Medi-Cal Program Guide (MPG) Letter #779

March 28, 2013

Subject	**1931(b) AND DEEMED ELIGIBILITY SCREENING FOR CHILD APPLICANTS THROUGH SINGLE POINT OF ENTRY (SPE)**
Effective Date	12/31/12
Reference	ACWDL 13-03
Purpose	To inform staff of:

- Changes to the application screening process at SPE.
- New referrals from SPE related to the 1931(b) lawsuit.
- Additional SPE referral and application processing guidelines related to the Healthy Families program (HFP) transition to Medi-Cal.

Background

SPE receives and screens applications for potential eligibility to Medi-Cal percent programs, grants accelerated enrollment, and forwards applications to the county for Medi-Cal evaluation. Prior to the transition of the Healthy Families Program to Medi-Cal 1/1/13, SPE:

- Evaluated applications for the Healthy Families program and used many different forms to gain eligibility information from recipients enrolled in HFP.
- Accepted and granted applications for unborn children.

Since the transition of HFP to Medi-Cal:

- SPE referrals have included Healthy Families forms.
- Medi-Cal benefits cannot be granted for unborn children.
- Transitional aid codes 5C and 5D cannot be shut down in MEDS by county workers unless the beneficiary is granted a full scope, zero share-of-cost aid code.

Change

New Ongoing Application Screening Process at SPE

As the result of a lawsuit SPE began screening new applications for children age 6-18 for 1931(b) eligibility beginning 12/31/12 and revised the SPE transmittal form to include the following fields:

- 1931(b)/CalWORKs recipient
- 1931(b) Program
- Deemed Eligible

Applications screened as potentially eligible to 1931(b) Medi-Cal will receive accelerated enrollment and are marked "Y" on the *1931(b) Program* column on the SPE transmittal form.

Re-evaluations for Existing HFP beneficiaries

SPE contacted existing HFP beneficiaries aged 6-18 who were screened by SPE for possible 1931(b) eligibility to offer them the opportunity for a 1931(b) Medi-Cal evaluation. SPE sent these beneficiaries an AER form and premium re-evaluation form (# HF 150). SPE will grant Accelerated Enrollment for individuals who screen as potentially eligible to Medi-Cal and forward to the county for a Medi-Cal determination with a transmittal form with the *1931(b) Program* box marked "Y".

SPE also sent outreach letters to those who applied for, but were not enrolled in, HFP to encourage the families to re-apply.

Additional SPE referral processing guidelines

The referrals with HFP forms have been held at DPC until the county received clarification on how to process them. These referrals will be forwarded to FRCs for processing on a flow basis effective upon release of this letter. Processing Guide 06 – SPE Referrals contains processing instructions for the following situations:

- New Applications, re-evaluations and change reports from SPE.
- Processing changes on transition cases.
- Closing 5C/5D cases.
- Denying applications for unborn children.

In order to process change or case closure requests for children in 5C/5D transition aid codes, they need to be added to CalWIN if not active on a Medi-Cal case.

Required Action	**Ongoing Application Screening Process** Workers must continue to evaluate all Medi-Cal applications for 1931(b) per the existing Medi-Cal order of evaluation.

Re-evaluations for existing HFP beneficiaries

Workers must evaluate referrals received from SPE from existing HFP beneficiaries per the SPE referral procedures in Processing Guide 06 – SPE Referrals.

Additional SPE referral processing guidelines

Workers must follow the procedures outlined the Processing Guide 06 – SPE Referrals when processing referrals from SPE and change reports from children active in the 5C/5D transition aid codes.

|	
Automation Impact	How to #434 instructs workers on how to deny an application for an unborn child in CalWIN.
Forms Impact	When denying an application from SPE for unborn children, workers must manually print the following NOA in CalWIN: 14-118 - Denial for Unborn
ACCESS Impact	ACCESS agents must follow the ACCESS Change/Termination Request for 5C/5D Individuals guidelines in Processing Guide 06 – SPE Referrals when processing change or termination requests for children active on the 5C/5D aid codes.
Document Processing Center Impact	External Referral Application (ERA) unit must follow the SPE APP/REG Processing Guidelines from Processing Guide 06 – SPE Referrals when handling SPE applications and referral forms.
Quality Control (QC) Impact	Effective with the May 2013 review month, QC staff will cite with the appropriate error any case that does not comply with the requirements of this letter.
Summary of Changes	The below chart summarizes the changes to the Medi-Cal Program Guide.

