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EDMUND G. BROWN JR.  
Governor

OFFICE OF AIDS  
AIDS Drug Assistance Program (ADAP)

Management Memorandum  
Memorandum Number: 2012-03

Date: April 12, 2012

TO: ADAP COORDINATORS  
ADAP ENROLLMENT WORKERS IN: CONTRA COSTA, KERN,  
ORANGE, SAN DIEGO, SAN FRANCISCO, SAN MATEO,  
SANTA CLARA, AND VENTURA COUNTIES

SUBJECT: 1) REVISED GRACE PERIODS FOR ADAP CLIENTS APPLYING TO  
THE LOW INCOME HEALTH PROGRAM IN SAN FRANCISCO AND  
ORANGE COUNTIES; AND 2) UPDATED PROGRAM NAME FOR  
SAN MATEO COUNTY

This memo is to provide you with an update on recent changes that have occurred since the issuance of ADAP Management Memo No. 2012-01, regarding implementation of ADAP eligibility screening for the Low Income Health Program (LIHP). As you know, LIHP screening through the Ramsell enrollment and recertification processes was activated on March 1, 2012 in select counties (Contra Costa, Kern, Orange, San Diego, San Francisco, San Mateo, Santa Clara, and Ventura) for ADAP and Ryan White clients.

#### Revised LIHP Grace Periods

As stated in the February 29, 2012, ADAP Management Memo No. 2012-01 (<http://www.cdph.ca.gov/programs/aids/Documents/ADAPMM201201LIHPScreeningImplementation.pdf>), an ADAP applicant who may be eligible for LIHP must provide proof of LIHP application within 30 days of the date of initial ADAP application/recertification. During this period, the client will continue to be eligible for ADAP services. Failure to provide the required proof within 30 days will result in ADAP eligibility suspension until such proof is provided.

Once the client has provided the proof of LIHP application, a LIHP application eligibility determination grace period will be established based on how long it typically takes the county LIHP to complete the processing of LIHP applications and make an eligibility determination.

This is to inform you that the grace period times for **San Francisco** and **Orange Counties** have been updated, per their request, to align with the recently revised county processing and eligibility determination timelines. The updated LIHP eligibility determination grace periods for the counties are:

<b>County</b>	<b>Grace Period In Calendar Days</b>
Contra Costa	45 days
Kern	45 days
<b>Orange</b>	<b>90 days</b>
San Diego	60 days
<b>San Francisco</b>	<b>30 days</b>
San Mateo	45 days
Santa Clara	45 days
Ventura	45 days

#### Updated Program Name for San Mateo County

San Mateo County has provided clarification for their county LIHP name. San Mateo LIHP was previously identified as Access and Care for Everyone (ACE). ACE is actually the umbrella name for the entire San Mateo County indigent program, which includes both LIHP and non-LIHP clients. San Mateo County has requested that their LIHP be identified as follows to clarify and avoid any confusion:

<b>County</b>	<b>Name of County LIHP</b>
Contra Costa	Contra Costa Health Plan (CCHP)
Kern	Kern Medical Center Health Plan
Orange	Medical Services Initiative (MSI)
San Diego	San Diego LIHP
San Francisco	San Francisco Provider Access To Health (SF PATH)
<b>San Mateo</b>	<b>San Mateo County LIHP</b> (part of ACE)
Santa Clara	Valley Care
Ventura	Access, Coverage, Enrollment Program (ACE Program for Adults)

If you have questions regarding your county's LIHP, please contact your local LIHP Coordinator, ADAP Coordinator, or your OA ADAP Coordinators: Rosalind Baker at (916) 440-7943; Kelly Cleveland at (916) 449-5949; Debbie Kalhor at (916) 319-9616; Maria Sevilla at (916) 319-9623; Tasha Sosa at (916) 449-5948; or Irene Wong at (916) 449-5799.



Celia Banda-Brown, Chief  
ADAP Section  
Office of AIDS

cc: California Conference Local AIDS Directors

County Ryan White Coordinators in Contra Costa, Kern, Orange, San Diego, San Francisco, San Mateo, Santa Clara and Ventura Counties

County LIHP Administrators in Contra Costa, Kern, Orange, San Diego, San Francisco, San Mateo, Santa Clara and Ventura Counties

## CONTRA COSTA COUNTY LIHP PROGRAM OVERVIEW

Program Name	<b>CONTRA COSTA HEALTH PLAN (CCHP)</b>		
Start Date	7/1/11		
LIHP Programs	Medicaid Coverage Expansion (MCE) Health Care Coverage Initiative (HCCI)		
Age	19-64 / Not Medi-Cal eligible		
Residency	County resident		
Eligibility Income Limits	MCE 133% FPL HCCI 200% FPL		
Income/ Exclusions	<ul style="list-style-type: none"> <li>• Gross monthly income (i.e. based on net countable income)</li> <li>• Income/exclusions subject to proof of payment</li> </ul>		
Related County LIHP Criteria for Income	Earned: Medi-Cal standards per STC's w/ proof	Unearned: Medi-Cal standards per STC's w/ proof	In-Kind: Medi-Cal standards per STC's
U.S. Citizenship/ Immigration	Must be citizen or eligible alien. Need verification of citizenship and identity per Deficit Reduction Act (DRA)		
County Residency	Required County resident. Specific documentation and months of residency not detailed in plan. Must demonstrate the intent to continue to reside in the County.		
Property	No Asset Test		
Retro	None		
Redetermination	Annually		

## KERN COUNTY LIHP PROGRAM OVERVIEW

Program Name	<b>KERN MEDICAL CENTER PLAN (KMCHP)</b>		
Start Date	7/1/11		
LIHP Programs	Medicaid Coverage Expansion (MCE)		
Age	19-64 / Not Medi-Cal eligible		
Residency	County resident		
Eligibility Income Limits	MCE 133% FPL (March 1, 2013)		
Income/ Exclusions	<ul style="list-style-type: none"> <li>• To be consistent with Medicaid requirements, the Affordable Care Act &amp; Medi-Cal.</li> <li>• In process of revising Kern Medical Center Patient Financial Services (PFS) Income Rules and Eligibility Guidelines.</li> </ul>		
Related County LIHP Criteria for Income	Earned: Medi-Cal standards per STC's w/ proof	Unearned: Medi-Cal standards per STC's w/ proof	In-Kind: Medi-Cal standards per STC's
U.S. Citizenship/ Immigration	Must be citizen or eligible alien. Need verification of citizenship and identity per Deficit Reduction Act (DRA)		
County Residency	Required County resident to be consistent w/ Federal Medicaid. Must be a resident for thirty (30) days.		
Property	No Asset Test		
Retro	None		
Redetermination	Annually		

**ORANGE COUNTY LIHP  
PROGRAM OVERVIEW**

Program Name	<b>MEDICAL SERVICES INITIATIVE</b>		
Start Date	7/1/11		
LIHP Programs	Medicaid Coverage Expansion (MCE) Health Care Coverage Initiative (HCCI)		
Age	19-64 / Not Medi-Cal eligible		
Residency	County resident		
Eligibility Income Limits	MCE 133% FPL HCCI 200% FPL		
Income/ Exclusions	LIHP program (STCs based on Medi-Cal rules) <ul style="list-style-type: none"> <li>• Based on net countable income</li> <li>• Net income based on: Income, alimony, govt. assistance, gift income, rental income, pension, interest income, in-kind</li> <li>• Exclusions – child care, alimony</li> </ul>		
Related County LIHP Criteria for Income	Earned: Medi-Cal standards per STC's w/ proof	Unearned: Medi-Cal standards per STC's w/ proof	In-Kind: Medi-Cal standards per STC's
U.S. Citizenship/ Immigration	Must be citizen or eligible alien. Need verification of citizenship and identity per Deficit Reduction Act (DRA))		
County Residency	County resident by proof of address/ if homeless – site address. Specific proof of months of residency not required (per plan).		
Property	No Asset Test		
Retro	3 months retro allowed		
Redetermination	Annually		

**SAN DIEGO COUNTY LIHP  
PROGRAM OVERVIEW**

Program Name	<b>SAN DIEGO LOW INCOME HEALTH PROGRAM</b>		
Start Date	7/1/11		
LIHP Programs	Medicaid Coverage Expansion (MCE)		
Age	19-64 / Not Medi-Cal eligible		
Residency	County resident		
Eligibility Income Limits	MCE 133% FPL		
Income/ Exclusions	<ul style="list-style-type: none"> <li>• Income based on non-exempt (earned and unearned) and exempt income; Exempt income listed on Attachment 1 of Application.</li> <li>• Deductions for educational expenses, work expenses, dependent care, alimony or child support paid by MN or MI beneficiary, income used to determine public assistance for another, &amp; health insurance premiums.</li> </ul>		
Related County LIHP Criteria for Income	Earned: Medi-Cal standards per STC's w/ proof	Unearned: Medi-Cal standards per STC's w/ proof	In-Kind: Medi-Cal standards per STC's
U.S. Citizenship/ Immigration	Must be citizen or eligible alien. Need verification of citizenship and identity per Deficit Reduction Act (DRA).		
County Residency	Required County resident by proof of address/ if homeless – site address. Specific proof or months not stated in plan. County requires intent to remain resident.		
Property	No Asset Test		
Retro	1 month retro allowed		
Redetermination	Annually		

**SAN FRANCISCO COUNTY LIHP  
PROGRAM OVERVIEW**

Program Name	<b>SAN FRANCISCO PROVIDING ACCESS TO HEALTH CARE – (SF PATH)</b>		
Start Date	7/1/11		
LIHP Programs	Medicaid Coverage Expansion (MCE)		
Age	19-64 / Not Medi-Cal eligible		
Residency	County resident		
Eligibility Income Limits	MCE 25% FPL		
Income/ Exclusions	<ul style="list-style-type: none"> <li>See countable, exempt and variable income, including allowable deductions listed on Attachment 1 of Application for details.</li> </ul>		
Related County LIHP Criteria for Income	Earned: Medi-Cal standards per STC's w/ proof	Unearned: Medi-Cal standards per STC's w/ proof	In-Kind: Medi-Cal standards per STC's
U.S. Citizenship/ Immigration	Must be citizen or eligible alien. Need verification of citizenship and identity per Deficit Reduction Act (DRA)		
County Residency	Required County resident by proof of SF residency. Documentation & months of residency not specified. No County tenure required.		
Property	No Asset Test		
Retro	None		
Redetermination	Annually		

## SAN MATEO COUNTY LIHP PROGRAM OVERVIEW

Program Name	<b>SAN MATEO ACCESS AND CARE FOR EVERYONE (ACE)</b>		
Start Date	7/1/11		
LIHP Programs	Medicaid Coverage Expansion (MCE)		
Age	19-64 / Not Medi-Cal eligible		
Residency	County resident		
Eligibility Income Limits	MCE 133% FPL		
Income/ Exclusions	<ul style="list-style-type: none"> <li>• Income based on countable and non-countable income; listed on Attachment I of Application. Countable (earned, pension, interest income, retirement, rental, gift, etc.). Non-countable (agentorange, emergency assistance, educational grants, scholarships, in-kind income, services in-kind, reimbursement expenses, etc.).</li> <li>• Excluded income for SSI, TANF, General Relief, 1931(b) only, emergency assistance, IHSS, etc.). Deductions (\$90 for earned income, child care/, dependent care expenses, child support, alimony (paid or received)).</li> </ul>		
Related County LIHP Criteria for Income	Earned: Medi-Cal standards per STC's w/ proof	Unearned: Medi-Cal standards per STC's w/ proof	In-Kind: Medi-Cal standards per STC's
U.S. Citizenship/ Immigration	Must be citizen or eligible alien. Need verification of citizenship and identity per Deficit Reduction Act (DRA)		
County Residency	Required County resident by proof of San Mateo residency. Documentation & months of residency not specified. County requires demonstration of intent to stay.		
Property	No Asset Test		
Retro	None		
Redetermination	Annually		

**SANTA CLARA COUNTY LIHP  
PROGRAM OVERVIEW**

Program Name	<b>VALLEY CARE</b>		
Start Date	7/1/11		
LIHP Programs	Medicaid Coverage Expansion (MCE)		
Age	19-64 / Not Medi-Cal eligible		
Residency	County resident		
Eligibility Income Limits	MCE 133% FPL (February 1, 2013)		
Income/ Exclusions	<ul style="list-style-type: none"> <li>• Income based on Medi-Cal guidelines (2009 MC/HF handbook). See Attachment 1 of Application.</li> <li>• Verifications needed for income, no income, rental income, etc. in Attachment 1. Exclusions for SSI/SSP, CalWORKS, General Assistance, IHHS, Pickle, and Indochinese cash grant.</li> </ul>		
Related County LIHP Criteria for Income	Earned: Medi-Cal standards per STC's w/ proof	Unearned: Medi-Cal standards per STC's w/ proof	In-Kind: Medi-Cal standards per STC's
U.S. Citizenship/ Immigration	Must be citizen or eligible alien. Need verification of citizenship and identity per Deficit Reduction Act (DRA).		
County Residency	Required County resident by proof of Santa Clara residency. Documentation & months of residency not specified in plan. Must have intent to reside in the County.		
Property	No Asset Test		
Retro	None		
Redetermination	Annually		

## VENTURA COUNTY LIHP PROGRAM OVERVIEW

Program Name	<b>ACCESS COVERAGE ENROLLMENT PROGRAM - ACE</b>		
Start Date	7/1/11		
LIHP Programs	Medicaid Coverage Expansion (MCE) Health Care Coverage Initiative (HCCI)		
Age	19-64 / Not Medi-Cal eligible		
Residency	County resident		
Eligibility Income Limits	MCE 133% FPL HCCI 200% FPL		
Income/ Exclusions	<ul style="list-style-type: none"> <li>• Income based on gross income (i.e. net countable income). “No income” requires signing Self Affidavit form.</li> <li>• Deductions for work expense (\$90), childcare, disabled dependent, child support, alimony paid out, &amp; child support received (\$50 deduction allowed).</li> </ul>		
Related County LIHP Criteria for Income	Earned: Medi-Cal standards per STC’s w/ proof	Unearned: Medi-Cal standards per STC’s w/ proof	In-Kind: Medi-Cal standards per STC’s
U.S. Citizenship/ Immigration	Must be citizen or eligible alien. Need verification of citizenship and identity per Deficit Reduction Act (DRA).		
County Residency	Required County resident by proof of Ventura County residency. Documentation & months of residency not specified in plan. Must have intent to reside in the County.		
Property	No Asset Test		
Retro	None		
Redetermination	Annually		