STATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
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January 13, 1997

TO: All County Welfare Directors
All County Medi-Cal Program Specialists/Liaisons
All County Chief Probation Officers
All Public/Private Adoption Agencies
All Department of Social Services District Adoptions Offices

Letter No.: 97-02

PARTICIPATION OF FOSTER CARE AND ADOPTION ASSISTANCE PROGRAM CHILDREN IN MEDI-CAL MANAGED CARE

SUMMARY

The purpose of this letter is to notify you of the Department of Health Services' (DHS) policy regarding Medi-Cal managed care enrollment of children who are under the supervision of county foster care or adoption agencies or any other agency identified in Eligibility and Assistance Standards Manual, Section 45-202.6 or 45-203.5, in the 14 California counties in which the Medi-Cal program is establishing a Medi-Cal "Two-Plan Model" managed care program or another Medi-Cal managed care program. Under these managed care programs, most family linked Medi-Cal beneficiaries are required to enroll in a managed care plan to receive their Medi-Cal benefits.

The policies contained in this letter impact children and youth in out-of-home care under the care and custody of county welfare and probation departments, and licensed private adoption agencies as well as children and youth with Adoption Assistance Program (AAP) benefits. This letter does not apply to children in out-of-home care under other circumstances.

The recently enacted budget bill, Senate Bill 1393 (Chapter 162, Statutes of 1996), contains language that allows the voluntary enrollment of children in foster care into managed care plans in the Two-Plan Model and geographic managed care (GMC) counties. The DHS has extended this policy to children in the AAP. Although the provisions of the budget bill will expire on June 30, 1997, it is the intent of the DHS that voluntary enrollment of foster children continue after June 30, 1997, until such time that the DHS has sufficient information that foster children placed out of county can easily receive needed medical care.

DESIGNATED COUNTIES

The Medi-Cal "Two-Plan Model" managed care program, or a similar managed care arrangement, is being established by the DHS in the following designated counties:

Alameda	Los Angeles	San Diego	Stanislaus
Contra Costa	Riverside	San Francisco	Tulare
Fresno	Sacramento	San Joaquin	
Kern	San Bernardino	Santa Clara	

This letter does not apply to County Organized Health Systems (COHS): Orange, Solano, San Mateo, Santa Cruz, and Santa Barbara Counties. Enrollment will continue to be mandatory and automatic for Medi-Cal beneficiaries, including foster and AAP children, in these counties. There are unique circumstances that prevent the DHS from allowing voluntary enrollment in the COHS counties at the present time.

For coordination of health services to foster and AAP children who are enrolled in a COHS health plan while involved in an out-of-county placement, the following information may be used to expedite the coordination process:

Orange County (CalOPTIMA) - Membership Services, Ms. Clara Seal, (714) 246-8753.

San Mateo County (Health Plan of San Mateo) - Membership Services, (800) 750-4776 or (415) 573-9605.

Santa Barbara County (Santa Barbara Health Initiative) - Ms. Elizabeth Long, Director of Membership Services (800) 421-2560 or (805) 963-9261.

Santa Cruz County (Santa Cruz County Health Options) - Membership Services, Grievance Coordinator - Ms. Danita Carlson (800) 700-3874 or (408) 457-3850.

Solano County (Solano Partnership Health Plan) - Membership Services Representatives, (800) 863-4155 or (707) 863-4120.

In the event an inquiry is made from out-of-county social services personnel, it will always be good policy to determine the eligibility status of the foster or AAP child before making the telephone call to the health plan because in some cases the eligibility information has not reached all concerned parties.

BACKGROUND

The Medi-Cal program is currently developing Medi-Cal "Two-Plan Model" managed care programs in all of the counties listed above except Sacramento and San Diego. Under the Two-Plan Model program, most Aid to Families with Dependent Children (AFDC)-linked Medi-Cal beneficiaries will be required to enroll in a comprehensive managed care plan to receive Medi-Cal benefits.