Article/Section	Changes
Article 4, Section 20	• Added 1931(b) to the Accelerated Enrollment section

	• Removed Appendix G – SPE Transmittal form and changed that to Desk Aid 29 that includes the form and a key for all the fields
Article B	• Added Desk Aid 28 – How To Find AER Dates in MEDS • Added Desk Aid 29 – SPE Transmittal Desk Guide
Article C	• Removed SPE processes from Processing Guide 03 - TLICP. • Added Processing Guide 06 – SPE APP/REG Guidelines

Approval for Release
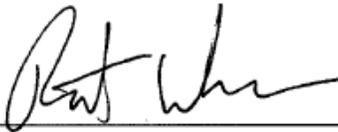
Robert White Dep. Dir.tor 3-29-13

Article 4, Section 20 – Single Point of Entry Medi-Cal Mail-in Application for Children and Pregnant Women

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Processing Guidelines

RESOURCE	TITLE
Processing Guidelines	• TLICP • SPE Referrals
Desk Aid	• SPE Application Flow Chart • AER Date • SPE Transmittal and Key
LMS Training	HFP Transition to Medi-Cal (Type "**Transition**" on the LMS search field to register and complete the training.)

04.20.01 Accelerated Enrollment

A. Accelerated Enrollment Background

Effective July 1, 2002, the California Department of Health Care Services (DHCS) implemented a state plan under Title XIX to initiate an Accelerated Enrollment (AE) program. The purpose of AE is to accelerate temporary, fee-for-service, full-scope, no-cost Medi-Cal coverage for children under the age of 19 who are new to Medi-Cal, applied for Medi-Cal through Single Point of Entry (SPE) and are likely to be eligible for a Medi-Cal Percent Program or 1931(b) based on screening by SPE. Applications may be received from SPE with children who are approved for AE and/or family members who are not and will be processed using the established procedures described in item 04.20.02.C below.

ACWDL 02-36

| **L. SPE Transmittal** | The computer-generated transmittal is used by SPE to send Medi-Cal applications to the county. The transmittal accompanies each application referred to the county for Medi-Cal processing. The transmittal has a county response section, which is used to respond to SPE with CIN corrections. | ACWDL 12-33 |

This transmittal includes two dates which are used for the Medi-Cal application date in different situations:

- Date Received. This is the date the application was received by SPE. This date is the application date for all referrals that are not associated with AER.
- Date Referred to County. This is the date that SPE refers the application/AER to the county. This is the application date for all applications associated with AER.
- The worker is to complete the county response section to:
  - Inform SPE when corrections have been made to the CIN, including instances where SPE used an incorrect CIN, or a CIN is created in error for an applicant.   ACWDL 03-05
  - Inform SPE of a CIN for a new applicant when it was not available to SPE.

A sample of the form and a key for all the fields can be found in Desk Aid 29 –SPE Transmittal Guide.

| **E. When to Complete Medi-Cal Determination** | The timing of Medi-Cal determinations depends on the individual circumstances of the child transitioning from HFP. In general Medi-Cal eligibility determinations must be completed as follows: | ACWDL 12-33 |

When the Child is in…	The Medi-Cal redetermination must be completed…
an active Medi-Cal case with a RRR date **prior** to the child's AER date,	at the RRR date for the family.
an active Medi-Cal case with a RRR date **after** the child's AER date,	at the AER. **NOTE:** This does not change the family's RRR due date

a closed Medi-Cal case or has no current Medi-Cal case,	at the AER date.
their own SSI case with no other family members with Medi-Cal,	by SSA. **NOTE:** A MEDS online transaction via form HHSA 14-28 will be required to terminate the transitional aid code.

