

ADDENDUM to Contra Costa EFA policies
Reference: Management Memo 14-01

Premium Payment support

Guidance from the Health Resources and Services Administration (HRSA) to the Ca State Office of AIDS confirmed that State OA may pay premiums for **family** insurance plans even though all members of the family are not diagnosed with HIV.

State OA will pay family health insurance premiums for eligible clients and their family members. A family is defined as a married spouse (including registered domestic partner) and/or dependent children of the client and/or spouse/registered domestic partner only. State OA will **not** pay premiums for individual plans for a client's family members.

Documentation required to determine eligibility includes:

- a government issued marriage certificate,
- proof of California registered domestic partnership, and/or
- the most recent Internal Revenue Service tax return that denotes each dependent child with each OA-HIPP application. If a dependent child is not included on the most recent tax return, alternative documentation may be submitted such as a birth certificate or adoption paperwork.

Payments will not be issued without the required documentation on file.

Dental and Vision Plans

The State OA may pay premiums for dental and vision plans. OA-HIPP will cover dental and vision premiums for eligible clients and their family members if applicable. Caveats:

- The vision benefits must be included with the medical or dental benefits. OA will not pay for stand-alone vision policies.
- If the insurance carrier for dental coverage is different than that of the client's medical coverage, a separate OA-HIPP application must be submitted along with the corresponding billing statement.

As of January 31, 2014, the monthly program threshold or total amount OA-HIPP will pay each month for a client's insurance coverage is \$1,938, regardless of the total number of insurances plans (i.e. medical and dental) and the size of the family.

Practice

Medical Case Managers will ensure that documentation (including ARIES case notes and client care plans) includes notes on all reasonable steps taken to encourage and facilitate enrollment into these programs. This will occur at least twice yearly with reassessments and more often if the client is known to be eligible for the program.