CHI, California Kids, or Kaiser Permanente Child Health Plan account. These entities will have to establish a refund process. The HFP will not coordinate any transfer of funds for purposes of payment of monthly HFP premiums.

## Modification to State Materials

The HFP and Medi-Cal programs utilize a wide variety of letters, notices, materials, in-person communications, and websites to ensure the successful administration and delivery of health care services. Many of these materials and websites would require minor or large revisions if a Health Care Reform proposal which expanded the HFP and Medi-Cal were implemented. The DHCS will likely need about three to six months of lead time to draft, review with stakeholders, and approve the new materials prior to implementation. Informational materials exist that would have to be modified to accommodate the transition. The following examines the various materials that would require revisions:

UPDATE	
	Informational Materials
	Enrollment Materials
	Websites
	Letters of Instruction (ACWDL, LOI, etc.)

### Joint Materials and Resources:

**Certified Application Assistants (CAAs)** – CAAs, state-certified persons who assist applicants with applying for the HFP or Medi-Cal, would need additional training to orient and familiarize themselves with the new HFP and Medi-Cal requirements.

**Joint HFP and Medi-Cal Application (MC 321 HFP)** – The joint HFP and Medi-Cal application will need to be updated to reflect policy changes on the top of page A4 and the bottom of page 6 to remove references to the CHIs. Additionally, the paragraph in the middle of page 3 referring to U.S. Citizenship would need to be updated since the CHI children are not federally eligible would now be eligible for the HFP and Medi-Cal, under a state-only program.

**Health-e-App (HeA)** – HeA streamlines the HFP and Medi-Cal application process for applicants. CAAs submit the applications electronically over the Internet, rather than by paper through the mail. The HeA is an electronic version of the joint application referenced above. Any changes to the The joint HFP and Medi-Cal application would be reflected in the HeA..

**CHI Transition letter** – A transition letter to parents/legal guardians informing them of the availability of transfer from a CHI to the HFP or Medi-Cal may need to be created. Details of this letter will depend on receiving information about children enrolled in the CHIs and the specific transition process that is implemented.

### Healthy Families Program:

*The HFP will work concurrently within the SPE flat file development phase to draft, review and receive approval of the following materials prior to implementation. Most information will stay the same, only information directly related to the transition will change (i.e., static text related to expanded eligibility up to 300 percent of FPL, eligibility for children that do not meet requirements for federal funding, etc).*

**HFP Handbook** – The HFP Handbook is the primary informational publication that explains the HFP program to the general public. The publication is available in English, Spanish, Arabic, Armenian, Chinese, Farsi, Hmong, Cambodian, Korean, Russian, Tagalog, and Vietnamese; and all would need to be revised. Refer to Appendix C – HFP Program Materials for the pages recommended for updating. The handbook is updated annually in the spring for release in July. If a transition occurs during a timeframe outside the normal process of updating the handbook an errata to the handbook will be inserted into existing inventory until the next publication.

**HFP Website** – The HFP maintains a website at [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov) that contains information about the HFP program for beneficiaries. Some of this information will need to be updated for consistency with the HFP handbook. Refer to Appendix C – HFP Program Materials for specific links.

**HFP Letters and Forms** – Applicants are notified of their case status by letters. Any letters and forms to applicants requesting immigration and/or income documents will be updated. The HFP AV will be required to review any logic associated with the generation of the letters and forms. Refer to Appendix C – HFP Program Materials for specific letter and form numbers recommended for review and updating.

**Medi-Cal:**

*DHCS will likely need about three to six months of lead time to draft, review with stakeholders, and approve the following new materials prior to implementation. Informational materials exist that would have to be modified to accommodate the transition.*

**Internal communication materials** – Internal training and orientation materials used for staff development would need to be revised to reflect outcomes of the HFP and Medi-Cal expansion.

**External communication materials** – “Medi-Cal What It Means To You” (Pub 68) is the primary informational publication that explains the Medi-Cal program to the general public. The publication is available in English and Spanish and would need to be revised.



**Departmental Medi-Cal website** – The DHCS maintains a website at [www.dhcs.ca.gov/services/pages](http://www.dhcs.ca.gov/services/pages) that contains information about Medi-Cal for providers, stakeholders, and beneficiaries. Some of this information would need to be updated for consistency.

**Medi-Cal application form (MC 210)** - The Medi-Cal mail-in application form would need to be updated on the first page of the instructions about halfway down the page, to reflect changes relating to U.S. Citizenship since the CHI children are not federally eligible would now be eligible for full-scope Medi-Cal.

**Correspondence with Beneficiaries would need to be modified:**

**Notices of Action (NOAs)** – NOAs communicate the Medi-Cal eligibility determination action and the reason to Medi-Cal beneficiaries. NOAs would need to be created to notify families that undocumented children currently receiving limited-scope Medi-Cal would be eligible for full-scope state-only Medi-Cal. A NOA workgroup consisting of DHCS staff and stakeholders is currently revising and streamlining the Medi-Cal NOA issuance policy.

The Medi-Cal program policies are communicated to California’s 58 counties, the local administrators of the program, formally through ACWDLs and Medi-Cal Eligibility Division Information Letters (MEDILs), regulations, and procedural manuals. Policy issues are discussed informally with counties and stakeholders to gain external input, address implementation issues and have an open dialogue of issues raised via special committees, stakeholders meetings, and workgroups. Below is a descriptive list, which is not all-inclusive, as others may be developed as needed:

**ACWDLs, MEDILs, regulations, and Medi-Cal procedures manual** – These would have to be issued or updated since these are the mechanisms utilized to implement policy and/or provide counties with information needed related to their operations to implement policy.

**Medical Care Committee** – The CWDA Medical Care Committee is an important means of ensuring uniformity in the application of Medi-Cal policy and addressing complex policy issues that need action by open communication between the DHCS and the 58 California counties that individually administer Medi-Cal. It meets monthly and advocates are invited to some segments. Policy changes would have to be carefully communicated through these committees as early as possible to gain input and comments regarding the policy and implementing ACWDLs.

**The DHCS also communicates with Medi-Cal providers:**

**Provider manual** – The provider manual is a comprehensive guide to billing for and providing health care services under the Medi-Cal program. It is not anticipated that the “Medi-Cal Provider Manual” will need to be revised to reflect changes associated with transitioning children from CHIs to Medi-Cal benefits because it will not affect the way providers are currently billing for and delivering services. However, aid codes or other administrative means used to implement the expansion of full-scope Medi-Cal benefits to children who currently receive limited-scope Medi-Cal benefits would need to be communicated with providers. Currently, providers already accept Medi-Cal and managed care plans and work with HFP and Medi-Cal, so moving the children currently in CHI’s onto these programs will be transparent and seamless from the provider’s perspective.

**Associated provider updates and bulletins** - While it is true that moving children from CHI’s into full-scope Medi-Cal wouldn’t affect Medi-Cal provider service delivery or billing, the HCR expansion to full-scope Medi-Cal benefits for children currently in limited-scope aid codes would require provider notification since providers would need to be advised about aid codes or other administrative means used by DHCS to expand the limited-scope benefits to full-scope benefits for these beneficiaries. When providers swipe the BIC card, the provider is informed of the scope of coverage (full or limited).

**Medi-Cal Managed Care health plans** – Currently, 22 counties and approximately 3.3 million beneficiaries (approximately half of all beneficiaries) receive their health care through three models of managed health care plans administered by the DHCS: (1) Two-Plan, (2) County Organized Health Systems (COHS), and (3) Geographic Managed Care (GMC). The DHCS would need to carefully coordinate changes and capitation (payment) requirements with each of these models since they would likely become slightly larger systems.

**Outreach Materials** – DHCS has employed various generally effective, wide-reaching means for conducting Medi-Cal outreach activities (but due to funding constraints the budget for this outreach

**Funding for** campaign was discontinued in 2002), such as the following:

**an outreach  
campaign  
should be  
considered.**

Posters, Advertising- Print, Radio, or Television, Community-based sources, DHCS Stakeholder notification e-mail service, School health outreach, Information posted or circulated at Clinics or Hospitals, Information posted or circulated at county welfare offices, Informational websites.

**Modifications to DHCS ITSD Systems** – Modifications and enhancements to the Medi-Cal Eligibility Data System (MEDS) may be needed to identify new beneficiaries brought in under the HCR proposals. The DHCS may also have to assign and approve new aid codes that accomplish a transition for children

with expanded benefits or devise other system changes that accomplish this. Finally, any data exchanges between the CHIs and DHCS will have to be worked out due to confidentiality issues.

**New Material That May Be Needed:**

**Medi-Cal Children Notice of Action (NOA)** – A separate transition NOA to parents/legal guardians informing them that benefits for children with limited-scope Medi-Cal would expand to full scope Medi-Cal benefits may need to be created.

## Continuity of Care

Continuity of care, whereby you keep your same health care provider and/or health plan over time, is an important concept as it relates to children because it is thought by health researchers to both help improve overall health outcomes and reduce the likelihood of more serious health conditions as a child ages. Researchers have opined that when children and their families get use to their provider and/or plan over time, they are more likely to then use the services available to them and to seek professional help when needed; possibly forestalling more serious conditions by catching and treating them earlier. The researchers also note that continuity of care is also important for the Pediatrician because they get to know their patient for a longer period of time and are thus more likely to be able to better assess and then refine the health approaches they are using with that patient. Finally, they note that highly important trust builds and develops between a child and his/her Pediatrician/Physician over time; it is therefore important to maintain the continuity of care to help build and enhance that trust. The transition will attempt to provide continuity of care for the children as they move from the CHIs to either the HFP or Medi-Cal. It is important to note that the report does not address the issue of continuity of care for those children enrolled in the California Kids Program or the Kaiser Cares for Kids Program. The children enrolled in these programs are receiving health care through Anthem Blue Cross and Kaiser. In the HFP and Medi-Cal Programs these plans have different product lines, and in the case of Kaiser enrollment limits, that may pose a challenge for continuity of care purposes. During a transition, these issues must be further discussed. The HFP and Medi-Cal program will address continuity of care in the following manner.

- ✦ **The HFP** – In a flat file, if the CHI identifies the plan and provider group the child is enrolled in, the child can be enrolled by default in that same plan/provider if the plan/provider is available in HFP. The child will not experience a disruption in their care. Existing HFP rules regarding transfer of enrollment will be applicable. Anytime within the first three months of enrollment a family may change their health, dental or vision plan for any reason. After the three months of enrollment the family may change plans once a year during the HFP open enrollment period (typically in April). One exception is Partnership Health Plan which is not currently a participating health plan under the HFP; however, they are currently a participating health plan under the Medi-Cal Program. There are a total of four counties which currently use Partnership Health Plan exclusively for enrollment into the CHI. It is not to say that the HFP will not be able to cover these children since the medical provider may participate under a different health plan which is a participating HFP health plan.
- ✦ **Medi-Cal Program** – It should be noted that Medi-Cal is delivered in both fee-for-service and in managed-care settings. Medi-Cal Managed Care (MMC) is not available in all of California's counties and therefore a transitioned child might only have fee-for-service Medi-Cal available to them. All of the CHI children are in health plans; many of these are the same as what is available under MMC and thus continuity of care can be maintained for the majority of them. However, CHI children in the counties of Colusa, Del Norte, El Dorado, Humboldt, Mendocino, Merced, Placer, and Yuba, will not be able to maintain continuity of care due to the lack of MMC in those counties; therefore, they will have to go into fee-for-service Medi-Cal.

### **CHI, HFP and Medi-Cal Health Plan Networks Are Mostly the Same:**

Chart 12 highlights that many of the children enrolled in the CHIs could probably expect to receive services from their existing health plan if they become eligible for the HFP or Medi-Cal.

CHART 12: CHI HEALTH PLAN COVERAGE BY COUNTY

	<b>CHI</b>	<b>Healthy Families</b> (* indicates partial county coverage) <i>Effective July 2009 benefit year</i>	<b>Medi-Cal</b>
Colusa	Health Net	Anthem Blue Cross EPO, Health Net EPO	Fee for Service
Del Norte	Blue Cross	Anthem Blue Cross EPO, Blue Shield EPO	Fee for Service
El Dorado	Health Net	Anthem Blue Cross EPO, Blue Shield HMO*, Health Net HMO*, Kaiser*	Fee for Service
Fresno	Health Net	Health Net HMO, Blue Shield EPO, Kaiser*	<i>Managed Care:</i> Anthem Blue Cross and Health Net
Humboldt	Blue Cross	Anthem Blue Cross EPO, Blue Shield EPO, Health Net Life EPO	Fee for Service
Kern	Health Net	Kern Family Health Care*, Anthem Blue Cross HMO, Health Net HMO*, Kaiser*	<i>Managed Care:</i> Health Net, Kern Family Health Plan
Kings	Health Net	Anthem Blue Cross EPO, Blue Shield EPO, Health Net HMO and Kaiser*	Fee for Service
Los Angeles	L.A. Care	Anthem Blue Cross HMO, Blue Shield HMO, Care 1 <sup>st</sup> Health Plan, Community Health Plan, Health Net HMO, Kaiser, L.A. Care Health Plan, Molina	<i>Managed Care:</i> Positive Healthcare, Health Net (Subcontract w/ Molina Healthcare), L.A. Care Health Plan (Subcontract w/Care 1 <sup>st</sup> , Community Health Group, Kaiser, Anthem Blue Cross), SCAN Health Plan
Marin	Blue Cross	Anthem Blue Cross EPO, Blue Shield HMO, Health Net HMO, Kaiser	<i>Managed Care:</i> Kaiser
Mendocino	Blue Cross	Anthem Blue Cross EPO, Blue Shield EPO, Health Net Life EPO	Fee for Service
Merced	Health Net	Anthem Blue Cross EPO, Blue Shield EPO, Health Net HMO, Health Plan of San Joaquin	Fee for Service. Effective October 2009, County Organized Health System: Central Coast Alliance for Health
Napa	Partnership Health Plan of California	Anthem Blue Cross EPO, Health Net HMO, and Kaiser*	<i>County Organized Health System:</i> Partnership Health Plan of California (Subcontract w/ Kaiser)
Orange	CalOptima	Anthem Blue Cross HMO, Blue Shield HMO, CalOptima Kids, Health Net HMO, Kaiser	<i>County Organized Health System:</i> Cal Optima (Subcontract w/ Kaiser & Health Net)
Placer	Health Net	Anthem Blue Cross EPO, Blue Shield HMO*, Health Net HMO*, Kaiser*	Fee for Service
Riverside	Inland Empire Health Plan	Anthem Blue Cross HMO, Blue Shield HMO*, Community Health Group*, Health Net HMO*, Inland Empire Health Plan*, Kaiser*, Molina*	<i>Managed Care:</i> Inland Empire Health Plan (Subcontract w/ Kaiser), Molina Healthcare (Subcontract w/ Health Net), SCAN Health Plan
Sacramento	Health Net	Health Net HMO, Health Plan of San Joaquin*, Kaiser, Molina	<i>Managed Care:</i> Anthem Blue Cross, Health Net, Kaiser, Molina Healthcare, Western

