

# Healthy Families Program Application Approval Process

## Family Submits the Application or Add a Person Form to the Single Point of Entry (SPE)

- Include all requested documents (if income documentation is unavailable, applicant's signed statement is acceptable)
- Include the family contribution and payment of any arrears incurred within previous 12 months
- If American Indian, Alaska Native or have a family contribution sponsor, no premium payment due
- May apply before eligible if applicant will lose Medi-Cal within three months or will give birth
- Infant born to woman enrolled in AIM is automatically enrolled in Healthy Families for 12 months after which applicant must provide income information for continued coverage
- Include any request for retroactive Medi-Cal coverage for unpaid medical expenses

## Initial Review

Before conducting an eligibility review, the SPE screens an application for likely Medi-Cal eligibility. If the child(ren) appears eligible for no-cost Medi-Cal, the application is forwarded to the appropriate county for a Medi-Cal determination. At the county, the child(ren) gets accelerated enrollment with Medi-Cal coverage. SPE retains an electronic copy of the application.

## Review Application for Completeness

(Income information, verifications, family contribution payment, court ordered support, etc.) HFP contacts applicant by phone or in writing to request missing documents. Eligibility review is not performed until the application is complete. An application is considered complete even if HFP does not yet have proof of citizenship or of acceptable immigration status.

Applicant has 17 days to provide any missing information (60 days for immigration or citizenship documents)

### *Information provided:*

#### **Eligibility determination**

Within 10 days of receipt of completed application  
or Add a Person Application *or*  
Within 20 days (from initial application) if  
originally received incomplete.

### *Information not provided:*

#### **Application Denied**

- Denial must be in writing
- Notice indicates that an eligibility determination could not be made
- Return premiums (no time limit)
- Not an appealable decision.

## Notify family in writing of eligibility or denial of eligibility

- State reason for any ineligibility and explain the appeals process
- In most instances, eligibility begins within ten days of eligibility determination
- Forward application to Medi-Cal, if appropriate and if family approves.

**Note: Parental coverage has not been funded and is not yet available.**

Sources: Cal. Insur. Code §§ 12693.70, 12693.765, 10 Cal. Code of Regs. §§ 2699.6600, 2699.6605, 2699.6606, 2699.6607, 2699.6613