In situations where a child is in a CalWORKs case with an annual RV date prior to the child's transition date the Medi-Cal determination must be completed as follows:

If the child is ...	Then ...
active on the CalWORKs case and receiving Medi-Cal,	terminate the transition aid code via a HHSA 14-28.
not active on the CalWORKs case,	add the child and re-evaluate the CalWORKs case on the transition date.

CEC will also apply to children transitioning from HFP to Medi-Cal refer to MPG 5.15.05.

The AER date can be found on MEDS INQD screen under the ACCEL field. See Desk Aid 28 for examples.

NOTE: SPE application regulations found in MPG 4.20.2e apply when completing the Medi-Cal determination at the AER.
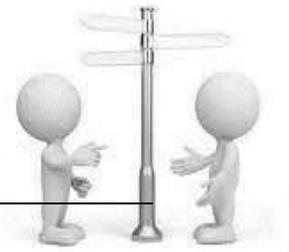
Processing Guide – Single Point Entry (SPE) Referrals

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Purpose

To provide step-by-step instructions when handling Single Point Entry (SPE) referrals. SPE referrals may include any of the following forms:

- Healthy Families Applications MC 321HFP
- Health-e- App
- Add a Person FM 067
- Annual Eligibility Review (AER) FM 063
- Review and Continued Enrollment FM 101
- Re-enrollment FM 058
- Program Review FM 021
- Healthy Families Program Follow-Up FM 057
- Premium Re-evaluation FM 150
- MC 363 Medi-Cal to Healthy Families Referrals returned to the county due to the end of the HFP.

This Processing Guide includes processing instructions for all SPE

referral forms listed above.

Definitions

Process	Definition
10-day applications	These are SPE referrals for children that are not granted AE, CHDP or active on Medi-Cal and the SPE transmittal form indicates no missing information as seen below.

Process	Definition
1931b evaluation	These are SPE referrals for children who have been screened and determined potentially eligible to 1931b. The SPE transmittal form shows a "Y" in the 1931b box.

DPC APP/REG Process for: Healthy Families Application MC 321 HFP

SPE referrals forms:
- Healthy Families Application MC 321HFP
- Healthy-e-App

The forms listed above must be processed as specified below:

Step	Action
1	Register SPE Referral in SPE Referral Manual Log
2	Clear referral <table><tr><td>**If the child is ...**</td><td>**Then ...**</td></tr><tr><td>known to an active CalWIN case</td><td>image the SPE referral to the appropriate case as an application</td></tr><tr><td>not known to CalWIN or known on a closed case</td><td>go to Step 3</td></tr></table>

3	Determine the date of application as follows:

If the SPE referral...	Then the date of application is the date it was...
includes a transmittal and it is associated with an AER	referred to the County (found on the transmittal)
includes a transmittal but there is no associated AER	received by SPE (found on the transmittal)
does not include a transmittal	received by the County

4	APP/REG using the following application source:

If the application is …	Use application source …
granted AE	SPE – AE
CHDP Gateway Cases	SPE – CHDP
subject to 10-day processing as outlined in definitions above	SPE – 10-Day

5	Assign case as follows:

If the applications is...	Then assign to ...
subject to 10-day processing	specialized 10-day processing caseload
not subject to 10-day processing	FRC based on zip code using current procedures

DPC APP/REG Process for:
FM 067
FM 063
FM 101
FM 058
FM 021
FM 057
FM 150
MC 363
Change

SPE referrals forms:
- Add a Person FM 067
- AER FM 063
- Review and Continued Enrollment FM 101
- Re-enrollment FM 058
- Program Review FM 021
- Healthy Families Program Follow Up FM 057
- Premium Re-evaluation FM 150
- MC 363
- Change documents sent to SPE for transition children

Documents

Must be processed as specified below:

Step	Action
1	Register SPE Referral in SPE Referral Manual Log
2	Clear referral <table><tr><td>**If the child is ...**</td><td>**Then ...**</td></tr><tr><td>known to an active CalWIN case</td><td>image the SPE referral to the case as a change and and take no further action.</td></tr><tr><td>not known to CalWIN or known on a closed case</td><td>go to Step 3</td></tr></table>
3	Review contents of SPE referral: <table><tr><td>**If the referral ...**</td><td>**Then ...**</td></tr><tr><td>includes a recent application/AER form</td><td>go to Step 4</td></tr><tr><td>does not include a recent application/AER form</td><td>• contact MAXIMUS at (916) 673-4602 and request the last application/AER be faxed • when received go to Step 4</td></tr></table>
4	Determine the date of application as follows: <table><tr><td>**If the SPE referral...**</td><td>**Then the date of application is the date it was...**</td></tr><tr><td>includes any of the forms listed above</td><td>referred to the County (found on the transmittal)</td></tr><tr><td>does not include a transmittal</td><td>received by the County</td></tr></table>
5	APP/REG using the following application source: <table><tr><td>**If the form is …**</td><td>**Use application source …**</td></tr><tr><td>an AER Form for a child active on the transition codes 5C/5D</td><td>SPE – RRR</td></tr><tr><td>any other form or an AER not associated with a 5C/5D child</td><td>SPE – MISC</td></tr></table>
6	Assign case to FRC based on zip code using current

	procedures.

ACCESS Change/ Termination Request for 5C/5D Individuals

Reported changes and termination requests made for HF children who are in a transitional 5C/5D aid code must be processed as follows:

Step	Action
1	Clear MEDS to confirm that the 5C/5D Aid Code is active.
2	Clear the beneficiary information: | If the child is ...	Then ... | |---|---|
known to an active CalWIN case	send a SharePoint to the FRC with the change or termination information.
not known to CalWIN or known on a closed case	• Complete the mail in application half sheet for the family including the Healthy Families Member number if available • Email the half sheet to DPC at HHSASPE@sdcounty.ca.gov with the subject line SPE Change Request. • Request the last application or AER to be faxed from SPE at (916) 673-4602.	

DPC APP/REG Instruction for ACCESS SharePoint

Emails received from ACCESS for reported changes and termination request for HF children who are in a transitional 5C/5D aid code will be processed as follows:

Step	Action
1	Follow up with MAXIMUS to locate and scan last application or AER for case. Upon receipt go to Step 2.
2	APP/REG as follows: • use application source SPE-Misc • date of application will be the date the SharePoint is received by DPC
3	Assign case to appropriate FRC based on zip code using

	current procedures.

FRC SPE 10-Day Application Process

FRC staff must monitor SPE Application Report and the SPE 10-Day Bank daily to ensure timely processing of SPE referrals. SPE applications identified for 10-day processing must be reviewed and handled as follows:

Step	Action
1	Review the application to ensure that it is complete and without client error as defined 4.20.02.E. <table><tr><td>**If the application is...**</td><td>**Then ...**</td></tr><tr><td>complete as defined in 4.20.02.E</td><td>grant/deny within 10 days</td></tr><tr><td>**NOT** complete</td><td>go to Step 2</td></tr></table>
2	Issue VCL requesting outstanding verifications.
3	Enter the case comment "SPE 10-day received incomplete".
4	Enter the special indicator "Incomplete SPE 10-Day Application" in the special indicator field.
5	Move case from the SPE 10-Day Bank to appropriate caseload.
6	Complete eligibility determination within the timeframes.

NOTE: If the DPC sends a case to the incorrect FRC specialized caseload, that FRC must complete that eligibility determination.

FRC SPE (Not 10-Day) Application Process

Upon receipt of an SPE (not 10-day) application, FRC staff must:

Step	Action
1	Review application
2	Complete the Data Collection in CalWIN
3	Issue VCL for any outstanding verifications
4	Complete initial intake case comments
5	Assign to appropriate caseload for follow-up actions

FRC Changes Reported for 5C/5D Individuals

Changes reported for individuals on a 5C/5D must be processed as follows:

Step	Action
1	Clear individual:

If the CalWIN case is ...	Then ...
Pending	Go to Step 2
Active	Go to Step 3

Step	Action
2	Complete the Data Collection in CalWIN
3	Review change request

If additional information is ...	Then ...
not needed	Process the change accordingly
needed	Issue VCL for any outstanding verifications and assign to appropriate staff for follow-up

Step	Action
4	Complete initial intake case comments including all actions taken.

NOTE: For changes reported directly to an FRC for individuals without an active CalWIN case, follow the DPC APP/REG Instruction for ACCESS SharePoint then complete steps 2 through 4 above.

FRC Termination Request for 5C/5D Individuals

Termination requests for individuals on a 5C/5D must be processed as follows:

Step	Action
	Clear individual:

If the CalWIN case is ...	Then ...
pending	go to Step 2
active	follow current termination process

Step	Action
2	Deny application by completing the Collect Withdraw/Deny/Cancel/Terminate Program Detail window in CalWIN.
3	Issue withdrawal NOA.
4	Enter Case Comments.

NOTE: For termination request made directly to an FRC for individuals without an active CalWIN case, follow the DPC APP/REG Instruction for ACCESS SharePoint then complete steps 2 through 4 above.

FRC Process for MC 363 forms

As part of the process of the Healthy Families to Medi-Cal transition, some referrals to Healthy Families for children with a Medi-Cal SOC (form MC 363) were not evaluated by the Healthy Families program. HFP. When FRCs receive these forms from DPC they must take the following actions:

Step	Action
1	Review application
2	Evaluate the children referred to HFP for TLICP effective 1/1/13 and ongoing.

SPE Application for Unborns

The Healthy Families SPE application must be APP/REG'd for the adult applying for the unborn child. The unborn cannot be added to CalWIN.

Healthy Families SPE application for an unborn must be processed as outlined in How To 434.

How to Determine the AER date for 5D/5D Children

The 5C or 5D eligibility and corresponding **last redetermination date** may be viewed in the ACCEL segment of MEDS (INQ1, INQ2, or INQ3) or the INQD screen under the ACCEL field. Workers must add a year to the last redetermination date on MEDS to determine the current AER due date. See the highlighted fields in the examples below:

Example 1

```
    INQ2              ** SPECIAL PROGRAM 2 INFORMATION **        EJJ - 03/04/13
                                                                       08:45:23
CASE-NAME                        DISTRICT      Example1        , Example
COUNTY-ID 34-5D-9999999-6-1E     EW-CODE
MEDS-ID 999-99-9999  SSN-VER A  RV-COMP 05-2012* 3600 Street APT
BIRTHDATE 99-99-2002 DOB-VER V  SEX M GOV-RSP 1  CITY            CA 99999
CHAINED-ID           LAST-MC/CP-CHG 10-26-04  ADDRESS-FLAG A  RES-COUNTY 34
PRIOR-MEDS-ID        LAST-OTH-CHG 02-27-13  APDP   PICKLE    RECOVERY
WELFARE-PGM 001  DEATH-DT         DEATH-CD   TERM-DT        TERM-REAS
CIN 99999999E 7  HIC-NO          BIC-ISSUE 03-01-13   PAPER-ISSUE
PGM:  M      1(HFAMLY)   H  2(ACCEL ) C    3              FS      CW
                 2013====> 2012=========================================>
       03-13 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY    34
AID-CODE  5D
ELIG-STAT 401
SOC-AMT
CERT-DAY
OHC       N        9    9    9    9    9    9    9    9    9    9    9    9
RESTRICT
MEDICARE
HCP1-NUM *170           *170
HCP1-STAT  01           P4
OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
```

```
    INQD  ** CHANGE DATES AND AUTHORIZED REP. INFORMATION **  EJJ - 03/04/13
                                                                    08:44:22
Example 1                      , Example           MEDS-CUR-MMYY 03-13
MEDS-ID 999-99-9999 SSN-VER A  CIN 99999999E 7  BIRTHDATE 99-99-2002 DOB-VER V


CURRENT
AUTHORIZED
REPRESENTATIVE
                                                   FLAG

REDETERMINATION DATES:  PRIMARY   (HFAMLY)   (ACCEL )            FOODSTAMP
   ANNUAL-RV-DUE-MONTH
   LATEST-RV-COMPLETED   05-2012              05-2012*

PRIM-ELIG-CHG              LAST-MC-CHG  10-26-2004   LAST-MC-TRANS   EW11 O
SPCL-1-ELIG-CHG 07-29-2005  LAST-FS-CHG              LAST-FS-TRANS
SPCL-2-ELIG-CHG 02-25-2013  LAST-OTH-CHG 02-27-2013  LAST-OTH-TRANS  OC30 B
SPCL-3-ELIG-CHG           CLIENT-CHG   12-22-2011 H

FS-ELIG-CHG               MEDICR-A-CHG
AE-EFF-DATE    03-01-2013  MEDICR-B-CHG
FILE-FIX-DATE             MEDICR-D-CHG

OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
```

Example 2

```
    INQ2              ** SPECIAL PROGRAM 2 INFORMATION **       EJJ - 03/04/13
                                                                     09:41:22
CASE-NAME                    DISTRICT        Example2          , Example
COUNTY-ID 36-5D-9888888-8-9E    EW-CODE
MEDS-ID 888-88-8888  SSN-VER A  RV-COMP 05-2011*  13471 Street
BIRTHDATE 88-88-1995 DOB-VER S  SEX M GOV-RSP 1  City              CA 98888
CHAINED-ID            LAST-MC/CP-CHG 02-12-13  ADDRESS-FLAG A  RES-COUNTY 36
PRIOR-MEDS-ID         LAST-OTH-CHG 12-31-12  APDP    PICKLE    RECOVERY
WELFARE-PGM 001  DEATH-DT         DEATH-CD    TERM-DT        TERM-REAS
CIN 98888888E 7  HIC-NO           BIC-ISSUE 01-01-13    PAPER-ISSUE
PGM:  M     1(HFAMLY)   H  2(ACCEL ) C  H  3            FS        CW
                 2013====> 2012=============================================>
        03-13 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
COUNTY    36        36   36
AID-CODE  5D        5D   5D
ELIG-STAT 301       301  301
SOC-AMT
CERT-DAY
OHC       N         N    N    9    9    9    9    9    9    9    9    9    9
RESTRICT
MEDICARE
HCP1-NUM  306       306  306                                            306
HCP1-STAT 01        01   01                                             P4
OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
```

```
    INQD   ** CHANGE DATES AND AUTHORIZED REP. INFORMATION **  EJJ - 03/04/13
                                                                     09:48:32
Example1                    , Example          MEDS-CUR-MMYY 03-13
MEDS-ID 888-88-8888 SSN-VER A  CIN 98888888E 7  BIRTHDATE 88-88-1995 DOB-VER S

CURRENT
AUTHORIZED
REPRESENTATIVE
                                                   FLAG

REDETERMINATION DATES:  PRIMARY  (HFAMLY)   (ACCEL )            FOODSTAMP
  ANNUAL-RV-DUE-MONTH
  LATEST-RV-COMPLETED   05-2011              05-2011*

PRIM-ELIG-CHG              LAST-MC-CHG  02-12-2013   LAST-MC-TRANS   AP34 B
SPCL-1-ELIG-CHG 10-22-2012 LAST-FS-CHG              LAST-FS-TRANS
SPCL-2-ELIG-CHG 12-26-2012 LAST-OTH-CHG 12-31-2012  LAST-OTH-TRANS  OC30 B
SPCL-3-ELIG-CHG            CLIENT-CHG   10-31-2012 A

FS-ELIG-CHG               MEDICR-A-CHG
AE-EFF-DATE    01-01-2013 MEDICR-B-CHG
FILE-FIX-DATE             MEDICR-D-CHG

OPTION __ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN
```

