

HEALTHY FAMILIES PROGRAM TO MEDI-CAL TRANSITION FREQUENTLY ASKED QUESTIONS

These Frequently Asked Questions (FAQs) are meant for use by a general audience and will be updated periodically. FAQs targeted for families are incorporated into notices that the Department of Health Care Services (DHCS) sends out to them in preparation for their transition to Medi-Cal. These notices, FAQs, and a benefit comparison chart can be found on the DHCS Healthy Families Program (HFP) Transition to Medi-Cal website at:

<http://www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx>.

GENERAL INFORMATION - HFP TRANSITION TO MEDI-CAL

1. Why is HFP transitioning to Medi-Cal?

Answer: A new law in California says that children in HFP will move to Medi-Cal. The move will take place over one year, starting no sooner than January 1, 2013.

2. What is Medi-Cal?

Answer: Medi-Cal is California's Medicaid Program. It provides medical, dental, mental health, alcohol and drug use treatment, and vision care to millions of Californians. You can learn more about Medi-Cal at www.dhcs.ca.gov.

3. Is HFP still open for enrollment?

Answer: Yes. HFP will continue to enroll babies who are on the Access for Infants and Mothers (AIM) Program into HFP. Beginning no sooner than January 1, 2013, HFP will stop enrolling all other children, who are not on AIM. Health-e-App, the on-line HFP Application will continue to accept new AIM applications. The Health-e-App website is www.healtheapp.net. To request a paper application or to start an application by phone, call: 1-800-880-5305. HFP will continue to process plan transfer requests, monthly premium payments, Annual Eligibility Reviews, and enrollment of infants whose mothers are enrolled in AIM.

4. When will HFP stop accepting applications?

Answer: HFP will stop accepting applications once the transition to Medi-Cal begins which will be no sooner than January 1, 2013, except applications for babies, who are on AIM.

5. When will my child transition from HFP to Medi-Cal?

Answer: It depends on where you live and what your child's health plan is. Children in HFP will not move to Medi-Cal before January 1, 2013. Children will move from HFP to Medi-Cal in four phases over the course of the year.

6. What do I need to do for my child?

Answer: You will receive information from the State about when the move to Medi-Cal will happen for your child and what you may need to do.

7. Does my child need to reapply for HFP under Medi-Cal for coverage?

Answer: No, your child does not need to reapply, if he/she is already enrolled in HFP.

8. What if I do not want to move my child from HFP to Medi-Cal?

Answer: Due to a change in state law, all children enrolled in HFP must move to Medi-Cal to continue to receive medical, dental, mental health, alcohol and drug use treatment, and vision care benefits.

9. What happens if I move after my child transitions to Medi-Cal?

Answer: If you move, you need to tell your county eligibility worker within ten days so your child's case information can be updated. If you are moving to another county, your child may be enrolled into a Medi-Cal managed care health plan. To report changes online, register at www.benefitscal.com.

10. Will I have to pay co-payments for my child in Medi-Cal?

Answer: No, children in Medi-Cal do not pay co-payments for any service covered under Medi-Cal.

11. Who do I talk to about my child's treatment plan and medications?

Answer: After your child's move to Medi-Cal, you can continue to consult your child's doctor for any treatment plans and medications. You can also contact your health plan's member services at the number on your health insurance card for further assistance.

12. Will my child receive the same benefits under Medi-Cal as he/she did under HFP?

Answers: You can find a comparison table that shows benefits covered by HFP and Medi-Cal at the end of this document or on the DHCS HFP Transition to Medi-Cal webpage at the following link:

<http://www.dhcs.ca.gov/services/Documents/HFP%20Transition%20to%20Medi-Cal%20Benefit%20Comparison.pdf>.

13. What are Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) benefits?

Answers: EPSDT allows for periodic screenings to determine health care needs for individuals under the age of 21 in Medi-Cal. Medi-Cal will cover the provision of EPSDT services based upon the identified health care needs of the child. In addition to the regular Medi-Cal benefits, an individual may receive additional medically necessary services called EPSDT Supplemental Services. Examples of EPSDT supplemental services include private duty nursing services from a registered nurse (RN) or licensed vocational nurse (LVN), case management, pediatric day health care, and nutritional and mental health evaluations and services.

14. What is Medi-Cal Fee-For-Service (FFS)?

Answers: Some services, which are not provided through a Medi-Cal managed health or dental plan, are contracted directly with health care providers to deliver all covered Medi-Cal services. In these cases, you may choose a doctor, dentist, or other provider, who accepts Medi-Cal payments for each service he/she provides at the Medi-Cal payment rate. The provider bills Medi-Cal for services through an entity known as the fiscal intermediary, which is under contract with DHCS to process Medi-Cal claims and issue reimbursement.

All children, except those living in Sacramento and Los Angeles Counties, will receive their dental care through the Medi-Cal FFS dental program known as Denti-Cal. In Denti-Cal, your child can go to any dentist that accepts Denti-Cal. To find a dentist in Denti-Cal that can care for your child, you can go to the Denti-Cal Provider Referral list online at www.denti-cal.ca.gov or by calling this toll-free number 1-800-322-6384 (available 8AM-5PM) and ask for the names of dentists in your area who accept Denti-Cal referrals.

Children living in Los Angeles County will receive their dental care through a dental managed care plan or Denti-Cal. Children living in Sacramento County receive their dental care only through a dental managed care plan.

ELIGIBILITY

1. How do I make sure my child keeps his/her health and dental coverage while still in HFP?

Answer: Until you receive a letter telling you your child's coverage has moved to Medi-Cal, your child will continue to receive his/her medical, dental, mental health, alcohol and drug use treatment, and vision care through HFP. To make sure you do not have a break in coverage, please continue to pay your monthly HFP premiums, respond to your Annual Eligibility Review notice, and notify HFP of any address or phone number changes. There is an online HFP Application called Health-e-App that you can use to submit changes. You can also use it to submit your Annual Eligibility Review, program reviews, and continued enrollment requests.

The Health-e-App website is www.healthapp.net.

2. Will my child lose benefits when he/she turns 19 years old?

Answer: If your child has moved to the Medi-Cal program, when he/she turns 19 years old, a redetermination will be made to see if he/she qualifies for a different Medi-Cal program that covers children up to 21 years old.

3. What happens if my income changes?

Answer: If your income changes, you need to report it to your county eligibility worker within 10 days. To report changes online, register at www.benefitscal.com.

4. What will happen to my premium?

Answer: If you now make a premium payment to HFP, under Medi-Cal your premium may stay the same, decrease, or go away after your child moves to Medi-Cal. You must keep paying your premiums for now. Watch your mail for more information on your premiums.

5. Will premium amounts in HFP differ from Medi-Cal?

Answer: Yes, the premium amounts in Medi-Cal are different from the current premium amounts in HFP.

6. What are the premium amounts in Medi-Cal?

Answer: There are no premiums for children with family incomes up to 150 percent of the Federal Poverty Level (FPL) (\$2,386/month for a family of three, after taking into consideration applicable income deductions and disregards). For children with incomes above 150 percent of FPL, up to and including 250 percent of FPL (\$3,977/month for a family of three, after taking into consideration applicable income deductions and disregards), the monthly premium amount in Medi-Cal will be \$13 per child up to a maximum of \$39 for a family with three or more children. FPL amounts are updated every April.

7. What happens if I do not pay my premiums each month?

Answer: If you do not pay your premiums for 2 months in a row, your county worker will review your case to determine if you qualify for another Medi-Cal program. If you

do not qualify for another Medi-Cal program, and you have not paid your overdue premiums, you will receive a Notice of Action (NOA) stating your child's Medi-Cal may be discontinued.

8. Will my child's annual review date change after HFP moves to Medi-Cal?

Answer: No, the annual review date for your child will not change. When it is time for your child's annual review, you will receive forms from Medi-Cal to review, sign, and send them back by a specific date.

9. In the past my child was referred to HFP because our income was too high for no-cost Medi-Cal and we had a high share-of-cost. What has changed to now allow my child to be in Medi-Cal without a share-of-cost?

Answer: Medi-Cal has expanded its program by including children up to the age of 19 with family income up to and including 250 percent FPL. Also, there are no asset limits for these children. As a result, it has allowed children, who were previously referred to HFP, to now be served by Medi-Cal. In some instances, children may be required to pay premiums. (See #6 above - **What are the premium amounts in Medi-Cal?**)

HEALTH PLANS

1. What is a Medi-Cal managed care health plan?

Answer: Medi-Cal managed care health plans are like HFP health plans. They help manage your child's care. This help may include helping you to find doctors and specialists, having a 24-hour nurse advice phone line, having member services to assist you, helping with transportation to medical visits, and more. The health plan will also help you get services your child needs not covered by the plan. If your child:

- Receives In-Home Support Services (IHSS), contact your social worker to find out if you can get more IHSS hours.
- Is a client of a Regional Center, contact your caseworker for assistance.
- In need of mental health services, contact your county caseworker for assistance.

2. Why does my child need to be enrolled in a Medi-Cal managed care health plan?

Answer: State law requires that individuals who are eligible for Medi-Cal, such as families and their children to receive health care through a Medi-Cal managed care health plan where available. As part of the HFP move to Medi-Cal, children living in counties where Medi-Cal managed care is available will be required to enroll into a health plan.

For dental benefits, all children, except children living in Los Angeles and Sacramento Counties will receive their dental care through the Medi-Cal FFS dental program, known as Denti-Cal. Children in Los Angeles County will choose between Denti-Cal and a dental managed care plan. Children in Sacramento County will enroll into a dental managed care plan. (See the **DENTAL SERVICES** section for more information.)

3. When will my child be enrolled into a Medi-Cal managed care plan?

Answer: Your child will enroll into a Medi-Cal managed care health plan during one of the four phases of the HFP move to Medi-Cal, which will begin no sooner than January 1, 2013. The first three phases will take place in counties that already have Medi-Cal managed care health plans, and the fourth phase takes place in counties that are currently Medi-Cal FFS only. When all four phases are complete, all children in HFP will be enrolled in Medi-Cal, either in a managed care health plan or in FFS.

The four phases are as follows:

Phase 1 – No sooner than January 1, 2013, children in a HFP plan, which is also a Medi-Cal managed care health plan will move to Medi-Cal, but will stay in the same plan. They will not need to choose a different plan. This phase will have two sub-phases:

- Part A - no sooner than January 1, 2013, for children in the counties of Alameda, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Mateo and Santa Clara.
- Part B – no sooner than March 1, 2013, for children in the counties of Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Monterey, Napa,

Sacramento, San Diego, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Tulare, and Yolo.

Phase 2 – No sooner than April 1, 2013, children, who are in a HFP plan, which subcontracts with a Medi-Cal managed care health plan will move to Medi-Cal, but will stay in the same plan. They will not need to choose a different plan

Phase 3 – No sooner than August 1, 2013, children, who are in a HFP plan, which is not a Medi-Cal managed care health plan or a subcontractor of a Medi-Cal managed care health plan will move into a Medi-Cal managed care health plan of their choice. This choice must be made prior to August 1, 2013. DHCS will provide a specific due date in July 2013 to make a health plan choice. If a choice is not made, children will be automatically enrolled into a plan using a formula that tries to match them with their current provider, if there is provider linkage with a Medi-Cal managed care health plan.

Phase 4 – No sooner than September 1, 2013, children who are in a HFP plan, but do not live in a county where there is Medi-Cal managed care health plan, will move into Medi-Cal FFS. If Medi-Cal managed care health plans are established in FFS counties before Phase 4 begins, HFP beneficiaries will enroll into the Medi-Cal managed care health plan of their choice, if more than one plan is available.

4. Will my child continue in the same vision plan?

Answer: No, your child will not be in the same vision plan, but will have vision coverage. Medi-Cal provides vision services through Medi-Cal managed care health plans or Medi-Cal FFS.

5. Will the Medi-Cal Managed Care benefits be the same as HFP benefits?

Answer: Yes, under Medi-Cal, medical, dental, and vision are all covered for children under 19 years of age. For children transitioning to Medi-Cal managed care, some services, such as dental, mental health, or alcohol and drug treatment, which are offered under HFP plans may be “carved out” of the plan’s benefits, but will still be covered by Medi-Cal. The Medi-Cal managed care health plan will refer beneficiaries to Medi-Cal FFS providers for these services, if they are not covered by the plan.

6. Will my child be in the same health plan?

Answer: This depends on the county you live in and the HFP health plan your child is enrolled in. If your child moves to Medi-Cal in Phases 1 or 2, he/she will have the same plan. If your child moves to Medi-Cal in Phases 3 or 4, he/she will have to select a Medi-Cal MCP or receive their health, dental, and vision services through Medi-Cal FFS. If you have questions, you can call your child’s current HFP health plan at the number on your child’s health plan insurance card.

7. Can I change my child’s Medi-Cal health provider or plan?

Answer: Once your child has moved to Medi-Cal, you can choose another Medi-Cal managed care health plan, if there is more than one plan in your county. You can also

change your child's primary care doctor and choose any available doctor within your child's Medi-Cal managed care health plan network. These changes can happen monthly.

8. How can I enroll my child into a different Medi-Cal managed care health plan?

Answer: Once your child moves to Medi-Cal, you can do the following:

- Visit one of the Health Care Options (HCO) presentation sites to speak to an HCO representative in person
http://www.healthcareoptions.dhcs.ca.gov/HCOCS/ Presentation_Sites/;
- Visit the HCO website for information about the health plans:
<http://www.healthcareoptions.dhcs.ca.gov/HCOCS/Home/>;
- Complete the process by phone with an HCO representative toll-free at (800) 430-4263 (Monday through Friday, 8a.m. to 5p.m); or
- Complete the forms in the information packet you will receive when your child moves to Medi-Cal. Mail the forms to:
Department of Health Care Services
Health Care Options
P.O. Box 989009
West Sacramento, CA 95798-9850

9. How can DHCS ensure there will be adequate continuity of care for my child when he/she moves to the Medi-Cal program?

Answer: DHCS is working with the Medi-Cal managed care plans to help recruit HFP providers to the plans Medi-Cal network. If a HFP provider is not already in a plan's Medi-Cal network and agrees to join the network, then the children moving from the HFP plan can continue to see this provider with no interruptions. If a provider does not join a plan's Medi-Cal network, but they are willing to work with the plan to continue treating a child who moves from HFP to Medi-Cal, the Medi-Cal managed care health care plan must allow the child continued access to the provider. If the provider will no longer see the child who is moving from HFP into Medi-Cal, the Medi-Cal managed care health plan must develop a strategy to ensure that there is no break in the child's treatment or access to services. The Medi-Cal managed care health plan must submit this strategy to DHCS for tracking to help ensure the child is able to continue receiving the services and accessing the providers they need.

DENTAL SERVICES

1. What are Medi-Cal dental managed care plans?

Answer: The Medi-Cal dental managed care plans are like HFP dental plans. They help manage your dental care, and provide a 24-hour member service phone line. Medi-Cal provides dental managed care services in Los Angeles and Sacramento counties. Children, who live in all other counties in California, will receive dental services through Denti-Cal.

2. What is Denti-Cal?

Answer: The Medi-Cal FFS dental program is known as Denti-Cal. In Denti-Cal, your child can go to any dentist who accepts Denti-Cal. You may choose a dentist who accepts Denti-Cal for each service he/she provides. You can find out more information about Denti-Cal online at: <http://www.denti-cal.ca.gov/WSI/Default.jsp?fname=Default>.

3. Will my child be in the same dental plan?

Answer: Your child will have dental coverage, but may not be in the same dental plan. If your child lives in a county other than Los Angeles or Sacramento Counties, your child will enroll into Denti-Cal.

- If your child lives in Los Angeles County, your child will enroll into the same dental plan, if your child's plan is also a Medi-Cal dental managed care plan or, if not, they will enroll into Denti-Cal.
- If your child lives in Sacramento County, your child will enroll into the same dental plan, if your child's plan is also a Medi-Cal dental managed care plan or, if not, they will enroll into another Medi-Cal dental managed care plan.

You will receive more information about dental coverage closer to the date your child moves to Medi-Cal.

4. How will DHCS ensure access to care and providers for my child, who is moving from HFP to Denti-Cal or Medi-Cal dental managed care?

Answer: DHCS, along with the Department of Managed Health Care (DMHC), will assess Medi-Cal dental managed care plan readiness jointly. The assessment includes the dental plans submitting their provider network and answering specific questions on how the plan is preparing for the move of children from HFP to Medi-Cal in accordance with statutory and regulatory requirements.

The Denti-Cal provider network will be assessed in two ways:

- Denti-Cal Provider Network Adequacy – Adequacy will be assessed by analyzing the number of Denti-Cal and HFP children currently enrolled with Denti-Cal providers. This will determine areas where the beneficiary to provider ratio is high and what counties are in need of concentrated provider outreach.
- Denti-Cal to HFP Network Adequacy – Adequacy will be assessed by comparing the current Denti-Cal network and HFP network. Data will be used to determine level of disruption, looking at number of providers by county by program, utilization by provider by program, and number of members assigned by provider.

5. Will DHCS perform provider outreach?

Answer: Medi-Cal dental managed care plans will be required to perform outreach to their enrolled providers to ensure continuity of care. DHCS will perform provider outreach to encourage current providers to accept new children enrolled in Medi-Cal and to encourage HFP dental providers to enroll in Medi-Cal dental managed care plans. Provider outreach will include:

- *Provider Survey* – A survey will be sent to providers to determine provider capacity, ability to accept new clients, and identify barriers to enrollment. Survey results will assess which providers are willing to enroll in Medi-Cal and/or continue providing services to their HFP enrollees. Survey will be sent to three provider groups: Denti-Cal only billing providers, HFP only providers, and Healthy Families/Denti-Cal rendering providers.
- *Call Campaign* – Denti-Cal will place calls to follow up with providers, who have not responded to surveys or have stated that they will not enroll in Medi-Cal. This will be another attempt to encourage the providers to enroll to ensure network adequacy and access to care.
- *Streamlined Enrollment* – HFP provider applications to enroll in Denti-Cal will be have high priority for processing. If additional information is needed to process the applications, Denti-Cal staff will contact the provider by phone to retrieve information and expedite the processing of the application.
- *Webinars* – Denti-Cal will hold a series of webinars to educate providers on how to enroll in Denti-Cal, how to bill for services, and other frequently asked questions.
- *Provider Bulletins* – Bulletins will be published monthly to educate providers on program changes and/or reminders on events (i.e. trainings).
- *Reporting* – Medi-Cal dental managed care plans will be required to report on performance measures including, but not limited to, utilization, enrollment/disenrollment of providers, network adequacy, and continuity of care.
- *Beneficiary Surveys* – Surveys will be sent to determine reasons for utilization of dental services, how to educate beneficiaries on accessing dental services, and what common issues or barriers beneficiaries may face. The survey will be sent to beneficiaries after they transition to Denti-Cal or Medi-Cal dental managed care plans. Survey results will be used to identify common barriers beneficiaries may have in accessing services. DHCS will also use the results to identify how to provide education to beneficiaries on accessing services.

6. How can my child continue to receive treatment from a HFP provider after he/she moves to Medi-Cal?

Answer: Depending on your county of residence, the provider may need to sign up with Denti-Cal or a Medi-Cal dental managed care plan. Please see the November 2012, provider bulletin (Volume 28, No. 16) at:

http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_28_Number_16.pdf

7. How does a provider enroll in Denti-Cal or a Medi-Cal dental managed care?

Answer: To enroll in Denti-Cal, a provider must complete an application. Denti-Cal can mail the provider an application or a dentist can get one online at <http://www.denti->

cal.ca.gov/WSI/Prov.jsp?fname=enrollment_tool_kit. Providers can call the Provider Customer Service line at (800) 423-0507. To enroll in a Medi-Cal dental managed care plan, a provider must complete and submit an application to the dental plan(s). (Currently DHCS is putting a list together of all the Provider Representatives in Los Angeles and Sacramento Counties for the dental plans to send to providers.)

8. How will DHCS monitor performance of Denti-Cal or Medi-Cal Dental managed care plans?

Answer: Both Denti-Cal and Medi-Cal dental managed care plans will be required to report on several identified performance measures during and after the move of children from HFP to Medi-Cal. This information will be made available to the public. These performance measures include:

- *Annual Dental Visits* – the percentage of beneficiaries, who had at least one dental visit during the measurement year;
- *Continuity of Care* – the percentage of beneficiaries continuously enrolled for two years with no gap in coverage, who received a comprehensive oral evaluation or a prophylaxis in both the year prior to the measurement year and in the measurement year;
- *Use of Preventative Services* – the percentage of beneficiaries, who received any preventative dental service during the past year;
- *Use of Sealants* – the percentage of beneficiaries ages 6-9 and 10-14, who received a dental sealant on at least one permanent molar tooth during the past year;
- *Sealant to Restoration Ratio (Surfaces)* – the ratio of occlusal surfaces of permanent first and second molars receiving dental sealant to those receiving restoration among beneficiaries ages 6-9 and 10-14 during the past year;
- *Treatment/Prevention of Caries* – the percentage of beneficiaries, who received either treatment for caries or a caries-preventative procedure during the past year;
- *Exams/Oral Health Evaluations* – the percentage of beneficiaries, who received a comprehensive or periodic oral health evaluation or, for beneficiaries under 3 years of age, who received an oral evaluation and counseling with the primary care giver, during the past year;
- *Overall Utilization of Dental Services* – the percentage of beneficiaries continuously enrolled for 1, 2, and 3 years, who received any dental service during those periods; and,
- *Usual Source of Care* – the percentage of beneficiaries, who received any dental service each year for two consecutive years.

9. Will the Medi-Cal dental rates be increased to encourage/increase provider participation to ensure access to care?

Answer: The Schedule of Maximum Allowances for benefits will not be increased. DHCS is looking into other avenues to simplify program requirements and policies that would encourage provider participation.

10. When my child moves from HFP to Medi-Cal, how will I know if he/she is going to receive Denti-Cal or Medi-Cal dental managed care services?

Answer: Your child's dental benefits will move in the same phase as his/her medical benefits. If you live in Los Angeles County, your child will have a choice between Denti-Cal or Medi-Cal dental managed care. If you live in Sacramento County, your child will be enrolled in Medi-Cal dental managed care. If you live in any other county in California, your child will be enrolled in Denti-Cal.

11. Will my child lose dental benefits moving from HFP to Medi-Cal?

Answer: No. Denti-Cal and Medi-Cal dental managed care offer the same dental benefits as HFP.

12. Do I have to fill out an application for my child to enroll into Denti-Cal or Medi-Cal dental managed care?

Answer: No. Your child will be automatically enrolled into Denti-Cal or Medi-Cal dental managed care depending on your county of residence. Prior to your child moving from HFP to Medi-Cal, DHCS will send you information on how dental services will be provided. If you live in Los Angeles County, your child will have a choice between Denti-Cal and Medi-Cal dental managed care. If you live in Sacramento County, your child will have choices between Medi-Cal dental managed care plans. You can learn more about these choices by calling HCO toll free at 1-800-430-4263 or by filling out a dental Choice Packet, which you will receive shortly after your child moves to Medi-Cal or by going to:

<http://www.denti-cal.ca.gov/WSI/Default.jsp?fname=Default>.

13. Once my child moves to Medi-Cal, can he/she still see the same dentist?

Answer: This depends. If your child's dentist under HFP is also a dentist under Denti-Cal, he/she can see the same dentist. You can contact the Denti-Cal Beneficiary Toll Free line at 1-800-322-6384 to find out if your child's dentist is part of Denti-Cal or go to: <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>

If your child receives services under Medi-Cal dental managed care, you can call the Medi-Cal dental plan your child is moving into to see if your child's current dentist is part of the plan's provider network or go to:

<http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCareMain>

14. How can I find a dental provider for my child?

Answer: Denti-Cal: you can locate Denti-Cal providers in your area by calling the Beneficiary Toll Free line at 1-800-322-6384. A customer service representative will assist you with provider options or go to:

<http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>

Medi-Cal dental managed care: You can contact the Medi-Cal dental managed care that your child will be enrolled in or go to:

<http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCareMain>

15. Can I change my child's plan or provider(s)?

Answer: If you live in a county other than Los Angeles or Sacramento, your child will be enrolled in Denti-Cal. Medi-Cal Dental managed care plans are only available in Los Angeles and Sacramento. If you would like to change your child's provider call the Denti-Cal Beneficiary Telephone Service Center at 1-800-322-6384.

If your child is enrolled in Medi-Cal dental managed care plan in Los Angeles County, you may change their plan at any time or elect to enroll your child into Denti-Cal by calling HCO at 1-800-430-4263. If you would like to change your child's provider, please contact your child's dental plan's Member Services phone number.

If your child is enrolled in Medi-Cal dental managed care in Sacramento County, you may change his/her plan at any time by calling HCO at 1-800-430-4263. If you would like to change your child's provider, please contact your child's dental plan's Member Services phone number.

16. Will my child be able to continue treatment when moved to Denti-Cal?

Answer: Denti-Cal will honor prior authorizations for treatments and services, if the service is a Denti-Cal benefit and performed by a Denti-Cal provider within the authorization time period.

ALCOHOL AND DRUG SERVICES

1. How does my child continue to receive alcohol and drug services?

Answer: A doctor's referral is not required for your child to continue to access Medi-Cal alcohol and drug treatment services including outpatient group and individual counseling, intensive outpatient services, and limited inpatient services. Your child may be referred to these services by their current provider, or they may seek these treatment services directly through your local county-administered alcohol and drug programs. The phone numbers for the county alcohol and drug offices are on the Internet at <http://www.adp.ca.gov/help/pdf/County-Numbers-Directory.pdf>.

Narcotic treatment services are only available to persons age 18 and older, unless your child's physician deems it medically necessary. Detoxification services always require a physician's order and are provided in a hospital (inpatient) setting.

MENTAL HEALTH SERVICES

1. What are Medi-Cal specialty mental health services (SMHS)?

Answer: A distinction is made between SMHS (those services requiring the services of a specialist in mental health) and general mental health care needs (those needs that could be met by a general health care practitioner or a physical health care specialist). General mental health care for Medi-Cal beneficiaries is provided by Medi-Cal managed care health plans or Medi-Cal FFS providers. Medi-Cal SMHS provided by mental health plans include:

- Mental health services (assessment, therapy, rehabilitation, collateral, plan development);
- Medication support services;
- Day treatment intensive;
- Day rehabilitation;
- Crisis intervention;
- Crisis stabilization;
- Adult residential treatment services (for beneficiaries at least 18 years of age);
- Crisis residential treatment services (for beneficiaries at least 18 years of age);
- Psychiatric health facility services;
- Psychiatric Inpatient Hospital Services;
- Targeted Case Management; and,
- EPSDT Supplemental SMHS (including Therapeutic Behavioral Services).

2. Will mental health services for seriously emotionally disturbed (SED) children still be a "carved-out" for HFP children moving to Medi-Cal?

Answer: HFP currently covers "basic" mental health services and mental health services for SED children. HFP health plans provide basic mental health services. If a HFP child is thought to be SED, the child is referred, or can self-refer, to their local county mental health department for an SED assessment.

If the county mental health department determines that the child meets the SED criteria, it assumes responsibility for the provision of and payment for treatment of the SED condition(s). This arrangement is known as the "SED carve-out" because services to treat the SED conditions are "carved-out" of the HFP health plan's coverage package and the responsibility of the county's mental health department rather than the HFP health plans.

There will no longer be an "SED carve-out" when HFP children transition to Medi-Cal and SED criteria will no longer be considered for determining what entity provides mental health services, or what types of services a child may receive. In Medi-Cal, "SMHS" are "carved-out" from the scope of coverage of Medi-Cal managed care health plans. Medi-Cal managed care health plans cover mental health services that primary care physicians can provide within their scope of practice. Medi-Cal SMHS are the responsibility of the county mental health plans rather than Medi-Cal managed care health plans. Children transitioning from HFP to Medi-Cal will have

access to the carved-out Medi-Cal SMHS, if they meet medical necessity criteria for those services. SED criteria will not be used in Medi-Cal.

3. If my child is currently receiving mental health services in HFP, will those services continue after the transition?

Answer: If your child is receiving "basic" mental health services provided by his/her doctor or one of HFP mental health network providers and he/she moves into a Medi-Cal managed care health plan, his/her non-SMHS (or basic mental health services) will continue and will be provided by the Medi-Cal managed care health plan, usually by the primary care doctor, or, if the service is one that is not covered by the plan, a Medi-Cal FFS provider that is not part of the Medi-Cal managed care health plan's provider network. If your child is receiving HFP SED services through the county mental health plan, the county mental health plan will assess your child to determine if he or she meets medical necessity criteria to receive Medi-Cal SMHS. If those criteria are met, the county mental health plan will continue to provide services; if those criteria are not met, the mental health plan will refer your child back to the Medi-Cal managed care health plan for services or to a Medi-Cal FFS provider if your child is not in a Medi-Cal managed care health plan.

4. If I think my child needs mental health services, how will I access them after the move to Medi-Cal?

Answer: If you think your child needs mental health services, tell your child's doctor. Your child's doctor may be able to treat your child or refer you to another doctor, or your county's mental health plan. You may also contact your county's mental health plan directly and ask for an appointment for a mental health assessment for your child.

5. Will Medi-Cal SMHS provided by county mental health plans to former HFP children, who move to Medi-Cal be considered for EPSDT services?

Answer: Yes. Children who move from HFP to Medi-Cal are eligible to receive EPSDT services and will have access to the full range of Medi-Cal/EPSDT SMHS. Children must meet medical necessity criteria for EPSDT Medi-Cal SMHS.

6. Will my child be eligible for Therapeutic Behavioral Services (TBS) after HFP move to Medi-Cal?

Answer: Yes, your child will be eligible to receive the full range of Medi-Cal/EPSDT SMHS, including TBS, consistent with their mental health needs and when the child meets medical necessity criteria.

7. How will my child, currently receiving "basic" mental health benefits from his/her primary care doctor through HFP health plan, receive these services in Medi-Cal?

Answer: Once your child moves to Medi-Cal, your child can receive non-SMHS (or basic mental health services) through the Medi-Cal managed care health plan, usually by a primary care doctor, or if the service is one that is not covered by Medi-Cal managed care health plan, then a Medi-Cal FFS provider, who is not part of the Medi-Cal managed care health plan's provider network.

8. If my child's mental health condition worsens, how will the provider know to refer my child to the mental health plan for an assessment for Medi-Cal SMHS?

Answer: In both HFP and Medi-Cal, the health plans and mental health plans are required by regulation to have memoranda of understanding in place that identify the processes for referrals, coordination of care, information sharing, and other operational procedures. Medi-Cal managed care health plans are accustomed to making referrals to mental health plans and coordinating care. Your child will be part of the Medi-Cal population for which the memoranda of understanding rules apply.

9. Will my child, currently receiving services under HFP SED, qualify for Medi-Cal SMHS?

Answer: If your child meets medical necessity criteria for Medi-Cal SMHS, he/she will have access to Medi-Cal SMHS provided by mental health plans. HFP children currently receiving services from a county mental health plan may continue to receive services from the county as long the child meets medical necessity criteria for Medi-Cal SMHS. The former SED criteria will no longer apply. Medi-Cal SMHS medical necessity consists of a beneficiary meeting specific diagnostic, impairment, and intervention criteria as described in Title 9, California Code of Regulations, Sections 1820.205, 1830.205, and 1830.210. It is anticipated that most children, who met the SED criteria in HFP are likely to also meet medical necessity criteria for Medi-Cal SMHS, but they will need to be re-assessed to determine if medical necessity criteria for Medi-Cal SMHS are met. If medical necessity criteria for Medi-Cal SMHS are not met, the mental health plan will refer the child back to the Medi-Cal managed care health plan for services, or to a Medi-Cal FFS provider, if the child is not in a Medi-Cal managed care health plan.

10. In HFP, the first 30 days of psychiatric inpatient hospital services per benefit year were the responsibility HFP health plan. Will Medi-Cal managed care health plans be responsible for the first 30 days of psychiatric inpatient hospital services per year for my child who moved from HFP to Medi-Cal?

Answer: No. Mental health plans will be responsible for all Medi-Cal SMHS for your child, who meets the medical necessity criteria, including psychiatric inpatient hospitalization starting with the day of admission to a psychiatric hospital.

11. How does my child continue to receive mental health services?

Answers: If your child gets mental health services from their doctor and moves into Medi-Cal managed care health plan, mental health services will continue and will be provided by Medi-Cal managed care health plan, probably by your child's doctor. If the service is not covered by Medi-Cal managed care health plan, your child will get mental health services from a Medi-Cal doctor or mental health specialist, who is not part of the health plan network. If your child gets mental health services from the county mental health department, they will determine if your child needs mental health services. The county will continue to provide your child with mental health services or refer your child to their Medi-Cal managed care health plan for mental health services.

12. How do I raise issues or concerns if I do not think my child is getting the mental health services that he/she needs?

Answer: If your child is receiving Medi-Cal SMHS through the county mental health plan, and services are reduced, changed, or terminated, you may access the county's Beneficiary Problem Resolution system, which includes grievances, appeals, and state fair hearings. The county mental health plan can give you information about how to utilize those processes. If your child is receiving mental health services through his/her Medi-Cal managed care health plan, you may access the plan's beneficiary resolution problem resolution process. Information on how to access this process can be obtained from the plan.

VACCINES FOR CHILDREN

1. How do I enroll into the Vaccines for Children Program (VFC) as a new provider?

Answer: Enrollment in VFC is easy. Download and review the program's Provider Enrollment Packet from www.eziz.org. Complete enrollment forms and submit them to VFC. You may also FAX your request to VFC's Customer Service Center at (877) 329-9832 to request paper-based Provider Enrollment Packets. Be sure to include the name and mailing address of the person to whom the packet should be sent. For more details see our enrollment section at www.eziz.org.

2. What are the steps to completing a new enrollment?

Answer: Once your application is received, VFC reviews the paperwork for completion, conducts license verifications, and assigns the enrollment request to a VFC Representative in your region to conduct a New Provider Enrollment site visit. Once a new enrollment visit is completed, and VFC has verified your practice is ready to receive and store VFC-supplied vaccines (vaccine storage units meet program requirements), VFC will assign your practice a unique Provider Identification Number (PIN), complete your enrollment, and issue a welcome letter to confirm enrollment.

3. How long does it take to enroll in VFC once I submit my application?

Answer: On average, it takes four weeks for the enrollment cycle to be completed. Once an enrollment application is received the enrollment timeframe depends on the application's completeness, providers and VFC Representative's availability for scheduling a New VFC Provider Enrollment visit, and whether or not the practice is ready to receive and store VFC-supplied vaccines (adequate refrigerator and freezer units meet program requirements).

4. Do I need to complete enrollment paperwork and have a site visit to be able to receive vaccines for my HFP enrollees, once they transition to Medi-Cal?

Answer: This will depend on whether or not your practice already serves Medi-Cal beneficiaries. If your practice serves Medi-Cal FFS or Medi-Cal managed care health plan beneficiaries, you are likely already enrolled in VFC, and receiving VFC supplied vaccines. Although you will not have to have a New Provider Site Visit, your practice will be required to update VFC-eligible patient estimates.

If your practice does not serve Medi-Cal beneficiaries, and as a result of HFP transition to Medi-Cal your practice will accept Medi-Cal eligible patients, then you will have to follow new provider enrollment steps to receive VFC-supplied vaccines.

ADDITIONAL INFORMATION

1. What if I have additional questions regarding HFP?

Answer: HFP subscribers can contact the HFP Call Center toll-free at 1-866-848-9166. Non-HFP member can contact toll free at 1-800-880-5305.

2. What if I have additional questions regarding Medi-Cal?

Answer: Please call the State's Ombudsman Help desk toll-free at 1-888-452-8609.

3. What if I have additional questions regarding HFP Transition to Medi-Cal?

Answer: Please go to DHCS' HFP Transition website at:

<http://www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx> or email your inquiries to: dhcshealthyfamiliestransition@dhcs.ca.gov.

HEALTHY FAMILIES PROGRAM AND MEDI-CAL BENEFIT COMPARISON CHART

HFP and Medi-Cal have nearly equivalent health benefits with a few exceptions. The main difference is that a Medi-Cal eligible child under the age of 21 have access to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program, which the child can receive benefits for “medically necessary” services otherwise limited (such as by frequency) or not covered by Medi-Cal in order to correct or ameliorate a condition.

ELIGIBILITY	Healthy Families	Medi-Cal
Age limit	Until age 19	Until age 21

HEALTH BENEFITS	Healthy Families	Medi-Cal
Acupuncture	20 visits/benefit year*	2 visits/month
Biofeedback	Covered*	Covered
Blood and Blood Products	Covered	Covered
California Children's Services (CCS) Program Services	Covered	Covered
Cataract Spectacles and Lenses	Covered	Covered
Chiropractic Services	20 visits/benefit year*	2 visits/month
Clinical Cancer Trials	Covered	Covered
Diabetic Care	Covered	Covered
Diagnostic, X-Ray and Laboratory Services	Covered	Covered
Durable Medical Equipment	Covered	Covered
Emergency Health Care Services	Covered	Covered
Family Planning Services	Covered	Covered
Health Education	Covered	Covered
Home Health Care Services	Covered	Covered
Hospice	Covered	Covered
Inpatient Alcohol and Drug Abuse Treatment	Covered	Covered
Inpatient Hospital Services	Covered	Covered
Inpatient Mental Health Care Services	Covered	Covered
Maternity Care	Covered	Covered
Medical Transportation Services	Covered	Covered
Organ Transplants	Covered	Covered
Orthotics and Prosthetics	Covered	Covered
Outpatient Hospital Services	Covered	Covered
Outpatient Mental Health Care Services	Covered	Covered
Physical, Occupational, and Speech	Covered	Covered

Therapy		
Prescription Drugs	Covered	Covered
Preventive Health Care Services	Covered	Covered
Reconstructive Surgery	Covered	Covered
Skilled Nursing Care	Covered	Covered

DENTAL BENEFITS	Healthy Families	Medi-Cal
Crown and Fixed Bridge	Covered	Covered
Dental Anesthesia and Palliative Care	Covered	Covered
Dental Emergency	Covered	Covered
Diagnostic and Preventive Care Services	Twice every 12 months	Once every 6 months per provider
Endodontic	Covered	Covered
Oral Surgery	Covered	Covered
Orthodontia Services	Only Covered through CCS Program	Covered
Periodontics	Covered	Covered
Removable Prosthetics	Covered	Covered
Restorative Dentistry	Covered	Covered

VISION BENEFITS	Healthy Families	Medi-Cal
Contact Lenses	Once every 12 months	Once every 24 months
Eye Examinations	Once every 12 months	Once every 24 months
Frames and Lenses	Once every 12 months	Once every 24 months
Low Vision - Severe Vision Problems	Covered	Covered

*Not all health plans provide this option.