Except in Fresno County, beneficiaries will have a choice between a "Commercial" managed care plan that has been awarded a contract through a request for proposals process, or a "Local Initiative" managed care plan that has been developed through a partnership typically involving the county's health agency and hospitals, traditional Medi-Cal fee-for-service and managed care providers, and nonprofit hospitals, clinics, and other health care providers associated with the health care "safety net" for the medically indigent.

No Local Initiative plan was developed in Fresno County; therefore, most AFDC-linked Medi-Cal beneficiaries will be required to choose between two commercial managed care plans. In Sacramento County, AFDC-linked beneficiaries are required to select from a number of commercial managed care plans. Similarly, in San Diego County, most AFDC-linked beneficiaries will be required to select from several commercial managed care plans.

In each of the designated counties, a "health care options" (HCO) entity contracting with the DHS will furnish information about managed care plan choices and enrollment requirements, enrollment exceptions, enrollment, plan transfer, disenrollment processes, and time frames to the AFDC-linked Medi-Cal beneficiaries who are required to select a managed care plan. The HCO contractor has multi-lingual staff to process all enrollment, disenrollment, and plan transfer transactions, to explain the managed care program, to answer beneficiary questions, and to handle membership problems for all beneficiaries required to participate in the managed care program. County welfare department staff should refer all questions or complaints from beneficiaries relating to managed care plan enrollment, disenrollment, or services to the HCO contractor. The current HCO contractor, Benova, Inc., will be replaced with a new HCO contractor, Maximus,

effective January 1, 1997. The DHS is working to minimize disruption upon takeover of the HCO contract by Maximus. HCO enrollment/disenrollment forms, processing, locations, and phone numbers should mostly remain unchanged.

The Sacramento County GMC program has been operational since April 1994. The Two-Plan Model program, with both the commercial plan and local initiative plan operational, began in Alameda County in July 1996 and in Kern County in September 1996. The DHS expects to phase-in the referenced Medi-Cal managed care programs in the other counties specified above over the next six months. Current AFDC-linked Medi-Cal beneficiaries will receive notification of all program requirements sufficiently in advance of the start-up date of the two-plan program in each county, to allow a reasonable time to consult with the HCO contractor and to make a plan selection. Newly eligible AFDC-linked Medi-Cal beneficiaries will be referred to the HCO process by county welfare department workers. In either case, beneficiaries will be given a fixed time period to select a managed care plan. Beneficiaries who do not select a plan in the time allotted will be enrolled in a plan by the HCO contractor. Beneficiaries will be allowed to change plans at any time. A change of plans will generally take from 15 to 45 days, depending on whether or not the request coincides with the monthly Medi-Cal Eligibility Data System (MEDS) processing schedule.

POLICY ON ENROLLMENT OF FOSTER CHILDREN AND CHILDREN RECEIVING ADOPTIONS ASSISTANCE

Children with Medi-Cal eligibility who are under the supervision of county foster care agencies and children receiving Medi-Cal coverage through the Adoptions Assistance Program (AAP) will not be required to enroll in a Medi-Cal managed care plan and shall not be included in the mandatory enrollment category. Enrollment will be voluntary.

The decision to enroll a child who is under the supervision of a county foster care agency will be left to the discretion of the responsible county director of social services or his/her designee, or the person who has legal authority to make such health care decisions for a foster child. During the 1996-97 fiscal year, voluntary enrollment of a foster child requires a determination on a case-by-case basis by the county director of social services or his/her designee, with the concurrence of the child's caretaker, that enrollment is in the child's best interest. The decision to enroll a child who is receiving Medi-Cal coverage through AAP will be made by the person who has legal authority to make such health care decisions for the child. Usually this will be the adoptive parents.