HEALTHY FAMILIES MEDI-CAL FOR FAMILIES For Your Family's Health

Application forwarded to CWD

County:	Date Original Application Forwarded to CWD:

Case Control Number	Date Received	Date Referred	Opt out of HFP	Unlisted Member Wants Medi-Cal	Retro MC Requested	Any Member Disabled	1931(b) / CalWORKs Recipient	1931(b) Program	Deemed Eligible	Missing Info	Type

Member	CIN#	Last Name	First Name	Middle Initial	Relation to Applicant	Date of Birth	SSN	Screened For	Pregnant Indicator	AE Start Date	Budget Unit	Retro MC Requested
1												
2												
3												
4												
5												

Member	Frequency of Income	Type of Income	Income Type Amount	Budget Unit	Family Size	Total Gross Income	Deductions	Total Net Income	%FPL	Members
1										
2										
3										
4										
5										
6										

County Response Area *(only complete if returning application for Healthy Families to reassess or to report a CIN in changing)*

Case Name:	Case Number:
County Representative:	Phone Number:
	Date Referred:

Member Changes *(use member number above)*	County Assigned CIN# *(if missing above)*	Active Case Individual on (CalWORKs, SSI/SSP, 1931b, foster care)	Not Eligible to Medi-Cal *(check appropriate box)* <100% of FPL and denied Medi-Cal for:	
			Excess Property	No Deprivation
			☐	☐
			☐	☐
			☐	☐

Reasons for Return to SPE *(check all appropriate boxes)*

☐ Applicant checked "I do not want Healthy Families." Applicant now wants Healthy Families

☐ CIN was missing, now located or a new one assigned.

☐ Amount of child support or child care expenses shown on application not verified

☐ Changes in household membership

☐ Not eligible to Medi-Cal (see below)

Comments – Explain why county is returning the application. (Example: change in family composition, income, documentation/sources provided to the county are different from what was used at SPE screening.)

_____

_____

_____

_____

_____

Enclosures – Documents are enclosed which were not included with the original application or reflect updated information:

☐ Medi-Cal Notices   ☐ Medi-Cal Budget   ☐ Immigration   ☐ Other_____
   of action   Worksheets   _____
   (Mandatory for   (Mandatory if not   ☐ Residency
   cases ineligible to   displayed on NOA)   _____
   Medi-Cal)   ☐ Birth Certificate

HF_FM_151_EN 12/28/2012

County Name	This field identifies the county where the application is referred
Case Control Number	Family Member Number assigned by AV
Date received	This is the date AV received the application at SPE.
Date Referred	This is the date AV determined the application should be referred to the county.
Opt out of HFP	If marked "Y" applicant does not want the Healthy Families Program
Unlisted member wants Medi-Cal	Y/N indicates any non-applying members that are requesting Medi-Cal.
Retro MC Requested	Y/N indicates any applying or non-applying member(s) requesting retro Medi-Cal benefits.
Any Member Disabled	Y/N indicates any disabled members
1931(b)/Calworks Recipients	Y/N indicates any applying members who are currently showing Calworks or 1931(b)
1931(b) Program	Y/N indicates any applying members screened to 1931(b)
Deemed Eligible	Y/N indicates any applying members deemed eligible

Missing Info	Y/N indicates application was sent with Missing info still existing
Type	**SPE =** The case was determined Medi-Cal through Single Point Entry (SPE) process **AER** = The case was determined Medi-Cal during Annual Eligibility Review (AER) process **ADD** = The case was determined Medi-Cal during Add-A-Person (ADD) process **HF** = The case was determined Medi-Cal by an Elgibility Enrollment Specialist **PRE** = The case was determined Medi-Cal through the Premium Evaluation process **MC AER** = The case was determined Medi-Cal through the Medi-Cal For Families Annual Elgibility Review process. **MC PRE** = The case was forwarded to Medi-Cal for premium adjustment processing.
Member	This field gives a numeric value to each member on the application: 1 = Applicant, 2-99 = Other family members
CIN	CIN assigned to the individual by SPE
Last Name, First Name, MI	Individual names
Relationship to Applicant	1 – Applicant's child 2 – Second adult's child 3 – Significant other 4 – Ex-step parent A – Aunt or Uncle B – Stepchild C – Common child D – Son or daughter-in-law E – Brother or sister-in-law F – Foster child G – Grandparent H – Dependent of a monor dependent I – Mother or father-in-law J – Brother or sister K – Grandchild L – Legal guardianship M – Adopted child N – Niece or nephew O – Other P – Parent Q – Cousin R – Collateral dependent S – Spouse T – Stepfather U – Unborn

	V – Stepmother W – Ward X – Ex-spouse Y – Self Z - Unknown
Date of Birth	Individual date of birth
SSN	Social Security Number

Screened For	**N** - None (Members not applying for health insurance and/or if Missing information exist for the application and application timed-out)
	M - No cost Medi-Cal (Children who are screened eligible for No-Cost Medi-Cal)
	B - 1931(b) Eligible (Children who met the 1 income disregard and 1 Deprivation)
	D - Deemed Eligible Infant (Children who are ages 0 > 1 and was screened for TLICP)
	T - TLICP (Children who are screened for the CHIP)
	    * From birth up to the month of their first birthday above 200%
	    * Age 1 to the month of their 6th birthday above 133%
	    * Age 6 to the month of their 19th birthday above 100%
	    * Age 0 to the month of their 19th birthday FPL is above 250%
	O - Other (Children who do not meet any of the above requirement, ex: Children above age 19)
	H – Child is currently enrolled in Healthy Families

Pregnant Indicator	Y/N indicates if the individual is pregnant
AE Start Date	Effective date of Accelerated Enrollment for this individual. This eligibility will only be terminated when county reports a Medi-Cal eligibility determination or denal action to MEDS.
Budget Unit	This field shows the budget unit which the indiviual belongs for income computation purposes during program screening and corresonds with the HFP budget computation fields.
Retro MC requested	Individual requesting retro Medi-Cal benefits
Member	Member associated with corresponding income information
Frequency of Income	A – Weekly B – Bi-weekly C – Bi-monthly D – Monthly E - Yearly
Type of Income	1 – Employee pay stubs 2 – Federal Tax Form 3 – Award Letter 4 – W2 (not accepted by HFP) 5 – Bank statements w/direct income deposits 6 – Employer Statement

	7 – Quarterly Profit and Loss 8 – Notice of Action (NOA) 9 – Child Support A – Alimony B – Social Security Administration (SSA) C – Self Employment Statement (not accepted by HFP) D - CalPERS F – Affidavit G – Retirement Survivor Disability Income (RSDI) H – Veterans I – Railroad Retirement J – State Disability Income (SDI) K – Worker's Compensation L – Unemployment M – Pensions/Retirement N – Grants O – Settlements P – Gift Q – Lottery/Bingo R - Other
Budget Unit	The budget unit number associated with the corresponding income and individual information
Family Size	Total number of family members on this case
Total Gross Income	Total income, before deductions, associated with the corresponding budget unit
Deductions	The amount deducted from the total gross income (i.e. $90 deduction for work related expenses)
Total Net Income	Total income, after deductions, associated with the corresponding budget unit
%FPL	Percentage of the Federal Poverty Level for the corresponding budget unit (family size and total net income)
Members	The numbers listed correspond with the individuals included in this budget unit
County Response Area	Complete Case and County Representative information, detail member information
Reasons for Return to SPE	Indicate reason returning application to Healthy Families, include comments to explain.
Enclosures	Documents are enclosed which were not included with the original applications or reflect updated information