	<b>CHI</b>	<b>Healthy Families</b> (* indicates partial county coverage) <i>Effective July 2009 benefit year</i>	<b>Medi-Cal</b>
San Bernardino	Inland Empire Health Plan	Anthem Blue Cross HMO , Blue Shield HMO*, Health Net HMO*, Inland Empire Health Plan*, Kaiser* and Molina*	Health Advantage <i>Managed Care:</i> Inland Empire Health Plan (Subcontract w/ Kaiser), Molina Healthcare (Subcontract w/ Health Net) and SCAN Health Plan
San Francisco	San Francisco Health Plan	Blue Shield HMO, Health Net HMO, Kaiser and San Francisco Health Plan	<i>Managed Care:</i> Anthem Blue Cross, Family Mosaic Project, San Francisco Health Plan (Subcontract w/ Kaiser)
San Joaquin	Health Plan of San Joaquin	Anthem Blue Cross EPO, Blue Shield HMO, Health Net HMO, Health Plan of San Joaquin, Kaiser	<i>Managed Care:</i> Anthem Blue Cross, Health Plan of San Joaquin
San Luis Obispo	CenCal Health	Anthem Blue Cross EPO, Blue Shield EPO, CenCal Health	<i>County Organized Health System:</i> CenCal Health
San Mateo	Health Plan of San Mateo	Health Plan of San Mateo, Kaiser	<i>County Organized Health System:</i> Health Plan of San Mateo
Santa Barbara	CenCal Health	Blue Shield HMO, CenCal Health	<i>County Organized Health System:</i> CenCal Health
Santa Clara	Santa Clara Family Health Plan	Anthem Blue Cross HMO, Blue Shield HMO, Santa Clara Family Health Plan, Kaiser	<i>Managed Care:</i> Anthem Blue Cross, Santa Clara Family Health Plan (Subcontract w/ Kaiser)
Santa Cruz	Central Coast Alliance for Health	Anthem Blue Cross EPO, Blue Shield HMO, and Central Coast Alliance for Health	<i>County Organized Health System:</i> Central Coast Alliance for Health
Solano	Partnership Health Plan of California	Blue Shield HMO, Health Net HMO, Kaiser	<i>County Organized Health System:</i> Partnership Health Plan of California (Subcontract w/ Kaiser)
Sonoma	Partnership Health Plan of California	Anthem Blue Cross EPO, Blue Shield HMO, Kaiser, Health Net HMO	<i>Managed Care:</i> Kaiser
Tulare	Health Net	Anthem Blue Cross EPO, Blue Shield HMO, Health Net HMO	<i>Managed Care:</i> Anthem Blue Cross, Health Net
Yolo	Partnership Health Plan of California	Blue Shield HMO, Health Net HMO, Kaiser*	<i>County Organized Health System:</i> Partnership Health Plan of California (Subcontracts w/ Kaiser)
Yuba	Health Net	Anthem Blue Cross EPO, Blue Shield EPO, Health Net Life EPO	Fee for Service

## Regulation Changes

Based on an initial assessment, the following sections of the HFP regulations were identified as needing modification in response to transition related programmatic changes. As this is an initial assessment only, there may be additional changes to the regulations as necessary to implement the program changes.

- 1. Eligibility for children regardless of legal immigration status** – HFP Regulations Section 2699.6500 – Definitions and Section 2699.6607(a)(1), (e)(1), (e)(3) – Determination of Eligibility
- 2. Expansion of HFP eligibility to 300 percent FPL** – HFP Regulations Section 2699.6607 (a)(1) – Determination of Eligibility and Insurance Code Section 12696.70 (B) and (C)
- 3. Self-certification of income** – HFP Regulations Section 2699.6600 (k)(3) – Application
- 4. Joint Application** – HFP Regulations Section 2699.6600 I(1) – Application
- 5. Premiums for 250 percent – 300 percent FPL Households** – HFP Regulations Section 2699.6809 – Determination of Family Contribution for the Program

The possible need for Medi-Cal regulation changes would depend on how the enabling legislation is written and what it directs the DHCS to do. Furthermore, there may be specific instructions for California to follow from the Centers for Medicare and Medicaid Services based on national health care policy directives as they relate to this transition. At this time, there is no recommend particular course of action such as regulation changes. However, it should be noted that the DHCS has flexibility granted under Welfare and Institutions Code Sections to implement many policy changes via an All County Welfare Directors Letter.

## State Plan Amendment (SPA) and/or Waiver

**HFP** – Further review of the enabling legislation will be required to assess whether a waiver of any federal requirements will be required. Staff does anticipate the need for a SPA for the expansion to 300 percent from 250 percent of the FPL to the extent the state intends to claim federal funds for this population.

**Medi-Cal** – Further review of the enabling legislation is required to assess if the DHCS will be required to submit a SPA or waiver.

## Other Operational Considerations

- ✦ **Affirmation of Unsatisfactory Immigration Status** – A policy decision to request a parent to attest to the immigration status of the child will need to be taken into consideration given the necessity to differentiate Federal Financial Participation populations in the HFP and Medi-Cal programs.
- ✦ **\$50 Application Assistance Fee Payment** – In light of the budget crisis at the time of writing this report, it is unclear if the application assistance fee program will be in place at the time of transition. Payments are scheduled to end at the end of July 2009. If it is in place at the time of transition, a policy decision to contemplate is to allow the CHIs to receive the payment. One point to remember is that health plans and their representatives, many of which are affiliated with the CHIs, are not eligible for the payment. The plan representatives are prohibited from steering a family to whom they are providing application assistance into selecting a plan. This potential conflict of interest must be addressed early in the transition process.
- ✦ **Coordinating the Ending of CHI, California Kids, and Kaiser Permanente Child Health Plan Coverage** – In an attempt to minimize dual eligibility and coverage periods, the state and the local programs should discuss a method to notify each other of the child's effective date in the HFP and Medi-Cal program. This must be in the context of adhering to HIPAA laws regarding sharing of information. The Consent to Share Information Form (Appendix E) should suffice to the extent all parties involved are HIPAA covered entities. In the case of Medi-Cal, until the CHI program is terminated, the services to the child will continue to be paid for by the CHI; the child will be transitioned to Medi-Cal prior to the effective date of the CHI termination, but an Other Health Code indicator will make Medi-Cal the payer of last resort, so the CHI is billed for those services.

DHCS currently has Trading Partner Agreements with all the major commercial health insurance carriers doing business within California to conduct data exchanges, including the majority of the plans utilized by the CHIs, California Kids and Kaiser Permanente Child Health Plan. If DHCS already has an existing Trading Partner Agreement with the plan and the plan currently identifies records for children enrolled in CHIs, California Kids, or Kaiser Permanente Child Health Plan – DHCS is already returning information to the plan (via a data file) regarding eligibility for full scope or limited scope Medi-Cal eligibility.

If a CHI health plan does not have a Trading Partner Agreement with DHCS, then the CHI health plan would need to enter into a Trading Partner Agreement with DHCS to facilitate this data exchange. It typically takes 90 days to fully execute a new Trading Partner Agreement with DHCS and an additional 30 to 60 days to complete a successful data exchange.

This data exchange process could be utilized to provide the CHI, Kaiser Permanente Child Health Plan or California Kids with their children's Medi-Cal enrollment status. The CHI health plan, Kaiser Permanente Child Health Plan or California Kids would be

notified that the family has successfully completed the application process (child is on limited scope Medi-Cal) and when the coverage has been changed to full scope by their local County Welfare Office. This information will be shared with the CHI or California Kids through their data exchange agreements with their health plans. This process will inform the CHI, California Kids or Kaiser Permanente Child Health Plan, and their health plans when full Medi-Cal coverage is attained and the disenrollment process completed.

Additionally, once Medi-Cal eligibility is established the CHI health plan, California Kids or Kaiser Permanente Child Health Plan coverage could be posted to MEDS with a unique other health coverage indicator. This would prevent Medi-Cal from paying for services covered under the health plan.

- ✦ **Include in Legislation California Kids and Kaiser Permanente Child Health Plan Provisions** – Including these two programs in the enacting legislation will provide continuity and equality in transitioning all eligible children to the HFP and Medi-Cal programs.

## Looking Forward

*A transition will face challenges as various enrollment systems attempt to interact. The extended timeframe necessary to modify the various systems will require extensive management on the part of the MRMIB and DHCS.*

Each of the programs, both local and state-level, are well equipped to manage their own operations. The challenge for the transition is to modify, within a reasonable amount of time, the existing systems and operations to efficiently and expeditiously provide coverage to the children enrolled in the local programs. The transition will be a one time effort and cost. The report concludes by focusing on past successful outreach at the local levels and identifies next steps.

## Outreach

Many CHIs have developed extensive local networks of outreach and enrollment resources with strong and trusting relationships to families and communities, resulting in valuable access to families during a transition. Although relatively few counties have done concrete planning for a possible transition to a statewide program, many have outreach and utilization management activities that provide for regular contact with the families of enrolled children. These existing contacts create opportunities for the rapid dissemination of information regarding a program transition.

Local CHIs have extensive knowledge of their target populations, including specific challenges based on local factors such as demographics or politics. Although concerns relating to fear of public programs and misunderstandings regarding current resources are common among many counties,

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### COORDINATION WITH MEDI-CAL

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The following counties report a good interactive relationship with their local Medi-Cal office:

- ★ Fresno
  - ★ Los Angeles
  - ★ Merced
  - ★ San Joaquin
  - ★ San Luis Obispo
  - ★ Santa Cruz
- 

every local population is unique to some degree in how community perceptions affect outreach. Local program staff will have a detailed understanding of the most important perceptions and challenges to be confronted among each counties' program-eligible population.

To varying degrees, all CHIs have integrated the numerous outreach and enrollment pathways across available coverage programs. For example, in some counties the CHI works directly with the local Medi-Cal office to enroll children concurrently in CHI and limited-scope Medi-Cal. This integration may facilitate some aspects of future enrollment

processing into state-financed programs. In many cases the ability to screen and enroll across multiple programs requires the development of relationships and protocols among agencies and organizations that may not have traditionally interfaced effectively. In many CHI counties, these relationships have been developed and strengthened to create efficiency at the local level that can benefit a program transition by facilitating the flow of information among local stakeholders.

Many CHIs indicated they have strong relationships with their county Medi-Cal offices; they either enroll the children in limited-scope Medi-Cal or have a referral process in place between the two programs.

## Lessons Learned

Based on the information gathered from CHI surveys and during meetings, the majority of the CHIs stated that a successful transition of children from the CHIs to a state program can be accomplished by educating families of all the details of a possible transition. Most importantly, informing the families of the date that transition will take place, assuring families that the transition will be a seamless one, providing information to families letting them know where they can go to receive assistance with the appropriate paperwork and providing information on what is expected of families. Communication with CBOs, CAAs, EEs, Community Health Advocates and others who work closely with the targeted population on assisting them apply for health insurance programs was also viewed as important since these groups have built a trustworthy relationship with the families at the local level. Appendix G – Outreach Lessons Learned Survey contains all responses.

Most CHIs recommend developing an informational flyer, letter, or postcard in collaboration with the state informing families of the details and requirements of the transition into a state program. Many of the CHIs expressed that they would like to coordinate efforts with the state to ensure families of a smooth and seamless transition into a state program. Some CHIs stated that they will use retention activities currently in place at their annual review as an opportunity to provide information on the transition to families. Some of the retention activities currently in place and used by the local CHIs include the following activities:

Some CHIs use retention surveys at two to three months after application assistance to confirm a family's enrollment into health coverage program, eight months after enrollment contact to ensure the family is utilizing their services and to assist with any troubleshooting issues and at 13 months after enrollment help the family maintain coverage.

Many of the CHI programs carry out extensive retention efforts that include case management, mailing campaigns, and phone calls during the renewal process. The retention activities begin and notices are sent to families anywhere from 45 days to three months prior to their renewal date. At this time they also offer assistance to complete the paper work and emphasize the importance of returning paperwork.

CAA's also receive reports that lists families who have upcoming renewals for the HFP and Medi-Cal which they use to telephone families alerting them to the renewal timeline and to schedule an appointment to renew their application and update their documentation.

Local agencies have instituted retention/utilization workshops for clients who have been previously assisted with an application. These workshops orient clients on what to do when they receive an enrollment packet, how to use their benefits, and how to contact patient relations for problems.

**CHIs stated that they will use the following outreach methods to notify and educate families of a transition of children from the local CHI to the HFP or Medi-Cal:**

<ul style="list-style-type: none"> <li>✦ Call families and set up appointments to assist them with the paperwork as needed</li> <li>✦ Educational campaign to include notices sent to families regarding the possible transition</li> <li>✦ Local and statewide coalition meetings</li> <li>✦ Schools and school readiness collaborations</li> <li>✦ Community clinics and county agencies</li> <li>✦ Community and agency presentations</li> <li>✦ Enrollment entities and CAAs</li> <li>✦ Health fairs and enrollment events</li> </ul>	<ul style="list-style-type: none"> <li>✦ Community and faith-based groups</li> <li>✦ County wide CAA networking meetings</li> <li>✦ Child care centers</li> <li>✦ Community health advocates</li> <li>✦ Women, Infants and Children’s Program</li> <li>✦ During annual review process</li> <li>✦ Local newspaper stories, articles and radio</li> <li>✦ Outreach coalition meetings</li> <li>✦ During One-e-App trainings</li> </ul>
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CHIs were asked to identify what assistance they would need from the state in the event of a transition. Overall, the most common responses include: training by the state providing all details on the transition, communicating clear processes and deadlines, information outlining the steps of the transition, assistance with the status of children’s application, availability to answer questions from the CHIs, and funds to be able to provide outreach to families on the transition.

**Additional technical assistance activities which the CHIs stated they will need from the state to provide a successful transition of children from the local CHIs to a state program include:**

- ✦ Assistance in collecting needed information;
- ✦ Assistance with production of educational materials (information on the benefits of the expansion and any consequences for the family);
- ✦ Toll-free number and website to answer FAQ’s regarding the transition;
- ✦ System/procedures for counties to implement a new state program;
- ✦ Using Care Coordination Model to inform families of changes, benefits, and to educate and empower families on how to navigate their health plan; and
- ✦ State provided technical assistance for outreach would be in the form of a clear explanation of what the families could expect in the health care expansion, the benefit of the expansion and the consequences for them personally.

**Challenges and Barriers:**

Most common challenge and barrier identified by the CHIs that may result in an unsuccessful transition of children into a state program is that families may have a fear of being enrolled into a state program. They may not understand or be confused as to how the state programs work. The CHIs feel it is important to clearly communicate to families the process of a possible transition and help them understand why they will be transitioned into a state program.

**The issue of public charge is also still relevant in some counties** – A number of CHIs have expressed the continued reluctance on the part of families to enroll children in Medi-Cal coverage (including limited scope) due to fear of being considered a “public charge” in the legal immigration process. The network of CAAs used to enroll in CHIs is valuable in helping to educate families on Medi-Cal. CHIs could encourage enrollment in limited scope Medi-Cal during the CHI annual eligibility review and for those on a waiting list as a standard practice. Appendix H – Public Charge Flyer will be shared with the CHIs; this is not a state produced flyer but one that has been used in the past by many local organizations.

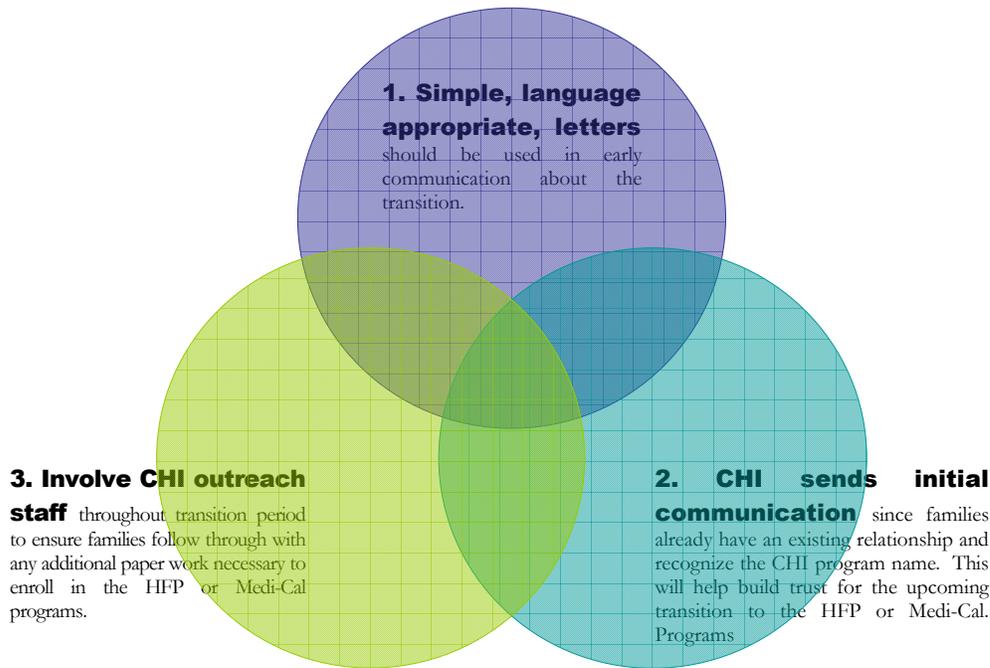
Another challenge that the CHIs foresee in a possible transition is not being able to contact families to inform them of a possible transition and to assist them with paperwork since some may have moved, and telephone number has been disconnected or changed after initial contact with the families. They feel that they have worked for many years with the families and have built strong and trustworthy relationships at the local level, which is why they would like to work with families directly and provide notification at the local level rather than the state level.

**The following are additional challenges and barriers identified by CHIs which should be addressed at the time of transition of children to HFP and Medi-Cal:**

- ✦ Assure families how information will be used;
- ✦ Families inability to meet the HFP requirements to support verification of documents based on the program eligibility requirements;
- ✦ Adjusting and educating families of new program changes (benefits);
- ✦ Lack of financial support for CHIs during a transition;
- ✦ Cultural shift resulting from a transition; CHI programs positioned themselves as a trustworthy program among a population where any association with Federal or State agencies may deter families from continuing coverage, at least initially;
- ✦ Assurance that there will be no break in their CHI coverage; and
- ✦ Lack of premium assistance under the HFP.

The CHIs do not foresee any major problems in transitioning children from the CHI into a state program. The goal of a successful transition of children into a state program is attainable since the state has been and will continue to work closely and collaboratively with the local CHIs to ensure a smooth and timely transition to ensure that no child loses coverage. Many CHIs stated that they were very excited and ready for a transition of children into a state program.

**CHIs Recommend Three Inter-related Elements in a Transition:**



**Building Upon an Existing Infrastructure:**

A transition process could provide an opportunity to develop more integrated and efficient Outreach Enrollment Retention Utilization (OERU) processes across programs. One of the major accomplishments of the CHIs has been to streamline systems across programs at the local level by creating relationships and policies that allow public agencies and private organizations to cooperate in new and innovative ways. The following are examples of transition related activities the CHIs identified as possible during a transition.

**Los Angeles County** – Involve their program integration workgroup which consist of CAAs and CBOs to inform families of program changes and updates. The Los Angeles CHI plans on building on the current outreach and retention activities to inform families of an upcoming transition. Multilingual staff has built a trustworthy relationship with families and are aware of their needs. Community-based organizations make a number of calls to families throughout the year to ensure families were successfully enrolled, to see if families are accessing care, to confirm if a family is at the same address, and to offer

assistance with any paperwork at annual renewal. The CHI would use these opportunities to educate families about the upcoming transition.

**Napa County** – The CHI will send a letter to families regarding any program changes or updates encouraging them to call a Health Access Specialist (HAS) to set-up an appointment to receive assistance with paperwork as needed. At the time of appointment the HAS will take the opportunity to explain any changes in coverage and answer any questions about the transition families may have.

**Sacramento Region** – The CHI will utilize the Children’s Health Insurance Coordinating Committee they facilitate to inform organizations as well as all EEs and CAAs in the county on the transition. The committee consists of community-based organizations, schools, childcare centers, faith-based groups and county agencies.

**San Mateo County** – The CHI will send informational letters to all members on the transition. They plan on educating families in person. They will also have families call the CHI hotline.

**California Kids:**

**Outreach Lessons Learned & Challenges and Barriers** – California Kids did not identify any outreach lessons learned since they do not perform outreach; it is conducted by each CHIs at the local level. No potential challenges or barriers were identified by the California Kids Program.

**Kaiser Permanente Child Health Plan:**

**Outreach Lessons Learned & Challenges and Barriers** – Kaiser Permanente Child Health Plan uses three primary modes of communicating with members of their program: direct mail, CAAs and the Internet. In the event of a transition, a direct mail communication would be developed and sent to all active members. Another communication would be developed and delivered to community agency partners and CAAs. Kaiser Permanente Child Health Plan would also modify its website to direct active and potential members to state programs. No potential barriers were identified.

**Impact to Enrollment Entities (EE) and Certified Application Assistants (CAA):**

The CAAs help families complete and submit the joint HFP and Medi-Cal application. The CAAs also keep families informed about program changes and help them maintain their coverage. If families do not qualify for the HFP or Medi-Cal, CAAs refer them to other available programs. The CAAs are responsible for: assisting the applicant in properly completing the application; conducting individual or group session to assist and educate applicants; answering questions pertaining to the application; reviewing and explaining the types of documentation to be submitted with the application; assisting applicants to use the HFP Handbook to find a health, dental and vision plan; ensuring that they have the language capability to serve the target population; helping to calculate the monthly HFP insurance premiums; and assisting the applicant in screening for eligibility.

Chart 13 shows responses received as part of one survey in which the CHI's were asked to describe their involvement in the Enrollment Entity (EE) and Certified Application Assistance (CAA) Process. The four counties, Del Norte, Humboldt, Marin and Mendocino that enroll directly into California Kids were not included in the survey.

CHART 13: CHI ENROLLMENT ENTITIES

All CHIs are Enrollment Entities	How Many CAAs	How Many Other Partners
Fresno	1	7 CAAs from other organizations
Kern	12	
Kings	3	
Los Angeles	400	
Merced	8	
Napa	5	25 CAAs from other organizations
Orange	5	
Riverside & San Bernardino	8	
Sacramento Region: Colusa, El Dorado, Placer, Sacramento & Yuba.	19	
San Francisco	10	
San Joaquin	7	
San Luis Obispo	2	
San Mateo	7	
Santa Barbara	8	60 CAAs from other organizations
Santa Clara	25	
Santa Cruz	35	
Solano	6	
Sonoma	3	18 CAAs from other organizations
Tulare (0-5)	5	
Tulare (6-18)	15	
Yolo	4	25 CAAs from other organizations

**Update CAAs of new policy and procedures** – A refresher web-based on-line training course, in English and Spanish, which was launched in September 2006, is expected to provide updated program information to CAAs on the transition and program expansion.

**Health-e-App “Blasts”** – Health-e-App Blasts are broadcast messages that appear once an EE or CAA is logged into Health-e-App. These messages feature recent program changes and other important information that scrolls across the top of the screen. The EEs and CAAs have access to previous broadcast messages. It is expected that this mode of communication will be utilized during a transition.

**CAA newsletter** – Bi-monthly newsletters are available to CAAs to share important HFP and Medi-Cal information. The link for the CAA newsletter is located at [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov). Users may click on the “Information for EEs and CAAs” and then click on the link to “EE/CAA Newsletters.” It is expected that several articles will appear in the publication during a transition.

**MRMIB website** – The MRMIB website has application and income guidelines, HFP regulations, list of program qualifications, monthly premium information, board agendas and meeting minutes, and links to the main HFP website and the Health-e-App website. Relevant information will be added during a transition and implementation phase.

**Request for Information (RFI) flyer** – The RFI form asks parents if they would like to receive additional information on the programs to simply fill out the form and return to school staff or mail directly to address on form. Upon receipt of the completed RFI form designated staff will mail out a joint HFP and Medi-Cal application. It is expected that leading up to implementation there will be an increase in interest in this process.

## Wait List and Interest List

Thirteen of the CHIs maintain wait lists of children that have submitted full applications, have been determined eligible, and are waiting for a spot to become available in the program. Five of the CHI counties maintain interest lists, which contain the names and phone numbers of interested families, who would be contacted to complete an application in the event enrollment is opened up in capped programs. The CHIs have spent significant amount of time reaching out to families on the wait list and interest list, updating families' information to ensure a spot in the program as they become available within the local program. As of December 2008, the CHIs reported they have 6,781 children on the wait list and 9,343 on the interest list statewide. Both of these lists may be useful in outreach for enrollment into expanded state programs, but it is unlikely there will be any streamlined way to facilitate these children's enrollment that does not include completing a new application (with updated income information) and going through the eligibility determination process.

**An option in a transition** – Each CHI has structured their wait list differently. If a CHI has maintained an up-to-date wait list with current income information, etc., it may be possible to include these children in a flat file for the state to process. In fact, some CHIs have suggested that during a transition they would contact families to obtain the necessary information to include these children in their county's flat file. Of particular note, wait list and interest list children are not concurrently enrolled in the local programs health plan so these children will be required to select a health, dental and vision plan through the established HFP and Medi-Cal process. At minimum, the wait list could be used for outreach mailings and coordination with local EEs to fill out a joint HFP and Medi-Cal application.

**Limited scope**

**Medi-Cal is an**

**option:** Children on a wait list or interest list could be assisted in applying for limited scope Medi-Cal at any time.

## Check List for Implementation Team

The following tasks were identified for the MRMIB and DHCS implementation team. It is intended that these tasks would be initiated shortly after legislation is passed and signed into law that authorizes the transition of children from the local programs to the HFP or Medi-Cal.



- 1.** Meet with Los Angeles County again to encourage participation in the flat file data exchange process.
- 2.** Encourage discussion between CCHI and private foundations to obtain resources for any CHI that needs technical assistance to create the flat file. Encourage discussion between California Kids and a foundation to provide funding to give them the capacity to develop a flat file.
- 3.** Confirm that each family enrolled in a CHI, California Kids, or the Kaiser Permanente Child Health Plan has the Consent to Share Information Form on file. Absent the Consent Form the data cannot be exchanged.
- 4.** MRMIB staff must immediately initiate a Policy Letter and/or Letter of Instruction to the SPE & HFP AV requesting among other things that they establish a File Transfer Protocol site and related requirements to accept data from the local children's programs and that the "eligibility engine" of the electronic eligibility and enrollment system is changed (i.e., accept children that are not federally eligible and those in households up to 300 percent of FPL). This will ensure that a CHI, California Kids or Kaiser Permanente Child Health Plan applications will move through the screening and enrollment process without delay.
- 5.** Send a letter explaining the transition process to the local programs. A sample is in Appendix D – Sample Transition Letter.
- 6.** DHCS staff must immediately begin drafting of an All County Welfare Directors Letter (ACWDL) and within two months issue the ACWDL to give the counties at least 6 months to make system and process modifications.
- 7.** DHCS staff in the Information Technology Services Division must begin coordinated efforts with the SPE AV to among other things establish the process for separating out children enrolled in limited scope Medi-Cal from the flat files, tracking transition applications at SPE, and reporting to Health Care Options plan assignment for purposes of continuity of care. In addition, DHCS staff must establish a mechanism for notification to the CHIs when a child is enrolled in Medi-Cal so that the CHI can stop paying capitation.
- 8.** Part of this project was the development of an extensive database that collected all survey results. The implementation team should review the data base to confirm information is up-to-date. The following contact list can be used by the implementation team.

CHART 14: CONTACT LIST

County	Name and Address	Phone Number	Website
Colusa	Healthy Kids, Healthy Future 320 5 <sup>th</sup> Street, Suite A Colusa, CA 95932	530-458-5555	<a href="http://www.first5colusa.org">www.first5colusa.org</a>
Del Norte	Healthy Kids Del Norte 550 E. Washington Blvd #100 Crescent City, CA 95531	707-465-1984	<a href="http://www.delnortekids.org">www.delnortekids.org</a>
El Dorado	Healthy Kids, Healthy Future 931 Spring Street Placerville, CA 95667	1-800-388-8690	<a href="http://www.co.el-dorado.ca.us">www.co.el-dorado.ca.us</a>
Fresno	HCAP 2043 E Divisadero Fresno, CA 93701	559-320-0242	<a href="http://www.fresnohcap.org">www.fresnohcap.org</a>
Humboldt	Healthy Kids Humboldt 517 Third Street, Suite 36 Eureka, CA 95501	707-442-6066	<a href="http://www.healthykidshumboldt.org">www.healthykidshumboldt.org</a>
Kern	Kern County CHI PO Box 119 Bakersfield, CA 93302	866-863-0640	<a href="http://www.insurekernkids.org">www.insurekernkids.org</a> <a href="http://www.seguoparasushijos.org">www.seguoparasushijos.org</a>
Kings	Kings County CHI 330 Campus Drive Hanford, CA 93230	559-584-1401	<a href="http://www.first5kc.org">www.first5kc.org</a>
Los Angeles	Children's Health Initiative of Greater Los Angeles 555 West Fifth St, 29 <sup>th</sup> Floor Los Angeles, CA 90013	1-888-4LA-KIDS 1-888-452-5437	<a href="http://www.chigla.org">www.chigla.org</a> <a href="http://www.lacare.org">www.lacare.org</a>
Marin	Marin County CHI P.O. Box 4160 San Rafael, CA 94913-9802	415- 473-3434	<a href="http://www.co.marin.ca.us/depts/HH/Main/chi">www.co.marin.ca.us/depts/HH/Main/chi</a>
Mendocino	Healthy Kids Mendocino 1120 S. Dora Street Ukiah, CA 95482	707-463-5437	<a href="http://www.healthykidsmendocino.org">www.healthykidsmendocino.org</a>
Merced	Merced County CHI 260 E 15 <sup>th</sup> St Merced, CA 95340	209-381-1267	<a href="http://www.prop10.merced.ca.us">www.prop10.merced.ca.us</a>
Napa	Napa County CHI 2160 Jefferson #110 Napa, CA 94559	1888-747-NAPA	<a href="http://www.napachi.org">www.napachi.org</a>
Orange	The Children's Health Initiative of Orange County 1120 West La Veta, Suite 200 Orange, CA 92868	714-246-8737	<a href="http://www.chioc.org">www.chioc.org</a>
Placer	Healthy Kids, Healthy Future 379 Nevada Street Auburn, CA 95603	530-885-9585	<a href="http://www.first5placer.org">www.first5placer.org</a>
Riverside and San Bernardino	Inland Empire Health Plan 303 E Vanderbilt Way San Bernardino, CA 92423	909-890-2000	<a href="http://www.iehp.org">www.iehp.org</a>
Sacramento	Healthy Kids, Healthy Future 1321 Garden Highway Ste. 200	1-866-850-4321	<a href="http://www.coverthekids.com">www.coverthekids.com</a>

County	Name and Address	Phone Number	Website
San Francisco	Sacramento, CA 95833 San Francisco Health Plan 201 Third St, 7 <sup>th</sup> Floor San Francisco, CA 94103	415-777-9992	<a href="http://www.sfhp.org">www.sfhp.org</a>
San Joaquin	Health Plan of San Joaquin 7751 South Manthey Rd French Camp, CA 95231	888-936-7526	<a href="http://www.hpsj.com">www.hpsj.com</a>
San Luis Obispo	CHI of San Luis Obispo PO Box 1737 San Luis Obispo, CA 93406	805-540-5177	<a href="http://www.slohealthykids.org">www.slohealthykids.org</a>
San Mateo	Health Plan of San Mateo 701 Gateway Blvd, #400 S. San Francisco, CA 94080	650-573-3595	<a href="http://www.hpsm.org">www.hpsm.org</a> <a href="http://www.smcchi.org">www.smcchi.org</a>
Santa Barbara	Children's Health Initiative of Santa Barbara PO Box 6307 Santa Barbara, CA 93160	805-964-4710 x4466	<a href="http://www.doorwaytohealth.org">www.doorwaytohealth.org</a>
Santa Clara	Central Coast Alliance for Health 1600 Green Hills Rd Scotts Valley, CA 95066	831-430-5608	<a href="http://www.schealthykids.org">www.schealthykids.org</a>
Santa Cruz	Central Coast Alliance for Health 1600 Green Hills Rd Scotts Valley, CA 95066	831-430-5608	<a href="http://www.schealthykids.org">www.schealthykids.org</a>
Solano	Solano Kids Insurance Program 360 Campus Lane Suite 110 Fairfield, CA 94534	1-800-978-SKIP	<a href="http://www.solanocoalition.org/skip/">www.solanocoalition.org/skip/</a>
Sonoma	Healthy Kids Sonoma County 625 5 <sup>th</sup> Street Santa Rosa, CA 95404	707-565-4419	<a href="http://www.healthykidssonomaCounty.org">www.healthykidssonomaCounty.org</a>
Tulare 0-5	CHI of Tulare 3435 S Demaree Ste A Visalia, CA 93277	559-622-8650	<a href="http://www.healthykidstulare.org">www.healthykidstulare.org</a>
Tulare 6-18	CHI Of Tulare – Health and Human Services Agency 5957 S. Mooney Blvd. Tulare, CA 93277	800-327-0502	<a href="http://www.healthykidstulare.org">www.healthykidstulare.org</a>
Yolo	Yolo County Children's Health Initiative 403 Court St Woodland, CA 95695	530-669-2330	<a href="http://www.yolohealthykids.org">www.yolohealthykids.org</a>
Yuba	Healthy Kids, Healthy Future 1114 Yuba Street, Suite 121 Marysville, CA 95901	530-749-4961	<a href="http://www.first5yuba.org">www.first5yuba.org</a>
	California Kids 5200 Lankershim Blvd, Ste 360 North Hollywood, CA 91601	818-755-9700 ext 412	<a href="http://www.californiakids.org">www.californiakids.org</a>
	Kaiser Permanente Child Health Plan 1800 Harrison, 11 <sup>th</sup> Floor Oakland, CA 94612	510-625-3683	<a href="http://www.info.kp.org/childhealthplan">www.info.kp.org/childhealthplan</a>



## APPENDIX A - EPSDT PROGRAM IMPLICATION

The following recommendations are in the context of establishment of a “bright line” which would allow Medi-Cal eligible children to remain enrolled in the HFP. The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) requirements for Medi-Cal children are described herein.

**EPSDT Program and Enrollment Requirements** - Medi-Cal children/youth under age 21 receive services under the mandated Federal Title XIX benefit known as the Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit. These services are funded 50/50 by state general and federal funds according to Centers for Medicare & Medicaid Services Federal Matching Assistance Percentage chart for California. Clarification of a state Medicaid’s program responsibility for EPSDT was provided in the Omnibus Budget Reconciliation Act of 1989 (OBRA ’89) legislation which amended sections 1902(a)(43) and 1905(a)(4)(B) and created Section 1905(4) of the Social Security Act. The basic requirements for the benefit were first identified in federal law in the late 1960’s. The services available under EPSDT include periodic health screenings, vision, dental, and hearing services. The EPSDT benefit also includes requirements for a state Medicaid program to inform families of EPSDT services, provide outreach to potentially eligible individuals, provide transportation and scheduling assistance for health care appointments, enroll qualified providers, coordinate with related agencies and programs, and link patients with care for problems identified during a periodic screening. The Child Health and Disability Prevention (CHDP) Program has been designated by the Department of Health Care Services (DHCS) for these identified Early and Periodic Screening responsibilities. The Diagnosis and Treatment part of the benefit includes the entire range of medically necessary health care services available under the Medi-Cal program.

EPSDT provides a range of health care services to individuals eligible for full scope Medi-Cal under 21 years of age that are above the amount, duration and scope of services available to Medi-Cal beneficiaries over 21. Since the mid-1990’s these services are referred to as EPSDT Supplemental Services and are specified in a series of regulation sections in Title 22 of the California Code of Regulations. These Supplemental Services include private nursing services from a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN), Case Management, Pediatric Day Health Care, and Nutritional and Mental Health Evaluations and Services. But the regulations also allow the provision of a whole range of services that are necessary to “correct or ameliorate” a medical condition that is identified during the EPSDT screening which includes but is not limited to: audiology, psychology, and occupational therapy services that exceed the Medi-Cal limitation of two services per month.

**EPSDT Service Requirements** - The EPSDT benefit, in accordance with §1905(r) of the Act, must include the services stated below.

- A. Screening Services--Screening services includes all of the following services:
- ✦ A comprehensive health and developmental history (including assessment of both physical and mental health development);
  - ✦ A comprehensive unclothed physical exam;
  - ✦ Appropriate immunizations (according to the schedule established by the Advisory Committee on Immunization Practice (ACIP) for pediatric vaccines);
  - ✦ Laboratory tests (including blood lead level assessment appropriate to age and risk); and
  - ✦ Health education (including anticipatory guidance).

- B. Vision Services--At a minimum, include diagnosis and treatment for defects in vision, including eyeglasses.
- C. Dental Services--At a minimum, include relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services.
- D. Hearing Services--At a minimum, includes diagnosis and treatment for defects in hearing, including hearing aids.

Other Necessary Health Care--Provide other necessary health care, diagnostic services, treatment, and other measures described in §1905(a) of the Act to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services. The defects, illnesses, and conditions must have been discovered or shown to have increased in severity by the screening service. The following are examples of some of this services described in 1905 (a):

- ✦ Dietician Services;
- ✦ Medical Care, social worker;
- ✦ Hearing Aid Batteries;
- ✦ Audiometric/Behavioral Observation Audio;
- ✦ Behavioral Observation Audio; and
- ✦ Medical foods for children with metabolic disorders.

**Service Access/Screening Schedules** - Service schedules for EPSDT vary according to service. Periodicity schedules for periodic screening, vision and hearing services must be provided at intervals that meet reasonable standards of medical practice. Dental services must be provided at intervals determined to meet reasonable standards of dental practice. A direct dental referral is required for every child in accordance with each state's periodicity schedule and at other intervals as medically necessary. The periodicity schedule for other EPSDT services may govern the schedule for dental services. It is expected that older children require dental services more frequently than physical examinations.

When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services are to be provided. The referral should be made without delay and follow-up to make sure that the recipient receives a complete diagnostic evaluation. If the recipient is receiving care from a continuing care provider, diagnostic evaluation may be part of the screening and examination process.

Health care must be made available for treatment or other measures to correct or ameliorate defects and physical and mental illnesses or conditions discovered by the screening services.

When a Medi-Cal beneficiary requires "diagnostic or treatment" services for a condition identified as the result of an EPSDT screening, these services are furnished through and funded by the Medi-Cal Program. Request for diagnostic and treatment services must be based on medical need of the child. The type of documentation that is used by the provider varies, depending on the health issue. Medical reports may be asked by DHCS to establish medical necessity. Certain diagnostic and treatment services require a treatment authorization request (TAR) as part of utilization control.

**EPSDT Mental Health Services** - EPSDT mental health services are Medi-Cal services that correct or improve mental health problems. These problems may be sadness, nervousness, or anger. Some of the services that clients can access include:

- ✦ Individual therapy;
- ✦ Group therapy;
- ✦ Family therapy;
- ✦ Crisis counseling;
- ✦ Case management;
- ✦ Special day programs;
- ✦ Medication for mental health diagnosis; and
- ✦ Mental health services to treat alcohol and drug problems that affect mental health.

Counseling and therapy services can be provided more than once per week, and they can be provided either at the home of the client or in a community setting.

**EPSDT Specialty Mental Health Services and EPSDT Supplemental Specialty Mental Health Services (Therapeutic Behavioral Services (TBS))** - The consolidation of mental health services in 1995 made California counties responsible for delivering most of the mental health services, including acute psychiatric hospitalization through the single Mental Health Plan (MHP), in each county. Because of this consolidation, administration and delivery of EPSDT Specialty Mental Health Services and EPSDT Supplemental Specialty Mental Health Services (Therapeutic Behavioral Services or TBS) become the responsibility of each county MHP. Every county mental health department has a toll-free number for the EPSDT mental health services. The California Department of Mental Health (DMH) provides oversight, leadership, and guidance to each county Mental Health Plan.

Therapeutic Behavior Services (TBS) is a new service provided by EPSDT. TBS helps children and young people who:

- ✦ Have severe emotional problems (SED);
- ✦ Live in a mental health placement or are at risk for placement; or
- ✦ Have been hospitalized recently for mental health problems.

Other interventions usually have been tried and failed before. TBS will allow for the provision of intensive one-to-one counseling services for children/youth with SED who are experiencing a stressful transition or life crisis. TBS is not a stand-alone service and may only be provided to support other specialty mental health services that the client is receiving. TBS is provided when additional short-term support is needed to prevent placement in a group home of Rate Classification Level (RCL) 12-14 or a locked facility for the treatment of mental health needs. TBS may also be provided to enable a transition from any of those levels to a lower level of residential care. Some examples of TBS interventions include:

- ✦ Behavior/Impulse Control Interventions;
- ✦ Communication Skills Interventions; and
- ✦ Enhanced Community Functioning.

Children and young people in a group home or residential facility can receive additional services through EPSDT.

**Supplemental Services** - Services that are not identified in the Medicaid plan and are not available to all Medi-Cal, are referred to as EPSDT Supplemental Services. These services include:

- ✦ EPSDT case management, which includes assisting individuals in gaining access to needed medical, social, education and other services (These services are provided by Special Care Centers and County Mental Health Departments);
- ✦ Pediatric Day Health Care (PDHC) provided for children that require intensive services, such as children who are ventilator dependents. A set of criteria must be met before a child can be eligible for PDHC; and
- ✦ Private nursing services.

The IHO is responsible for the authorization of PDHC services under the EPSDT benefit. These services are authorized in licensed PDHC facilities for individuals who are medically fragile (as defined in the Health and Safety Code, Section 1760.2 (b)) with an acute or chronic health problem that requires skilled nursing care and a therapeutic intervention pursuant to California Code of Regulations, Title 22, Section 51184 (k) (1) (A). The therapeutic intervention is defined as a developmental program of activities structured to promote or maintain the individual's optimal physical and mental functional potential. The therapeutic intervention may include physical, occupational speech therapies and/ or medical nutritional therapy. The provider type may include licensed and certified home health agencies, private duty nursing agencies, individual licensed registered nurses or licensed vocational nurses, and unlicensed caregivers.

Requests for EPSDT PDN and PDHC services must come from a licensed and certified Medi-Cal provider. Requests for services are prior authorized, which includes a Treatment Authorization Request (TAR) and additional appropriate medical documentation to support the requested service. Authorized services must meet either the regular Medi-Cal definition of medical necessity or the EPSDT definition for medical necessity as outlined in CCR, Title 22 Division 3, Section 51003 or 51340(e). Authorized services must be cost effective to the Medi-Cal program. This means that the individual cost of providing EPSDT PDN services in home settings must be the same or less than the total cost incurred by the Medi-Cal program for providing the care in a licensed health care facility

**Implementing EPSDT in the HFP** - EPSDT covers a wide scope of services for individuals under 21 years old that are Medi-Cal eligible. EPSDT covers necessary health care services not in the State Plan as long as the program's requirements are met. Consequently, the EPSDT benefits that are not covered by the HFP would need to be assessed for coverage if a "bright line" is established. These services primarily include:

- ✦ Transportation for medically fragile individuals; and
- ✦ Extended Nursing Care.

## APPENDIX B - DRA PROGRAM IMPLICATION

The enactment of the Children's Health Insurance Program (CHIP) Reauthorization Act of 2009 extends the requirements of the Federal Deficit Reduction Act (DRA) of 2005 to all CHIPs, in California this is the Healthy Families Program (HFP). Children who are transitioned from the CHIs will be impacted if they fall into the designated categories and the program they transition into is federally funded. There will be no impact if the transition results in the creation of a state-only funded program. The following describes how DHCS implemented DRA in Medi-Cal and serves as a guide for HFP implementation of the requirement.

### **Legislative History**

Prior to passage of the Federal Deficit Reduction Act of 2005 (DRA), documentary evidence to establish United States (U.S.) citizenship or U.S. national status was not required unless an applicant for full-scope Medi-Cal declared a birthplace outside the U.S., or evidence suggested an applicant falsely claimed to be a citizen or national of the U.S. While the DRA does not change the documentation requirements for non-citizen immigrants, it makes significant changes in these requirements for U.S. citizens, because under the DRA, most U.S. citizens and nationals are required to provide evidence of citizenship and identification as a condition of Medi-Cal eligibility. The documentation provided by an applicant or beneficiary must be an original or a copy certified by the issuing agency.

Assembly Bill 1807 (Chapter 74, Statutes of 2006) amended Welfare and Institutions Code Section 14011.2 to provide authority to implement the new documentation of citizenship/identity requirements of the DRA. The new law requires the Department of Health Care Services (DHCS) to implement the DRA documentation requirement with as much flexibility as is allowed under federal law and to the extent federal financial participation (FFP) is available. The flexibility includes exceptions or alternatives not limited to, using an expanded list of acceptable documentation, relying on electronic data matches for birth certificates, and accepting sworn affidavits when there is good cause for not providing other evidence. State law provides applicants and beneficiaries who are making a good faith effort as much time as federal law and policy will allow to provide required evidence of U.S. citizenship and identity.

State law requires counties to assist applicants and beneficiaries with evidence of citizenship/identity requirements (as explained in detail below). State law further specifies that individuals who have been determined otherwise eligible, but are determined ineligible for full-scope Medi-Cal for failing to meet the citizenship/identity requirements within the reasonable opportunity period as described below, will receive limited-scope Medi-Cal (restricted services providing federal emergency services, pregnancy-related care and state-only long-term care).

State law required DHCS to work with advocates, providers, counties and health plans on the implementation of the DRA. The DHCS worked closely with these and other stakeholders and business partners to implement the citizenship and identity requirements of the DRA in a way that minimized adverse impacts of the new rules, provided the maximum flexibility allowed and complied with Federal and State laws. In its implementation, DHCS developed several elements to assist children in meeting the DRA requirements.

DHCS has implemented a system for obtaining electronic birth record matches for California born U.S. citizens. Counties can request a birth record-match through the Medi-Cal Eligibility Data System (MEDS) and, if successful, that information is stored in MEDS. Applicants and beneficiaries for whom a

matching birth record is found will have met the citizenship documentation portion of this requirement and shall not be required to provide evidence of citizenship; however, they must still provide evidence of identity.

For a child under 16, school, nursery, or daycare records (including report cards) may be used for proof of identity. The county must verify them with the issuing school. A telephone contact with the school is sufficient verification if the contact is noted in the case file. An affidavit may be used to document the identity of a child under 18 if all of the following conditions are met: (1) an affidavit was not used to document citizenship for the child, and (2) the child does not have a school ID, and (3) the child does not have a driver's license.

The DRA requirements do not change the documentation or eligibility determination process for individuals declaring as non-citizen immigrants. Counties must continue the existing Medi-Cal verification procedures for those who do not declare they are U.S. citizens or nationals.

Under the DRA, documentation of U.S. citizenship/national status and identity must be obtained for most Medi-Cal applicants who declare that they are citizens or nationals of the U.S. for whom eligibility determinations are made. However, some citizens/nationals are exempt. Examples of citizens that are exempt from the DRA include: current social security beneficiaries, Social Security Disability Insurance beneficiaries, Social Security Retirement and Survivors Insurance beneficiaries who believe those benefits based on their own disability, Medicare beneficiaries, Deemed eligible infants who are born in the U.S., Minor Consent applicants, infants eligible under the Abandoned Baby Program who are also born in the U.S. and have no documentation.

As initially implemented, applicants declaring U.S. citizenship who met all other eligibility requirements were not eligible for full-scope Medi-Cal benefits until acceptable documentation of citizenship and identity was provided, or, if they stopped making a good faith effort to provide it, they were only eligible to receive limited-scope Medi-Cal. However, the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 requires states to provide full-scope Medi-Cal to otherwise eligible citizens and nationals while they are obtaining citizenship and identity documents.

Current beneficiaries are required to provide evidence of citizenship and identity at the time of re-determination if they have not already provided it. The time allowed to provide citizenship/identity documentation for beneficiaries is extended as long as they are making a good faith effort. Medi-Cal beneficiaries continue receiving full-scope Medi-Cal while they are making a good faith effort to get the citizenship/identity documentation.

Verification of citizenship and identity is a one-time requirement. Once documentation is provided to the county, the individual will not be required to provide documentation again, even if the individual moves from one county to another, has a break-in-assistance, or provided DRA documents in another state's Medicaid program.

**Requirements necessary to comply with DRA requirements for MC children**

Citizenship/Identity documents are not required during Presumptive Eligibility or Accelerated Enrollment Periods. When counties receive a joint HFP and Medi-Cal application from the Single Point of Entry (SPE), the child has presumptive eligibility if the child has accelerated enrollment or is enrolled in the CHDP Gateway Program. The citizenship/identity requirements of the DRA do not apply during

presumptive eligibility or accelerated enrollment periods but must be addressed as part of the county's determination of ongoing eligibility.

**Children under 16** - If the child is under 16 and there is a birth record match, no further documentation is required because the application, signed under penalty of perjury, constitutes attestation of the child's identity and the birth record match constitutes documentation of citizenship.

**Children 16 or older** - If the child is 16 or older and there is a birth record match, the parent or guardian must provide acceptable documentation of the child's identity, as the signature on the application does not constitute attestation of the child's identity. If the child is 16 or older and is born in California yet there is no birth record match, the county must send the family information about the citizenship/identity requirements:

- ✦ "U.S. Citizens and Nationals Applying for Medi-Cal Must Show Proof of Citizenship and Identity" (DHCS 0001)
- ✦ "Proof of Citizenship and Identity Requirements for Children Who Are U.S. Citizens or Nationals Filling Out the HFP and Medi-Cal Joint Application (DHCS 0002)
- ✦ "Request for California Birth Record", a request for additional information to obtain information to seek a birth record match for documentation of citizenship (DHCS 0004)

**Children born in other states** - If the child was not born in California, the county must send information about the citizenship/identity requirements to the family and the parent or guardian must provide documentation of citizenship for the child. If the child is under 16 years of age, signature by the parent or guardian under penalty of perjury on the application constitutes attestation of identity for the child. If the child is 16 or older, the parent or guardian of the child must provide acceptable documentation of identity for that child.

*Additional DRA requirements can be found in All County Welfare Director Letters (ACWDL) No: 07-12, 08-29, and 09-27.*

**Recommended policies and procedures to implement DRA requirements for the HFP**

Two other programs or processes affecting the HFP applicants/beneficiaries that would be impacted by DRA requirements include "Presumptive Eligibility" and "SPE" requirements for processing cases. The objective of a transition is to develop a seamless system that minimizes the impact on beneficiaries moving from the local programs to the HFP or Medi-Cal. Towards this end the following should be taken into consideration:

- ✦ Staff working at SPE will need training on DRA regulations and assist in disseminating DRA materials to individuals with questions;
- ✦ Review and update the joint HFP and Medi-Cal application to identify DRA requirements;
- ✦ Verification citizenship of California-born U.S. citizens through a birth records match or by other means and develop a HFP interface with MEDS to check that Medi-Cal has verified citizenship/naturalization status for the applicant; and

- ✦ Utilize the multifaceted multilingual outreach plan implemented by DHCS to notify potential Medi-Cal applicants, beneficiaries, providers, health plans, stakeholders, and the public.

## APPENDIX C – HFP PROGRAM MATERIALS

The HFP will work concurrently within the SPE flat file development phase to draft, review and receive approval of the following materials prior to implementation.

### *Letters and Forms*

<b>Letter Number</b>	<b>Letter Description</b>	<b>Reason for Letter Change and or Review</b>
HF LT 001	Response to application Requesting applicant to review phone assisted application	Letter requests immigration/income documents
HF LT 001a		Letter requests immigration/income documents
HF LT 001r	Response to application	Letter requests immigration/income documents
HF LT 002	Welcome letter Medi-Cal sent application to HFP	Letter requests immigration documents
HF LT 005m		Letter requests immigration/income documents
HF LT 006a	Disenrollment notification	Disenrollment due to income change
HF LT 008	Enrollment denial	Income too low for HFP, contact Medi-Cal office
HF LT 008a	Denial letter	Income and/or immigration papers received were invalid
HF LT 032	Welcome letter	Letter requests INS paperwork showing when child entered US
HF LT 033	Denial letter (2 <sup>nd</sup> level appeal)	Income too low or too high, incomplete Annual Eligibility Review
HF LT 034	Applicant requesting re-enrollment.	Letter requests immigration/income documents
HF LT 045	Information received at HFP is too late	Letter requests immigration/income documents
HF LT 051	Missing info at Annual Eligibility Review	Letter requests new income documents
HF LT 062	Information not received at Annual Eligibility Review, re-enrollment form	Letter requests income documents
HF LT 072a	Income to low at Annual Eligibility Review, forward to Medi-Cal	Letter requests income documents
<b>Form Number</b>		
HF FM 015	Disenrollment Survey	Applicant to check reasons why disenrollment occurred
HF FM 58	Re-Enrollment Form	Requests new income documents
HF FM 63	Annual Eligibility Review Form	Requests new income documents
HF FM 067	Add a person form	Requests immigration documents
HF FM 150	Premium re-evaluation form	Requests income documents
HF FM 54	Handout on eligibility qualifications	Gives information on citizenship/immigration criteria and income criteria
HF FM 57	Follow up form	Gives information on immigrant/citizenship status

*Website links*

<http://www.healthyfamilies.ca.gov/Joining/>

"Who may qualify? Children who meet citizenship or immigration rules"

[http://www.healthyfamilies.ca.gov/HFProgram/Income\\_Guidelines.aspx](http://www.healthyfamilies.ca.gov/HFProgram/Income_Guidelines.aspx)

Income Guidelines

<http://www.healthyfamilies.ca.gov/MyHealthyFamilies/Disenrollment.aspx>

"Send us papers requested when they are due, including birth certificates or papers from the Citizenship and Immigration Services (CIS), formerly Immigration and Naturalization Service (INS)."

[http://www.healthyfamilies.ca.gov/HFProgram/Immigration\\_Rules.aspx](http://www.healthyfamilies.ca.gov/HFProgram/Immigration_Rules.aspx)

Immigration Rules

<http://www.healthyfamilies.ca.gov/HFProgram/FAQS.aspx#citizen>

"Does my child have to be a U.S. citizen to join Healthy Families?"

*Handbook (July 2009 edition)*

<b>Page</b>	<b>Section</b>
2	"Who may qualify? Children who meet citizenship or immigration rules"
12	Determining net income
24-26	Citizenship and immigration information
28	"What if my income is lower?"

# APPENDIX D – SAMPLE TRANSITION LETTER

## **MRMIB and/or DHCS Letterhead**

SAMPLE

[Date]

CHI Director  
Address

Dear Mr./Ms.[Name]:

We are pleased to inform you that SB XX was signed on [Date]. This bill has expanded the income eligibility level for the Healthy Families Program (HFP) to 300 percent of the Federal Poverty Level (FPL) and has repealed immigration status as an eligibility criterion for the HFP and Medi-Cal. Families are now able to self-certify their income when initially applying for the HFP. The bill has expanded Medi-Cal eligibility for children ages 6 through 18 from 100 percent of FPL to 133 percent of FPL. The bill directs the Managed Risk Medical Insurance Board (MRMIB), the state agency that administers the HFP, and the Department of Health Care Services (DHCS), the state agency that administers the Medi-Cal, to transition eligible children from local CHI programs into the HFP or Medi-Cal.

In order to transition families into the state programs in a seamless manner, it is essential that all information transferred is submitted with a complete consent form (attached). All children's names should be listed in the table and applicant's printed name, signature and date should be at the bottom. Your CHI enrollment data will be transferred electronically to the Single Point of Entry (SPE); however, SPE will be unable to process cases in which an incomplete consent form is received, therefore making it a longer process for the family to be enrolled.

Each CHI will be working with the MRMIB administrative vendor, MAXIMUS, to finalize steps on transferring information from CHIs to SPE. This process will include: sending each CHI a transfer packet with instructions, setting up a secured FTP site for each CHI for transferring data using a standard flat file, and a testing period. All files will go through the normal SPE screening process and be referred to either the HFP or Medi-Cal Program. Once a child's eligibility determination has been completed, a report to each CHI on status of application will be provided by the state if the family signed the consent. All CHIs who will be using One-e-App to transfer their families' data to the state, will need to have their One-e-App project manager contact the One-e-App Center and give consent to share and use information. The consent can be given as informally as an email, but must be done before the transition begins.

For those CHIs who have kids on a wait list or interest list, we anticipate sending them a letter explaining the HFP and Medi-Cal program changes, including a joint application. These families will have to complete the joint application and mail it in. The applications received will go through the normal SPE and eligibility process.

We encourage you to work with us to develop an outreach flyer that can be passed on to families, explaining to them the transition. The main point that needs to get across is that the CHIs along with the two state departments worked collectively to ensure that the transition be as seamless as possible for all families. Also included with this letter is a sample public charge flyer that we recommend distributing to families. This flyer explains to families their rights as citizens or illegal immigrants during the transition and for any future HFP and Medi-Cal eligibility.

Thank you for your dedication to this project during the last couple of years. We look forward to working with you on this transition.

Sincerely,

Project Manager

# APPENDIX E – CONSENT TO SHARE INFORMATION



## Permission to Share Information and Declarations [Program Name] Program

### Permission to Share Information

I give permission to the [Program Name] Program to send my application to the Healthy Families or Medi-Cal Program to see if my child qualifies for the programs. Healthy Families or Medi-Cal may request additional information. I give permission to Healthy Families or Medi-Cal to check my family income and all other facts on this application.

I give permission to share information between the [Program Name], Healthy Families and Medi-Cal Programs about the status of my application. This permission ends when the Healthy Families or Medi-Cal Program mails its decision on this application.

### Declarations and Signature

I declare under penalty of perjury under California State law that the answers and documents provided, to the best of my knowledge, are correct and true.

I have read and understand the [application or re-determination form] and its instructions.

#### Children Enrolled in the [Program Name] Program:

Please Print. Use a copy of this form to list other children.

Name	Child 1	Child 2	Child 3	Child 4
Last				
First				
Middle				
Date of Birth				

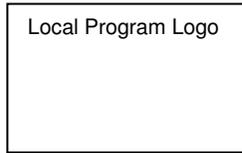
Applicant's Full Name  
(Print)

Applicant's Signature

Date



## APPENDIX F – CONSENT TO SHARE INFORMATION



### Consentimiento de Padres para Compartir Información y Declaraciones Programa de [Nombre del Programa]

#### Consentimiento para Compartir Información

Yo doy consentimiento al Programa [Nombre del programa] para que comparta esta [solicitud o forma de redeterminación] y la información en el formulario, con el programa de Healthy Families y Medi-Cal para ver si mi hijo es elegible para cualquiera de los dos programas. Con este consentimiento, yo pido solicitar para Healthy Families o Medi-Cal para mi hijo. Yo entiendo que Healthy Families o Medi-Cal podrían pedir información adicional para determinar si mi hijo es elegible. Yo entiendo y estoy de acuerdo a que Healthy Families o Medi-Cal quizás verifique los ingresos de mi familia y todos los otros datos en la solicitud para ver si mi hijo es elegible.

Yo doy mi consentimiento a [Nombre del programa], Healthy Families, y Medi-Cal de compartir información sobre el estado de mi solicitud para Healthy Families o Medi-Cal. Este consentimiento termina cuando el programa de Healthy Families o Medi-Cal me envía su decisión sobre la elegibilidad de mi hijo.

#### Declaraciones y Firma

Declaro bajo pena de perjurio de conformidad con las leyes del Estado de California, que las respuestas y los documentos adjuntos en esta [solicitud o forma de redeterminación], a mi mejor saber y entender, son correctos y verdaderos.

He leído y entiendo la [solicitud o forma de redeterminación] y sus instrucciones.

#### **Niños Inscritos en el Programa [Nombre del programa]:**

Por favor escriba en letra de molde.

<b>Nombre</b>	Niño 1	Niño 2	Niño 3	Niño 4
Apellido				
Nombre				
Segundo Nombre				
<b>Fecha de Nacimiento</b>				

Si es para más de 4 niños, fotocopie esta forma

Nombre del Solicitante  
(Escriba en letra de molde)

Firma del Solicitante

Fecha



## APPENDIX G – OUTREACH LESSONS LEARNED SURVEY

The following responses were received as part of one survey in which the CHI’s were asked to list existing outreach and retention activities they will utilize to educate families during a transition. The four counties, Del Norte, Humboldt, Marin and Mendocino that enroll directly into California Kids were not included in the survey.

	<b>Outreach and Retention Activities During a Transition</b>	<b>Technical Assistance Needed From the State</b>	<b>Challenges and Barriers Identified</b>
Fresno	Notify and educate families through 8 Outreach, Enrollment, Retention, and Utilization (OERU) partners. Develop an outline for notifying families about the transition and a Transition Plan. Participation in local and statewide coalition meetings to stay informed of changes in the Healthy Families and Medi-Cal programs.	Did not identify a need.	None identified.
Kern	None identified.	Did not identify a need.	None identified.
Kings	None identified.	Did not identify a need.	None identified.
Los Angeles	Notice sent to families and providers regarding the transition. Notify members of the CHI program integration work group which consist of CAA’s, CBO to inform families of the transition and assist parents with completing applications for any available coverage programs that might serve them or their children’s needs, and follow-up with families to ensure that needs are being met.	Did not identify a need.	Not being able to contact members; current retention is high. Assure families how information will be used. Launch a communications effort prior to the transition that clearly addresses issues regarding “public charge” concerns. This will help to assure families so that they agree to transition their children from a local program to a “government” program.
Merced	Existing outreach and retention activities utilized by the Merced’s Outreach and Enrollment program includes but not limited to; community & agency presentations, distribution of informational program brochures and tools to community members and agency partners, health fairs, In-Reach efforts and one-on-one CAA follow up calls at enrollment, renewal and for promotion of utilization.	Basic training that will be conducted by the State that will explain the new transition. System/procedures for counties to implement a new State program. Interfacing our computer systems might be the real challenge.	Lack of financial support is the greatest barrier.
Napa	Notify members of upcoming	Did not identify a need.	None identified

	<b>Outreach and Retention Activities During a Transition</b>	<b>Technical Assistance Needed From the State</b>	<b>Challenges and Barriers Identified</b>
	changes with information on who to contact for assistance to avoid any lapse in coverage. Health Access Specialist (HAS) will also attempt to call each client. Inform and update all CAAs and Health Service providers of changes in programs by attending CAA monthly meetings, outreach network meetings, and medical providers. At the time of appointment a HAS member will further explain changes in their coverage.		
Orange	Embark in an educational campaign to inform existing membership of the impending transition. This would include mailings, such as flyers or postcards, "town hall" information sessions out in the community, and flyers at health fairs. Using Care Coordination Model not only to inform families of changes and benefits but to educate and empower families on how to navigate their health plan.	Access to a toll free number and website to answer commonly asked questions.	Family's inability to meet Healthy Families requirements to support verification of documents bases on the program eligibility requirements. Adjusting and Educating families of new program changes (benefits). Confusion between state and local health plan information.
Riverside & San Bernardino	Notify members by mail, or potentially use a calling service.	Communicating clear processes and deadlines.	None identified.
Sacramento Region: Colusa, El Dorado, Placer, Sacramento & Yuba	Conduct outreach to various organizations such as schools, school readiness collaborations, childcare centers, community and faith-based groups, and County agencies. Provide information at the Children's Health Insurance Coordinating Committee's (CHICC) meeting which includes the aforementioned organizations in addition to Enrollment Entities within Sacramento County.	Did not identify a need.	A challenge that may arise is the ability to clearly communicate to families the process of the transition and helping them understand why they are being transitioned into the Healthy Families and/or Medi-Cal program. Often time families are difficult to reach after the initial contact of application assistance due to address and phone number changes, and phone numbers disconnected or no longer in service.
San Francisco	Healthy Kids program carries out an extensive retention effort that includes case management, mailing campaigns, and phone calls	Additional assistance would be needed from the State to allow San Francisco's Healthy Kids eligibility staff to certify eligibility for the transitioning population	One of the anticipated challenges families with children enrolled in Healthy Kids may face during a transition is the cultural shift

	<b>Outreach and Retention Activities During a Transition</b>	<b>Technical Assistance Needed From the State</b>	<b>Challenges and Barriers Identified</b>
	<p>during the renewal process, which begins 60 days prior to the eligibility end date. Inform members of an upcoming transition and the steps required for a smooth and seamless one. Participate in actively enrolling families using a face-to-face enrollment approach, for the families more at risk of not renewing. Currently hold monthly workshops for members that we plan on using for renewal application education. This is the approach we are also likely to utilize to inform families any program transition. As a program “owner” and a health plan, we find value in continuity of care and would strive to ensure a seamless transition between programs for our members.</p>	<p>during the initial transition. This would allow us to use, to the extent that we can, processes and relationships that took years to establish as “trustworthy” and “familiar” for the transitioning population, increasing the likelihood of a smooth transition while minimizing the loss of members.</p>	<p>resulting from a transition. Healthy Kids program positioned itself as a trustworthy program among a population where any association with Federal or State agencies may deter families from continuing coverage, at least initially. Also, a significant segment of the Healthy Kids population has become accustomed to the renewal processes, forms, and staff. Moving into a new model may initially cause some confusion can lead to disenrollments.</p>
San Joaquin	<p>Notify members using community-based organization partners as well as Community Health Advocates (CHAs) at Health Plan of San Joaquin maintain contact with the families through telephone calls and through postcards or letters. Currently, families enrolled in coverage are contacted 90 days, at 6 months and at one year. We would educate the community partners through bi-monthly contractors meetings as well as Health Plan of San Joaquin members through email and the telephone as changes occur.</p>	<p>Did not identify a need.</p>	<p>None identified.</p>
San Luis Obispo	<p>None identified.</p>	<p>State to provide technical assistance for outreach would be in the form of a clear explanation of what the families could expect in the health care expansion, the benefit of the expansion and the consequences for them personally.</p>	<p>None identified.</p>
San Mateo	<p>Notify member by sending</p>	<p>Did not identify a need.</p>	<p>Need to ensure that the</p>

	<b>Outreach and Retention Activities During a Transition</b>	<b>Technical Assistance Needed From the State</b>	<b>Challenges and Barriers Identified</b>
	<p>informational letters outlining the transition process. Preference would be that the state transition happens at the annual recertification so that Certified Application Assistants (CAAs) can fully explain the transition process to Healthy Kids families. There is no paper application for Healthy Kids so families must seek in-person assistance from CAAs for both new and renewal applications. Families can also call the CHI hotline or visit enrollment sites if they have specific questions or concerns.</p>		<p>member data specifically the immigration status information will be kept confidential. Ensure that there will be no break in coverage for Healthy Kids beneficiaries. We need to ensure that we conduct proactive outreach to families so they have a good understanding of the different program benefits. It would be ideal if the policy passed includes the proposal to have eligibility based on the family's income level and not the child's age.</p>
Santa Barbara	<p>Existing outreach and retention activities the CHI Santa Barbara (CHISB) will utilize to educate families about upcoming transition from Healthy Kids enrollment to the State Programs (Healthy Families or Medi-Cal ) include: all county-wide health fairs and other public family events; education of the county-wide CAA network to inform their families during enrollment, retention or utilization activities; education of families during out stationed enrollment activities at the Santa Barbara County Public Health Clinics, Healthy Start sites and Women, Infants, Children's programs; health plans quarterly newsletter; education of regional CHISB collaborative groups; Children's Health Access Resource Teams (CHART) and CHISB Advisory Board with stakeholders in the area of health access; and announcements at KIDS Network meeting and other collaborative meetings in which CHISB is a member.</p>	<p>Did not identify a need.</p>	<p>Challenges will include locating and informing those families that have moved from their enrollment address or changes their telephone numbers; and having to work with families to choose new providers, if necessary.</p>
Santa Clara	<p>Orientation and overview of program and plans.</p>	<p>Did not identify a need.</p>	<p>Bridge to Medi-Cal, fear of state programs and public charge issues.</p>

	<b>Outreach and Retention Activities During a Transition</b>	<b>Technical Assistance Needed From the State</b>	<b>Challenges and Barriers Identified</b>
Santa Cruz	Notify and train community agencies that provide outreach/enrollment services to families throughout the County. Certified Application Assistants (CAA's) at each agency utilize the One-E-App enrollment system to enroll families in Healthy Kids, Healthy Families or Medi-Cal. CAA's work on-site at agency locations which are easily accessible to the target population, including many South Santa Cruz County, mono-lingual Spanish speakers.	It would be helpful to have bilingual, low-literacy level brochures and information for distribution to families regarding any program changes, including changes that effect eligibility, enrollment, program or utilization of health care services. Assistance may be needed to provide timely, comprehensive trainings to the CAA's on how to navigate a program transition via One-E-App.	Ensuring that all CAA's are properly trained in any new outreach, enrollment and eligibility procedures will be critical. In addition, ensuring that any changes in the enrollment process can be smoothly incorporated into One-E-App will be important. Clear communications for both CAA's and the families they serve will also be very important so comprehensive member services support (brochures, etc) will be necessary.
Solano	Notify and train organizations and schools that work with families. Offer assistance to families on completing the appropriate paper work and answering questions as needed. Train staff and send out a letter advising what is to come, notify organizations that work with families and provide orientations as needed. Be available during transition and beyond to assist families with questions.	Available to provide training, assist in collecting information and respond to questions as need. Assistance with status of transitioning kids.	Families may have resistance to enrolling in Medi-Cal, particularly related to immigration issues and trust. Families may respond differently to government notifications than to local program. Families may have difficulty if they need to move from Healthy Families to Medi-Cal and may resist. Local county's ability to handle the volume of transactions/interventions may be challenging.
Sonoma	Distribution of materials at community clinics, community outreach event, Public service announcements on Hispanic radio and local newspaper stories and articles.	Assistance with production of educational materials. Assistance with training of CAAs in message and materials. Liaison with MAXIMUS (Single Point of Entry and Healthy Families Program Administrative Vendor) working with Healthy Kids. Funding for staff time.	Dealing with confusion of members with change, who to communicate with and where to send funds etc. Staffing for education of enrollees and completing paperwork.
Tulare (0-5)	None identified.	Did not identify a need.	We insure undocumented children – the problems of them transitioning out of our program are inherent.
Tulare (6-18)	None identified.	Did not identify a need.	None identified.
Yolo	Monthly collaborative meeting with all CAA's in the County. Will update CAA's on the transition plan, when and if it occurs. Notify enrolled Healthy	CHI will need OERU funds to provide staffing for outreach efforts to transfer children to state programs.	Families suspicious of state-sponsored programs. Stigma associated with Medi-Cal. Confusing administrative processes. Documentation

	<b>Outreach and Retention Activities During a Transition</b>	<b>Technical Assistance Needed From the State</b>	<b>Challenges and Barriers Identified</b>
	Kids families of the transition and ask them to contact the CHI for assistance in transferring to state program. CHI will call families that do not initiate contact to provide transition assistance.		requirements. Difficulty in locating and contacting families to provide transition assistance. Insufficient staffing to assist with transition activities and necessary follow-up with families.

# APPENDIX H: PUBLIC CHARGE FLYER

## FEDERAL GUIDANCE ON “PUBLIC CHARGE”

*WHEN IS IT SAFE TO USE PUBLIC BENEFITS?*

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The U.S. government has important news about “public charge” – when receiving public benefits may affect your immigration status or your ability to travel outside of the U.S. The government’s guidance on public charge, which took effect May 25, 1999, gives clear rules about when it is and is not safe to use public benefits.

### HIGHLIGHTS OF THE PUBLIC CHARGE GUIDANCE

- Use of Medi-Cal, Healthy Families or other health services by you or your family members will ***not*** affect the public charge decision unless you use Medi-Cal or other government funds to pay for long-term care (in a nursing home or other institution).
- **Use of food stamps, WIC, public housing, or other non-cash programs by you or your family members will *not* affect the public charge decision.**
- **Use of cash welfare by your children or other family members will *not* affect the public charge decision unless these benefits are your family’s only income.**
- **Your own use of cash welfare, like SSI, CAPI, CalWORKs, or General Assistance, *might* affect the public charge decision, depending on your situation. This is because the United States Customs and Immigration Service (USCIS) or State Department can count your use of these benefits in deciding whether you are likely to become a “public charge.”**

### OVERVIEW OF PUBLIC CHARGE

#### ► What is “public charge”?

“Public charge” is a term used in immigration law. The term describes persons who cannot support themselves and who depend on benefits that provide cash -- like CalWORKs or Supplemental Security Income (SSI) – for their income. Depending on your immigration status, the USCIS and State Department consular officers abroad can refuse to let you enter the U.S., re-enter the U.S., or become a permanent resident, if they think you will not be able to support yourself without these benefits in the future. Under very rare circumstances explained below, the USCIS can also deport you if you become a public charge within 5 years of entering the U.S. Public charge is not an issue for immigrants who are applying to become a citizen. Public charge is not an issue for refugees or persons granted asylum.

Written by the National Immigration Law Center for the California Immigrant Welfare Collaborative

▶ **HOW DOES THE GOVERNMENT DECIDE WHETHER SOMEONE COULD BECOME A PUBLIC CHARGE?**

When you seek to enter the U.S. or apply for a green card, the government may ask you questions to see if you are likely to become a public charge in the future. The USCIS or State Department should look at many factors to decide if you are likely to become a public charge in the future. Although the government can look at whether you used *cash* welfare in the past, it cannot make its decision based only on what happened in the past. The government must look at all of the following factors together to decide whether you might become a public charge in the future:

- Age (are you elderly or very young, and likely to need support?)
- Health (do you have an illness that requires costly treatment?)
- Income (are you low-income or poor with no assets?)
- Family size (do you have a large family to support?)
- Education and skills (are you working now or can you easily find a job?)

When you are applying for your green card, it is important to give the government information that shows you will not need benefits to support yourself. For example, if you are elderly, but have family in the U.S. with enough money to support you, or, if you have a special skill that will get you a good job in the U.S., you should give this information to the government.

▶ **WHAT KINDS OF BENEFITS MIGHT CAUSE A PUBLIC CHARGE PROBLEM?**

In deciding whether you are likely to become a public charge, the USCIS can look at whether you have used cash welfare, such as SSI, the Cash Assistance Program for Immigrants (CAPI), CalWORKs or General Assistance, or if you need long-term institutional care. But even if you used cash welfare in the past, you can still show that you will not need it in the future (for example, because you have a job now). The USCIS is supposed to look at your whole situation when it decides if you might become a public charge in the future.

▶ **WHAT IF I USED MEDI-CAL, HEALTHY FAMILIES, WIC, FOOD STAMPS OR OTHER NON-CASH PROGRAMS?**

Using Healthy Families, Women, Infants and Children (WIC), or food stamps will not affect your immigration status. Using Medi-Cal can only be a problem if you are in a nursing home or other long-term care. All other non-cash programs, like housing, school lunch, job training, child care, shelters, disaster relief, and health clinics, will not cause a public charge problem.

▶ **WHAT IF MY CHILDREN OR OTHER FAMILY MEMBERS USE BENEFITS?**

The USCIS will not look at whether your children or other family members used health care or other non-cash benefits like those listed above. If your children or other family members use cash welfare

(like CalWORKs or SSI), it will not count against you in a public charge decision unless it is your family's only income.

#### APPLYING FOR A GREEN CARD

▶ **I AM APPLYING FOR A GREEN CARD THROUGH A FAMILY MEMBER. CAN THE USCIS REFUSE TO GIVE ME A GREEN CARD BECAUSE THEY THINK I MIGHT USE CASH WELFARE ONE DAY?**

Yes. If the USCIS thinks you cannot support yourself and that you will rely on cash welfare in the future, it can refuse to give you a green card -- even if you are not using cash benefits now. See the earlier question for some hints on how you might prove that you will not rely on cash welfare in the future. Using non-cash programs (except for long-term care) will not cause a problem when you are applying for a green card.

▶ **I USED CASH WELFARE SEVERAL YEARS AGO, BUT DO NOT RECEIVE CASH BENEFITS TODAY. WILL I HAVE TROUBLE GETTING A GREEN CARD?**

You should not be denied a green card just because you used cash welfare in the past. But, you will need to show that you are not likely to need cash welfare in the future. It will be easier to show this if you used welfare a long time ago, or only briefly to get through a hard time.

▶ **I AM NOT RECEIVING CASH WELFARE, BUT I AM VERY SICK, AND LIVE IN A NURSING HOME. COULD I HAVE TROUBLE GETTING MY GREEN CARD?**

Yes. If you are in a nursing home or have a serious long-term illness, you will have trouble getting your green card unless you can show that you will be able to get care in the future without relying on Medi-Cal or other publicly funded programs.

▶ **IF MY RELATIVE SPONSORS ME TO LIVE IN THE UNITED STATES, WILL THIS HELP ME PROVE THAT I WILL NOT NEED CASH WELFARE IN THE FUTURE?**

Yes. Most people who are applying for a green card must have a "sponsor" who can show that he or she has enough money to support you (at 125% of the poverty level -- \$22,063 for a family of four). If your relative does not have enough money to do this, she will have to find a "co-sponsor" who is also willing to help support you. Your sponsor and, if necessary, your co-sponsor, will each have to sign a legal agreement ("affidavit of support"), promising to support you until you have credit for 40 quarters (10 years) of work in the U.S., or until you become a U.S. citizen. Your sponsor and co-sponsor must also agree to pay the government if you use certain benefits during that time. This agreement will help convince the government that you will not need welfare.

▶ **I HAVE FILED A "SELF-PETITION" FOR AN IMMIGRANT VISA UNDER THE VIOLENCE AGAINST WOMEN ACT (VAWA). WILL I BE FOUND A PUBLIC CHARGE IF I USE CASH WELFARE BEFORE MY GREEN CARD IS APPROVED?**

No. Domestic violence survivors who have filed a VAWA self-petition can use any benefits, including cash welfare, without affecting the public charge decision. The government may look

at other factors, such as your age, income, health, education and family situation in determining whether you are likely to become a public charge, but it will not consider any benefit programs.

#### **REFUGEES AND OTHERS NOT SUBJECT TO PUBLIC CHARGE**

##### **▶ I AM A REFUGEE. WILL I HAVE PROBLEMS IF I USE PUBLIC BENEFITS?**

No. The public charge law does not apply to the immigrants listed below:

- Refugees or persons granted asylum in the U.S.
- Cubans or Nicaraguans applying for adjustment of status under the Nicaraguan Adjustment and Central American Relief Act of 1997 (NACARA)
- Applicants for adjustment of status under the Haitian Refugee Immigration Fairness Act of 1998
- Cubans applying for adjustment under the Cuban Adjustment Act who were paroled as refugees before April 1, 1980
- Amerasian immigrants when they are first admitted to the U.S.
- "Lautenberg" parolees (certain Soviet and Indo-Chinese parolees applying for adjustment of status)
- Certain Indochinese, Polish and Hungarian parolees applying for adjustment of status
- Registry applicants (persons in the U.S. since before January 1, 1972)
- Special immigrant juveniles

Using any benefits, including cash welfare, will not cause a problem for these immigrants.

#### **PERSONS WITH GREEN CARDS**

##### **▶ I HAVE MY GREEN CARD. WHAT CAN HAPPEN TO ME IF I GET CASH WELFARE?**

In general, using cash welfare will not be a problem for you once you already have your green card. It will not affect your ability to become a citizen. However, using cash welfare could be a problem if you travel outside of the U.S. for more than 6 months (see the question on travel below). Using non-cash benefits will not cause a problem for you.

##### **▶ I HAVE MY GREEN CARD AND I GET CASH WELFARE. CAN I TRAVEL OUTSIDE OF THE UNITED STATES?**

If you are a lawful permanent resident who gets SSI, CAPI, CalWORKs or other cash welfare right now, you should not travel outside of the U.S. for more than 180 days (about 6 months). Any time you are gone for more than 180 days, the USCIS can ask you questions about whether you are likely to become a public charge, and may not let you re-enter the country. If you are outside of the U.S. for 180 days or less, in most cases the USCIS will not ask you questions about public charge when you re-enter the U.S. The USCIS will only ask you these questions if you intended to live

permanently in another country, committed certain crimes, or had a pending deportation or removal case when you left the country.

▶ **I HAVE MY GREEN CARD AND GET PUBLIC BENEFITS. CAN I STILL RECEIVE MY BENEFITS WHILE I AM OUT OF THE COUNTRY?**

If you plan to be outside of the country for more than 30 days, you should check with the agency providing the benefit. It may be against the rules to continue receiving public benefits while you are outside of the U.S. It could hurt your chances of re-entering the U.S. or becoming a U.S. citizen if you received benefits that you were not supposed to receive.

▶ **WHEN I RETURN FROM A TRIP, CAN THE GOVERNMENT MAKE ME PAY BACK MEDI-CAL OR FOOD STAMPS THAT I USED BEFORE I LEFT?**

No. The government is not supposed to ask you to pay back these benefits unless you received them improperly (for example, if you were not really living in California but claimed to be a resident, or if you did not tell your welfare worker about all of your income). If you are at the airport or the border and the USCIS or other agency asks you to pay back benefits, you should get legal help immediately. This is true no matter what your immigration status is.

▶ **I HAVE MY GREEN CARD. CAN THE USCIS DEPORT OR "REMOVE" ME BECAUSE I USE BENEFITS?**

No. The USCIS cannot deport/remove you just for using public benefits that you qualify to receive. The USCIS can only deport/remove you in rare cases. You cannot be deported/removed unless *all* of the following are true:

- you received *cash welfare or long-term institutional care* for reasons that existed before you entered the U.S., and
- you got the cash welfare or long-term care *less than* 5 years after you entered the U.S., and
- you or your sponsor have a *legal debt* to the government agency that gave you the cash or long-term care, and you or your sponsor got a notice from the government that you owed the debt within 5 years of entering the U.S., and
- you or your sponsor have *refused to repay* the benefits after the government filed a lawsuit and won in court.

Most programs, like SSI, CAPI and CalWORKs, do not create a debt for you. In some states, General Assistance may create a debt for you. Some programs may create a debt for your sponsor. But no sponsor who signed an affidavit of support before December 19, 1997 has a legal debt to the government for a benefit that you received.

Remember, if you need benefits because you became sick, had an accident or other crisis *after* coming to the U.S., then you cannot be deported/removed for using those benefits. If you begin using benefits more than 5 years after entering the U.S., then you cannot be deported/removed even if you or your sponsor owes the government money for these benefits. For most permanent residents, this 5-year period starts again every time you enter the U.S. after being gone for more than 180 days.

## CITIZENS AND APPLYING FOR CITIZENSHIP

▶ **I HAVE MY GREEN CARD AND I AM RECEIVING SSI OR OTHER CASH BENEFITS. WILL THIS STOP ME FROM BECOMING A U.S. CITIZEN?**

No. If you are properly receiving public benefits you cannot be denied citizenship for receiving benefits. But if you ever got public benefits improperly, or misled the USCIS when you got your green card, the USCIS may decide that you do not have "good moral character," and you could have trouble becoming a U.S. citizen. If you have any questions about this, you should talk to an immigration lawyer or community agency before you apply for citizenship.

▶ **I AM A U.S. CITIZEN. WILL I LOSE MY CITIZENSHIP IF I GET BENEFITS?**

No, you cannot lose your citizenship if you get benefits. Once you become a U.S. citizen the USCIS cannot deport you, and they must always let you re-enter the U.S. after a trip to another country.

## SPONSORING YOUR RELATIVES

▶ **WILL I HAVE TROUBLE SPONSORING MY RELATIVES IF I HAVE USED BENEFITS?**

Using benefits should not affect your ability to sponsor your relative. You will need to show that you or your co-sponsor earn enough income to support your relative. To meet this requirement, you cannot count as income the benefits that you received. Currently, the affidavit of support form for sponsors asks whether you or your household members have used benefits within the past 3 years. This is only to make sure that you do not count any cash welfare when you add up your family's income.

***IF YOU ARE NOT SURE*** whether public charge applies to you, talk to an immigration lawyer or community agency before you apply for a green card or before you travel outside of the U.S.

*For Help, Call:*

**Los Angeles**

Coalition for Humane Immigrant Rights of  
Los Angeles (CHIRLA)

888/624-4752 Spanish/English

Asian Pacific American Legal Center (APALC)

213/977-7500 Asian Languages / English

**Northern California**

Northern California Coalition for Immigrant  
Rights (NCCIR)

Immigrant Assistance Line

415/543-6767 Spanish / English

415/543-6769 Chinese / English

## APPENDIX I: FLAT FILE SURVEY

The following survey was given to each of the local programs. The flat file is for EACH PERSON in the local program's eligibility and enrollment data system.

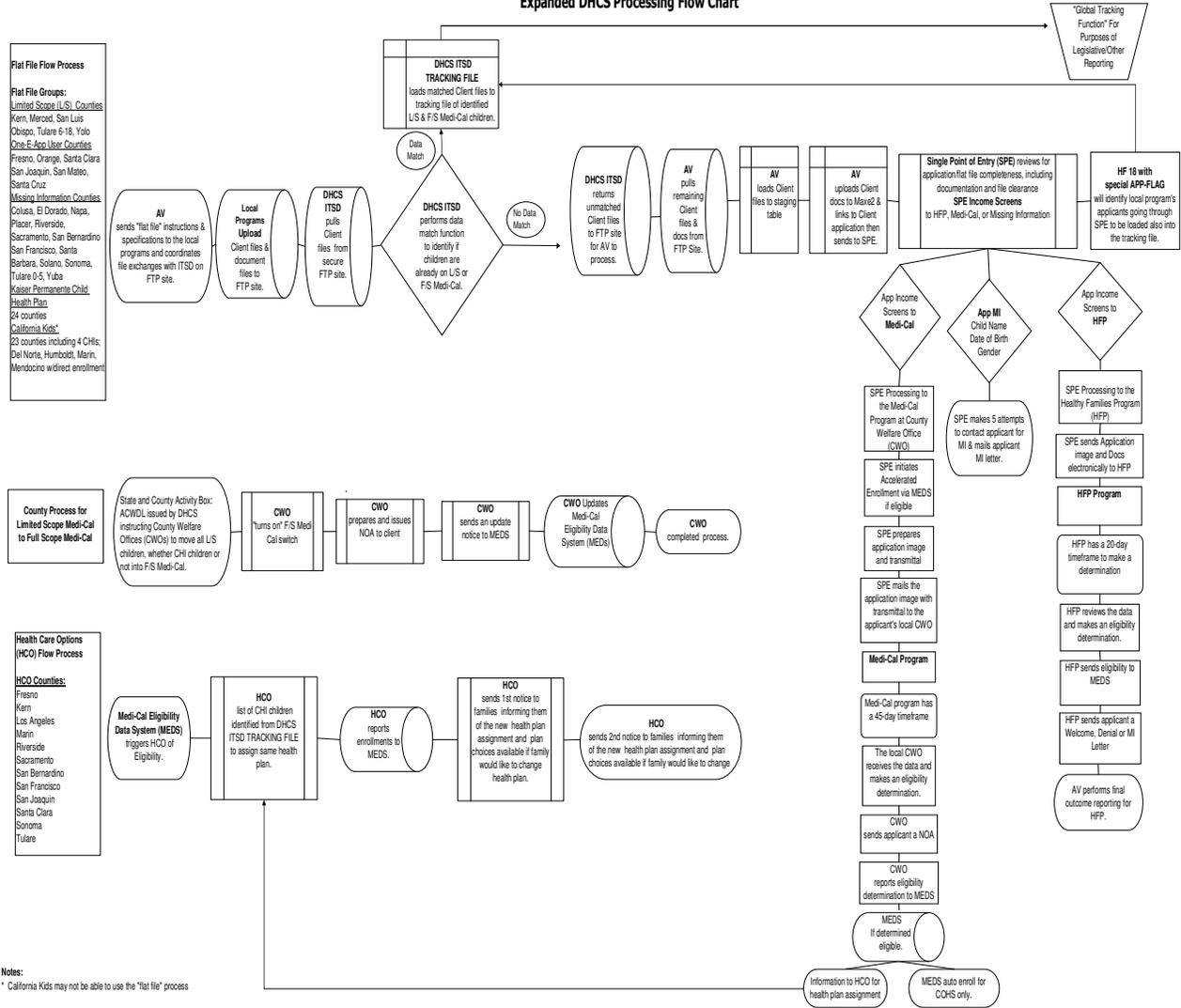
No	Description	Length	Start	End	Comments	Available in the System?
1	COUNTY CASE ID	9	1	9	<b>Note: State will provide further instruction @ transition</b> COUNTY-CODE + CASE-SERIAL-NUMBER	N/A
2	APPLICATION-DATE	8	10	17	<b>Note: State will provide further instruction @ transition</b> CCYYMMDD Value = SOC Determination Date	N/A
3	APPLICATION-FLAG	1	18	18	<b>Note: State will provide further instruction @ transition</b> Value = "D" or "E" or "F" or "G" or "P"	N/A
4	APPLICATION-STATUS-DATE	8	19	26	<b>Note: State will provide further instruction @ transition</b> CCYYMMDD	N/A
5	APPLICATION-STATUS	1	27	27	Value = "R"	N/A
6	RECV/REF ENTITY	2	28	29	Value = "HF"	N/A
7	APPLICANT-NAME:					
	LAST-NAME	20	30	49		
	FIRST-NAME	15	50	64		
	INITIAL	1	65	65		
	APPELLATION	3	66	68		
8	FAMILY-SIZE	2	69	70		
9	APPLICANT-GROSS-INCOME	5	71	75		
10	APPLICANT-NET-INCOME	5	76	80	Income after MC & HFP deductions	
11	NOA-DATE	8	81	88	<b>Note: State will provide further instruction @ transition</b> CCYYMMDD	N/A
12	WRITTEN-LANGUAGE	1	89	89	<b>Note: State will provide code @ transition</b>	
13	SPOKEN-LANGUAGE	1	90	90	<b>Note: State will provide code @ transition</b>	
14	RESIDENCE-ADDRESS:				Child's Address	
	C/O-ADDRESS-LINE	38	91	128		
	STREET-ADDRESS-LINE	60	129	188		
	CITY	20	189	208		
	STATE	2	209	210		
	ZIP-BARCODE	12	211	222		
	ADDRESS-FLAG	1	223	223		
15	MAILING-ADDRESS:				If different from residency.	
	C/O-ADDRESS-LINE	38	224	261		
	STREET-ADDRESS-LINE	60	262	321		
	CITY	20	322	341		
	STATE	2	342	343		
	ZIP-BARCODE	12	344	355		
	ADDRESS-FLAG	1	356	356		

No	Description	Length	Start	End	Comments	Available in the System?
16	PRIMARY-PHONE	10	357	366	Home	
17	ALTERNATE-PHONE-1	10	367	376	Work	
18	ALTERNATE-PHONE-2	10	377	386	Other	
19	CLIENT-NAME:				<b>Note: State will provide code @ transition</b> This person is the child applying for coverage or any other person living in the household and listed on the application	
	LAST-NAME	20	387	406		
	FIRST-NAME	15	407	421		
	INITIAL	1	422	422		
	APPELLATION	3	423	425		
	<b>CLIENT-NAME-CODE</b>	<b>1</b>	<b>426</b>	<b>426</b>		
20	RELATIONSHIP-TO-APPLICANT	1	427	427	<b>Note: State will provide code @ transition</b>	
21	CLIENT INDEX NUMBER (CIN)	9	428	436		
22	CIN-CHECK-DIGIT	1	437	437	<b>Note: State will provide code @ transition</b>	N/A
23	MEDS-ID	9	438	446	<b>Note: State will provide further instruction @ transition</b>	N/A
24	MEDS-ID-CHECK-DIGIT	1	447	447	<b>Note: State will provide code @ transition</b>	N/A
25	SSN-VERIFICATION	1	448	448	<b>Note: State will provide code @ transition</b>	N/A
26	BIRTHDATE - APPLYING CHILD	8	449	456	CCYYMMDD	
27	BIRTHDATE-VERIFICATION	1	457	457	<b>Note: State will provide code @ transition</b>	N/A
28	BIRTHDATE-VER-SOURCE	1	458	458	<b>Note: State will provide code @ transition</b>	N/A
29	GENDER	1	459	459	Value = "M" or "F"	
30	ETHNIC-CODE	1	460	460	<b>Note: State will provide code @ transition</b>	
31	CITIZEN OR ALIEN-CODE	1	461	461	<b>Note: State will provide code @ transition</b>	
32	COUNTRY-OF-ORIGIN-CODE	2	462	463	<b>Note: State will provide code @ transition</b>	
33	INS-ENTRY-DATE	8	464	471	CCYYMMDD	
34	ALIEN-ELIGIBILITY-CODE	1	472	472	<b>Note: State will provide code @ transition</b>	
35	INDIVIDUAL'S-GROSS-INCOME	5	473	477	Child's income, if any OR Income of other parent in the household	
36	INDIVIDUAL'S-NET-INCOME	5	478	482	Child's income after MC & HFP deductions, if any OR Income of other parent in the household	
37	CHILD'S ALIAS/SSA-NAME:				Priority - Birth Name on Birth Cert, Social Security Admin Name, Other Name	
	LAST-NAME	20	483	502		
	FIRST-NAME	15	503	517		
	INITIAL	1	518	518		
	APPELLATION	3	519	521		
	<b>ALIAS-NAME-CODE</b>	<b>1</b>	<b>522</b>	<b>522</b>		
38	COUNTY TRANSACTION CREATION DATE	8	523	530	<b>Note: State will provide further instruction @ transition</b> CCYYMMDD	N/A
39	MEDS PROCESS DATE	8	531	538	<b>Note: State will provide further instruction @ transition</b> CCYYMMDD	N/A
40	REFERRAL AID CODE TYPE	2	539	540	Value = "8L" or "7X"	N/A

No	Description	Length	Start	End	Comments	Available in the System?
41	Applying Flag	1	541	541	Value = Y for applying, N = Non applying	
42	Number of unborn children	1	542	542	If pregnant, enter number of unborn	
43	Applicant's Date Of Birth	8	543	550	CCYYMMDD	
44	Health Plan Name	33	551	583	Local health plan the child is enrolled	
45	Medical Provider Name	25	584	608	Local medical group/provider the child is enrolled	
46	Wait list/Interest list	1	609	609	Value = Y or N if child enrolled via wait/interest list	

# APPENDIX J: EXPANDED DHCS PROCESSING FLOWCHART

Expanded DHCS Processing Flowchart





## APPENDIX L: ACRONYMS

Acronyms	Definition
<b>A</b>	
AAP	Adoption Assistance Program
ACWDL	All County Welfare Directors Letter
ACIP	Advisory Committee of Immunization Practice
AE	Accelerated Enrollment
AER	Annual Eligibility Review
AFDC	Aid to Families with Dependent Children
AIM	Access for Infants and Mothers
AV	Administrative Vendor
<b>C</b>	
CAA	Certified Application Assistant
CalWORKs	California Work Opportunity and Responsibility to Kids
CBO	Community Based Organizations
C-CHIP	County Children's Health Insurance Program
CHDP	Child Health & Disability Prevention
CHI	Children's Health Initiative
CHIPRA	Children's Health Insurance Program Reauthorization Act
CK	California Kids
COHS	County Organized Health System
CPP	Community Provider Plan
CWO	County Welfare Office
<b>D</b>	
DMH	Department of Mental Health
DHCS	Department of Health Care Services
DRA	Deficit Reduction Program
<b>E</b>	
EE	Enrollment Entities
EPSDT	Early Periodic Screening Diagnosis & Treatment
<b>F</b>	
FFP	Federal Financial Participation
FFS	fee-for-service
FPL	Federal Poverty Level
FTP	File Transfer Protocol
<b>G</b>	
GMC	Geographic Managed Care
<b>H</b>	
HCO	Health Care Options
HCR	Health Care Reform
HMO	Health Maintenance Organizations
HeA	Health-e-App
HFP	Healthy Families Program
<b>I</b>	
IEHP	Inland Empire Health Plan
ITSD	Information Technology Services Division
<b>K</b>	
KPCHP	Kaiser Permanente Child Health Plan
<b>L</b>	
LOI	Letter of Instruction
LVN	Licensed Vocational Nurse

<b>M</b>	
MBU	Mini Budget Unit
MC	Medi-Cal
MC 210	Medi-Cal Application
MC 321 HFP	Joint HFP and Medi-Cal Application
MEDIL	Medi-Cal Eligibility Division Information Letters
MEDS	Medi-Cal Eligibility Data System
MFBU	Medi-Cal Family Budget Unit
MI	Medically Indigent
MI	Missing Information
MMC	Medi-Cal Managed Care
MN	Medically Needy
MRMIB	Managed Risk Medical Insurance Board
<b>N</b>	
NOA	Notice of Action
<b>O</b>	
OEA	One-e-App
<b>P</b>	
PDHC	Pediatric Day Health Care
<b>R</b>	
RCL	Rate Classification Level
RN	Registered Nurse
<b>S</b>	
SED	Severe Emotional Problems
SOC	Share of Cost
SPA	State Plan Amendment
SPE	Single Point of Entry
<b>T</b>	
TAR	Treatment Authorization Request
TBS	Therapeutic Behavior Services