No action is required by a county foster care or adoptions agency to exclude all foster care or AAP children from the Two-Plan or GMC managed care programs in the designated counties. The following Medi-Cal aid codes will be systematically excluded by DHS from the mandatory managed care plan enrollment process in the 14 counties identified in this letter:

40 - State Foster Care
42 - Federal Foster Care
4C - Federal Voluntary Foster Care
5K - Emergency Assistance Program - Child Welfare Cases in Foster Care
03 - Federal AAP
04 - State AAP

*Counties should note the "4K - Emergency Assistance (EA) program - Juvenile Probation Cases in Foster Care" Medi-Cal aid code has not been included in the above list of aid codes, and should no longer be used for probation foster care children. Federal EA funding for children under the "4K" aid code has been terminated and counties have been instructed by the California Department of Social Services to stop using the "4K" aid code. The "4K" aid code has not yet been deleted from MEDS.

CHILDREN WHO CANNOT BE IDENTIFIED AS FOSTER CARE BY MEDI-CAL AID CODE

Medi-Cal eligible children in foster care and under the supervision of a local foster care agency may be covered under many standard or special Medi-Cal aid code categories that do not allow for a child to immediately be identified as foster care. These include, but are not limited to, Aid Codes 01, 30, 32, 45, and 60. Among these are foster children in relative placement, who have aid codes that are AFDC in a Family Group, and not AFDC in Foster Care. Thus, foster children, or the person responsible for a foster child, may receive notification of the requirement that a Medi-Cal managed care plan be selected for the child. It is also possible that a foster child will be inadvertently enrolled in a health plan through the HCO assignment process. In these cases, the caseworker will have the option to disenroll the child, based on a determination of the child's best interest and the desires of the caretaker. Caretakers and other responsible parties should be notified of this option by the local foster care agency. If the caseworker or other responsible party determines that disenrollment from the managed care plan is best for the child, he or she must arrange for disenrollment by contacting the HCO contractor and completing a disenrollment form. The HCO contractor has been instructed to disenroll foster care or AAP

children on an expedited (within 48 hours) basis when requested by the child's caseworker, county designated responsible party, or the adoptive family. The HCO contractor can be contacted toll-free at (800) 430-4263.

ENROLLMENT OF FOSTER CARE AND AAP CHILDREN IN A MEDI-CAL MANAGED CARE PLAN

Medi-Cal managed care plan enrollment forms are available from the HCO contractor. A county director of social services or his/her designee in one of the designated counties, or the Probation Officer in the case of a foster child who is a ward of the court, deciding to enroll a foster child voluntarily into an available managed care plan may do so by submitting completed enrollment form to the HCO contractor. Similarly, an adoptive parent may voluntarily enroll an AAP child into an available managed care plan by submitting a completed enrollment form to the HCO contractor.

RECIPROCITY

According to April 1996 data provided by the California Department of Social Services, approximately 14 percent of all foster care cases are placed in a county other than the county in which the agency responsible for the supervision of the child is located.

Foster care children placed out-of-county universally retain the Medi-Cal code of the county in which the child's placement originated. To date, the Medi-Cal program does not currently have the capacity to establish reciprocity arrangements that would allow for a foster care child placed out-of-county who retains the Medi-Cal code of the county which retains legal jurisdiction to receive health care services from a Medi-Cal managed care plan operating in the county in which the child is subsequently placed. Therefore, it is recommended that foster children placed out-of-county should not be enrolled in a Medi-Cal managed care plan in their county of jurisdiction until appropriate reciprocity arrangements between providers are made, e.g., the child's Medi-Cal fee-for-service providers in the county of placement are willing to provide care and bill the managed care plan.

The DHS would like to receive input from county foster care and adoptions agency directors regarding reciprocity policies and processes might best be established to serve the needs of Medi-Cal eligible foster care and AAP children through Medi-Cal managed care plans. Please provide written suggestions to:

Joseph A. Kelly, Chief
Medi-Cal Managed Care Division
California Department of Health Services
714 P Street, Room 650
Sacramento, CA 95814

QUESTIONS

If you have questions about this letter, please contact Mr. Alan Stolmack, Chief of the Policy Support and Development Section, Medi-Cal Managed Care Division, Department of Health Services, at (916) 653-5277.

Sincerely,

ORIGINAL SIGNED BY

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch