

**Alameda County  
Behavioral Health Care Services**

**INSYST HealthPAC Enrollment  
Guide**

**Table of Contents**

Chapter 1: HealthPAC Enrollment Overview .....	3
Chapter 2: Looking up Client’s Insurance.....	4
Chapter 3: Enrolling a New Client .....	7
Chapter 4: Enrolling an Existing Client .....	11
Chapter 5: Document Collection .....	16
Appendix 1: Medi-Cal Screening Tool.....	17
Appendix 2: HealthPAC Screening Tool .....	18
Appendix 3: Federal Poverty Guidelines .....	19
Appendix 4: Examples of Documentation of Residency .....	20
Appendix 5: Examples of Documentation of Income .....	21
Appendix 6: Examples of Documentation of Legal Status.....	22
Appendix 7: HealthPAC Declarations.....	23
Appendix 8: Declaration of Residency and Income .....	24
Appendix 9: Declaration of Legal Status .....	25
Appendix 10: Flyer Legal Status and Identification .....	26
Appendix 11: Clients who do not meet Legal Status Requirement .....	27
Appendix 12: Fax Cover Sheet .....	28
Appendix 13: HealthPAC Screening Form.....	29
Appendix 14: Help .....	30

## Chapter 1: HealthPAC Enrollment Overview

1. **Lookup Client's Insurance** – Use INSYST Client Locator Screen to verify whether a client is already registered in INSYST. If the client is currently registered pull up the Financial, Eligibility, Policy screen to determine if they have an existing HealthPAC or pull up the Financial, Eligibility, Medi-Cal screen to determine if they have Full Scope Medi-Cal insurance plan. If the registered client has a HealthPAC or Full Scope Medi-Cal plan that is active, you have completed this process. If there is no Active HealthPAC or Full Scope Medi-Cal policy, continue to the next step.
2. **Screen Client for Medi-Cal Eligibility** – Use BHCS Medi-Cal Screening Tool to assess whether the client is eligible for Medi-Cal. If the client meets Medi-Cal qualifications as noted in the screening tool, do not register the client for HealthPAC. Assist the client in applying for Medi-Cal or Social Security benefits, as appropriate. *See Appendix 1*
3. **HealthPAC Eligibility** – Use the BHCS HealthPAC screening questions to determine if the client is eligible for HealthPAC. *See Appendix 2*
4. **HealthPAC Enrollment For New INSYST Client Registrations** – After performing the client look up process and determining the client is NOT already registered in the INSYST system, complete the Client Registration process including the completion of the new HealthPAC data on the third page of the Client Registration Screen.
5. **HealthPAC Enrollment For Existing INSYST Clients** – Clients already registered in INSYST will require the completion of the HealthPAC information. Open the Client Maintenance Screen to perform a system update and enter the HealthPAC data on the third Client Registration Screen. Also update all of the client's contact information including address.
6. **HealthPAC supporting documents** - Fax (510) 777-2225 or mail (BHCS Provider Relations PST Unit, P.O. Box 129, San Leandro, CA 94577) the HealthPAC Declarations and verification documents of client's income, residency, and legal status to BHCS for scanning into the BHCS Electronic Document Storage Facility.

## Chapter 2: Looking up Client's Insurance

The first step in the HealthPAC enrollment process is to check whether a client is already enrolled in HealthPAC. To do this:

### 1. Go to the Client Locator Screen

To use the Client Locator Screen:

1. Choose **CLIENTS** from the Main Menu.
2. Choose **LOCATOR** from the Client Maintenance menu to display the Client Locator screen (Figure 2.1).

**TIP:**

From the Main Menu "1 7" is a great Menu Short Cut to the Client Locator Screen

3. Enter part of the Client's first or last name, then press enter

Client Locator Screen

<input type="text"/>	First Name	Clt Idx No.	N Soundex
Client Number	000-00-0000 Social Security No.	Account No.	Other ID

Selection:

EPISODE	Mini Open Episode Status
FINANCIAL	Mini Financial Status

Confidential Information      USER: HALL\_B  
Enter information for client location.

4. Find client on the list

5. Type X by client name

**Client Locator Screen**

TESTCASE			N
Last Name	First Name	Clt Idx No.	Soundex
	000-00-0000	0	0
Client Number	Social Security No.	Account No.	Other ID

First	M Last	Number	Birth Date	Sex	SSN	CIN
X CINDY	V TESTCASE	75053807	28-Dec-1960	F	999-99-9991	
*CINDYLOU	Q TESTCASE	75144431	29-Mar-1949	F		
*CINDYLOU	W TESTCASE	75144431	29-Mar-1949	F		
CINDYLOUIE	W TESTCASE	75144431	29-Mar-1949	F		

Selection:

EPISODE	Mini Open Episode Status
FINANCIAL	Mini Financial Status

Confidential Information      USER: HALL\_B

4 clients displayed.

6. With the information for the client you selected at the top of the Client Locator Screen press Num Lock + S (together); this will take you back to the Main Menu saving the client information.

**Client Locator Screen**

TESTCASE	CINDY	V	N
Last Name	First Name	Clt Idx No.	Soundex
75053807	999-99-9991	787233	111222333
Client Number	Social Security No.	Account No.	Other ID

S T A T U S   L I N E S

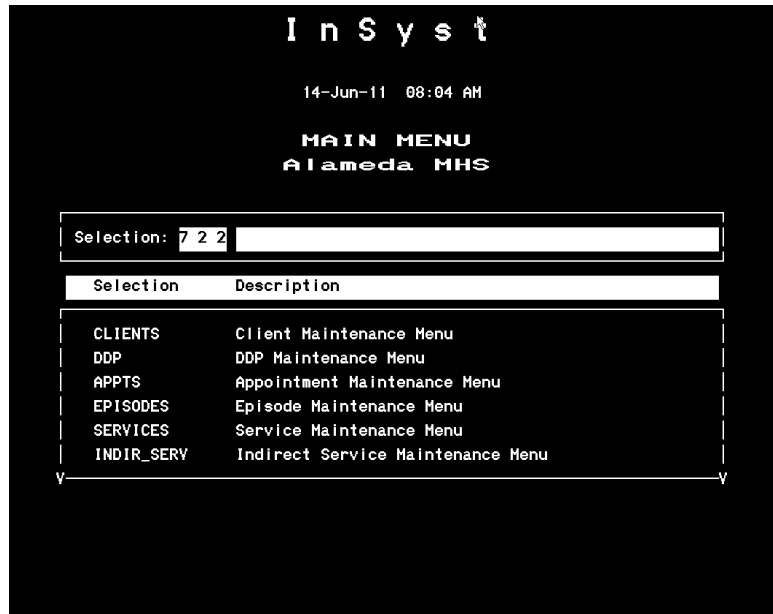
Client messages: 6 active messages.

Selection:

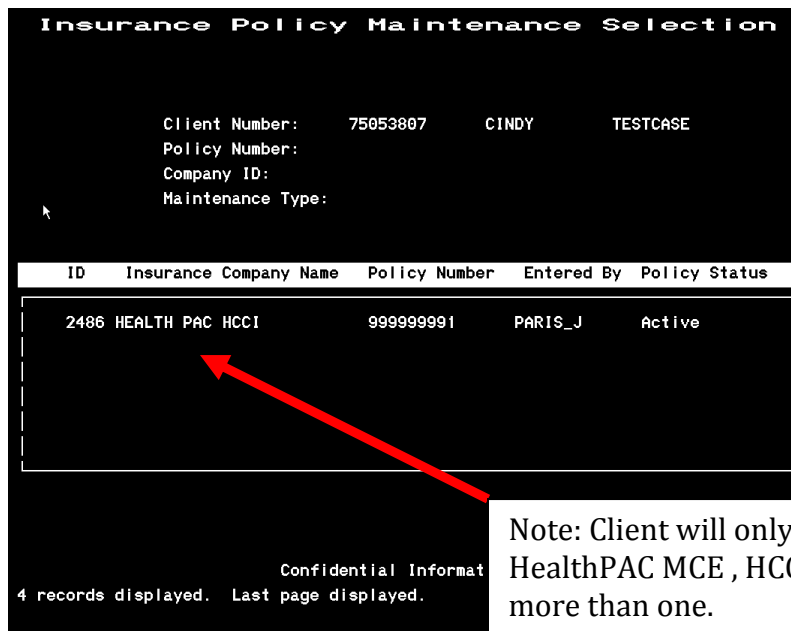
EPISODE	Mini Open Episode Status
FINANCIAL	Mini Financial Status

Confidential Information      USER: HALL\_B

7. From the Main Menu, Type "7 2 2" (Financial, Eligibility, Policy) then hit enter. This will take you from the main menu through the Financial Menu Screen, then the Eligibility Menu Screen to the Policy Screen.



8. Verify whether the HealthPAC Policy is listed in active status.



## Chapter 3: Enrolling a New Client

### Overview

In registering a new client follow existing processes as described in the INSYST MHS Mini Manual, and fill in the additional HealthPAC information on Screen 3. The data fields are described below.

### Screen 1

On Screen 1, please pay special attention to:

- **SSN:** If the client is a citizen, it's important to accurately record the client's Social Security number. This information will assist the county in verifying citizenship for clients enrolling in HealthPAC.

```
Client Update
Client Number: 75053807 Maintenance Type: U Last Changed: 14-JUN-2011
Last: TESTCASE First: CINDY Middle: V
Generation: Birthdate: 12/28/1960 Sex: F SSN: 999-99-9991
CIN:
Education: 3 Other Factors: 1 Other ID: 111222333
Disability: 0 Service Group: Local Code:
Language: A A Primary RU: Program Code:
Ethnicity: A Chart Location: Research Item:
Hispanic Origin: Ref. Staff ID: 0
Marital Status: 1 Care Giver Under 18: 0 18+: 0
Family Size: 0
Annual Income: 0 Client UR Needed:
Aliases Last First Middle
TESTCASEIE CINDY
TESTCASEY CINDY
Form Ok Y/N: Confidential Information USER: HALL_B
Update client information or add/delete aliases.
```

### Screen 1

## Screen 2

On Screen 2, please pay special attention to:

- **Birth Name:** Make sure to capture the client's complete birth name. (Example: Susan not Suzy) This information will assist the county in verifying citizenship for clients enrolling in HealthPAC.

```
Client Registration (Decentralized)

Reporting Unit: 99991 WEST MHS

Client Birth Name:
Last: [REDACTED]      First:           Middle:
Generation:         Birth place:       Mother first name:
School District:    Effective Date: / /   Exp. Date: / /
Special Population: Effective Date: / /   Exp. Date: / /
CSI Anniversary Date: / /
SED Effective Date: / /           SED Expiration Date: / /

Form Ok Y/N:         Confidential Information      USER: HALL_B
Validation of registration data in progress...
```

## Screen 2



### **Screen 3**

Screen 3 captures data needed to enroll clients in HealthPAC. Please TAB to enter the following data:

```
Client Update
Client Number: 75053807          CINDY          TESTCASE
-----
MCal Scrn Date:       LPR Dte Entered:
HPAC Lgl Stats:                   Stats Verified:
HPAC Monthly $:                   HPAC Fam Size:
HPAC Mom MaidN:                   HPAC Hlth Home:
HPAC Start Dte:                   HPAC End Dte:
Auto Enrolled:                     OEA Member ID:
-----
V-----V
Form OK Y/N:                      Confidential Information      USER: HALL_B
```

### **Screen 3**

**NOTE: ALL FIELDS MUST BE ENTERED IN UPPER CASE!!!**

- **Medi-Cal Screen Date:** Enter the date you screened the client for Medi-Cal using the BHCS Medi-Cal Screening Tool. Please enter it in the MM/DD/YYYY format.
- **LPR Date Entered:** If the client is a Legal Permanent Resident (LPR), enter the date that the client entered the United States. *If there is already a date entered into this field, do not change it.*
- **HPAC Legal Status:** Enter 'C' if the client is a citizen or "L" if the client is a legal permanent resident and living in the US for at least five years. Otherwise, enter 'N'. **NOTE: This does not necessarily mean the client is undocumented.** The 'N' will also include documented people who do not meet the above criteria. *If there is already a 'C' or 'L' entered into this field and Status Verified is 'Y', do not change it.*
- **Status Verified:** This field is a **READ ONLY** field. If this field already says yes, it means that client's legal status has already been verified. If it is blank, then please collect verification of legal status and identity from the client.
- **HPAC Monthly Income:** Enter the client's Monthly Household Income.
- **HPAC Family Size:** Enter the number of dependent family members that the client's monthly household income supports (Minimum of 1). This number will help us determine the client's percentage of poverty by household size.
- **HPAC Mother's Maiden:** Enter client's mother's maiden name.
- **HPAC Health Home:** Allow clients to select their desired Health Home. Enter the code from Appendix 15 for the appropriate Health Home location.

- **HPAC Start Date:** Enter the date you are registering the client for HealthPAC in MM/DD/YYYY format. *If there is already a date entered into this field, do not change it.*
- **HPAC End Date:** Enter a date one year from the HPAC Start Date in MM/DD/YYYY format.
- **Auto Enrolled:** This field is a **READ ONLY** field. If this field already says yes, it means that client's legal status and income has already been verified.
- **OEA Member ID:** This field is a **READ ONLY** field. The number in this field is the client's HealthPAC number. **NOTE:** The existence of a number DOES NOT mean the client is enrolled in HealthPAC. Many ID's do not have a current policy. If the client does not have active HealthPAC eligibility as identified on the insurance screen, please collect and enter all of the required information to help the client enroll.

**NOTE: ALL FIELDS MUST BE ENTERED IN UPPER CASE!!!**

## Chapter 4: Enrolling an Existing Client

### Overview

To Enroll an Existing Client into HealthPAC use the process for Maintaining Client Records:

### 1. Maintaining Client Records

*To maintain client records:*

- 1. Choose CLIENTS from the Main menu.**
- 2. Choose MANAGEMENT from the Client Maintenance Menu to display the Client Maintenance Screen.**
  - **Client Number:** Enter the number of the client whose record you want.
  - **Maintenance Type:** "U" (for Update) press enter.

```
Client Maintenance

Client Number: 75053807      Maintenance Type: █

Last:           First:       Middle:
Generation:     Birthdate:  /  /   Sex:   SSN: 000-00-0000
CIN:

Education:      Other Factors:   Other ID:
Disability:     Service Group:   Local Code:
Language:       Primary RU:      Program Code:
Ethnicity:      Chart Location:   Research Item:
Hispanic Origin: Ref. Staff ID:
Marital Status: Care Giver Under 18:  18+:
Family Size:
Annual Income:                                     Client UR Needed:

Aliases         Last           First          Middle

Form Ok Y/N:      Confidential Information      USER: HALL_B
```

Client Maintenance Screen

## 2. Update Client Information to Enroll Client

When you enter "U", INSYST displays the Client Update Screen

To modify client data:

1. Press Tab to move through the fields, and update fields as necessary.  
(Please reference the INSYST MHS Mini Manual for descriptions of these data fields).

### A. Screen 1

```
Client Update
Client Number: 75053807 Maintenance Type: U Last Changed: 14-JUN-2011

Last: TESTCASE First: CINDY Middle: V
Generation: Birthdate: 12/28/1960 Sex: F SSN: 999-99-9991
CIN:

Education: 3 Other Factors: 1 Other ID: 111222333
Disability: 0 Service Group: Local Code:
Language: A A Primary RU: Program Code:
Ethnicity: A Chart Location: Research Item:
Hispanic Origin: Ref. Staff ID: 0
Marital Status: 1 Care Giver Under 18: 0 18+: 0
Family Size: 0
Annual Income: 0 Client UR Needed:

Aliases Last First Middle
TESTCASEIE CINDY
TESTCASEY CINDY

Form Ok Y/N: Confidential Information USER: HALL_B
Update client information or add/delete aliases.
```

### Screen 1

**Note:** SSN: If the client is a citizen, it's important to accurately record the client's Social Security number. This information may assist the county in verifying citizenship for clients enrolling in HealthPAC.

## B. Screen 2

### 2. Enter Birth Name on Screen 2

```
Client Registration (Decentralized)

Reporting Unit: 99991 WEST MHS

Client Birth Name:
Last: [REDACTED] First: Middle:
Generation: Birth place: Mother first name:
School District: Effective Date: / / Exp. Date: / /
Special Population: Effective Date: / / Exp. Date: / /
CSI Anniversary Date: / /
SED Effective Date: / / SED Expiration Date: / /

Form Ok Y/N: Confidential Information USER: HALL_B
Validation of registration data in progress...
```

### Screen 2

**Note:** On Screen 2, please pay special attention to client's Birth Name. Capturing client's complete birth name may assist the County in verifying citizenship for clients enrolling in HealthPAC.

### C. Screen 3

Screen 3 captures data needed to enroll clients in HealthPAC. Please enter the following data:

#### **3. Enter Necessary HealthPAC Data on Screen 3 (data fields described below)**

The screenshot shows a terminal window titled "Client Update". At the top, it displays "Client Number: 75053807", "CINDY", and "TESTCASE". Below this is a dashed-line box containing the following fields:

MCal Scrn Date:	<input type="text"/>	LPR Dte Enterd:	
HPAC Lgl Stats:		Stats Verified:	
HPAC Monthly \$:		HPAC Fam Size:	
HPAC Mom MaidN:		HPAC Hlth Home:	
HPAC Start Dte:		HPAC End Dte:	
Auto Enrolled:		OEa Member ID:	

At the bottom of the screen, it shows "Form OK Y/N:", "Confidential Information", and "USER: HALL\_B".

**NOTE: ALL FIELDS MUST BE ENTERED IN UPPER CASE!!!**

### Screen 3

- **Medi-Cal Screen Date:** Enter the date you screened the client for Medi-Cal using the BHCS Medi-Cal Screening Tool. Please enter it in the MM/DD/YYYY format.
- **LPR Date Enterd:** If the client is a Legal Permanent Resident (LPR), enter the date that the client entered the United States. *If there is already a date entered into this field, do not change it.*
- **HPAC Legal Status:** Enter 'Y' if the client is a citizen or legal permanent resident and living in the US for at least five years. Otherwise, enter 'N'. **NOTE: This does not necessarily mean the client is undocumented.** The 'N' will also include documented people who do not meet the above criteria. *If there is already a 'C' or 'L' entered into this field and Status Verified is 'Y', do not change it.*
- **Status Verified:** This field is a read-only field. If this field already says yes, it means that client's legal status has already been verified. If it is blank, then please collect verification of legal status and identity from the client.
- **HPAC Monthly Income:** Enter the client's Monthly Household Income.
- **HPAC Family Size:** Enter the number of dependent family members that the client's monthly income supports (Minimum of 1). This number will help us determine the client's percentage of poverty by household size.

- **HPAC Mother's Maiden:** Enter client's mother's maiden name.
- **HPAC Health Home:** Allow clients to select their desired Health Home. Enter the code from Appendix 15 for the appropriate Health Home location.
- **HPAC Start Date:** Enter the date you are registering client for HealthPAC in MM/DD/YYYY format. **(NOTE: ALWAYS ENTER LEADING ZEROS – 01/01/2011).** *. . If there is already a date entered into this field, do not change it.*
- **HPAC End Date:** Enter a date one year from the HPAC Start Date in MM/DD/YYYY format.
- **Auto Enrolled:** This field is a **READ ONLY** field. If this field already says yes, it means that client's legal status and income has already been verified.
- **OEA Member ID:** This field is a **READ ONLY** field. The number in this field is the client's HealthPAC number. **NOTE:** The existence of a number DOES NOT mean the client is enrolled in HealthPAC. Many ID's do not have a current policy. If the client does not have active HealthPAC eligibility as identified on the insurance screen, please collect and enter all of the required information to help the client enroll.

**NOTE: ALL FIELDS MUST BE ENTERED IN UPPER CASE!!!**

**4. Tab to the Form OK prompt, and enter "Y" to save the changes, or "N" to discard them.**

## **Chapter 5: Document Collection**

HealthPAC requires verification of Residency, Income, and Legal Status as part of the enrollment process. As part of the enrollment process, you will be required to submit documents verifying these items along with the HealthPAC Declarations, which requires screening clients for Medi-Cal.

For each client you will be required to collect and submit:

1. HealthPAC Application Rights and Declarations (Appendix 7);
2. Verification of Residency;
3. Verification of Income; and
4. Verification of Legal Status.

Reference Appendices 4, 5, and 6 to see what documents qualify as acceptable verification of these requirements.

### **Residency and Income**

For people who do not have documentary verification of residency and income at the time they present, complete the corresponding declarations in Appendices 7 and 8.

### **Legal Status**

For any client who does not have valid proof of Citizenship or LPR status, please continue working with the client until proper documentation is obtained. In the meantime, complete Appendix 9 while waiting to obtain necessary documentary verification. This may help BHCS or HCSA obtain alternative verification of citizenship or LPR status.

For clients who are not citizens or legal permanent residents with five or more years of residence **see Appendix 11.**

### **Submitting Documents to BHCS**

For all clients you enroll, you will need to submit supporting documents to BHCS for scanning into the Electronic Document Storage Facility. Please choose one of the following methods to report this information:

1. Fax all documentation to (510) 777-2225
2. Send documents via mail to:  
BHCS  
Provider Relations PST Unit  
P. O. Box 129  
San Leandro, CA 94577
3. Call Provider Relations at (800) 878-1313 with any questions regarding the HealthPAC process.



# Appendix 1: Medi-Cal Screening Tool

## *BHCS Medi-Cal Screening Tool*

### **1. Is the applicant/beneficiary a resident of California?**

- If Yes, Continue to Question 2
- If No, applicant is not eligible for Medi-Cal or HealthPAC

### **2. Categorical Eligibility: Is the applicant/beneficiary in a category of persons who can apply and may be eligible for Medi-Cal?**

- Aged: 65 or over
- Children: under 21 with income less than or equal to 100% FPL
- Disabled or blind (*already received a legal finding of disability*)
- CalWORKs recipients or SSI/SSP recipients
- Parents or caretaker relatives in a family with a “deprived” child , meaning 1 or more parent is: Deceased; Absent; Incapacitated; Unemployed or Underemployed
  - The Family Income must be less than or equal to 100% FPL (see below)
- Children receiving adoption assistance or in foster care
- Official Federal Designated Refugees, asylees, and Cuban/Haitian entrants
  - Limited to 8 months of full scope Medi-Cal following entrance into the Country
  - The Family Income must be less than or equal to 200% FPL (see below)
- Pregnant women
- People who reside in Long Term Care Facilities, Skilled Nursing Facilities, or Intermediate Care Facilities

*If you answer Yes to any of the items under question 2 above the applicant is not eligible for HealthPAC. In this case the client should apply for Medi-Cal and the provider should assist in applying for Medi-Cal*

**If None of the Above Conditions In Question 2 Applies to This Client, continue with HealthPAC screening.**

## Appendix 2: HealthPAC Screening Tool

### *HealthPAC Screening Questions*

**1. Is the applicant/beneficiary a resident of Alameda County?**

- If Yes, Continue to Question 2.
- If No, Client is not eligible for HealthPAC.

**2. Does the applicant/beneficiary's income qualify for HealthPAC?**

- What is the applicant/beneficiary's household size?
- What is the total gross monthly income for their household?

**Compare the client's household size and gross monthly income with the Federal Poverty Level chart.**

- Is client's gross monthly income less than 200% of the Federal Poverty Level?

- If Yes, client is eligible to be enrolled in HealthPAC.*
- If No, client is not eligible for HealthPAC.*

**3. Is the client a citizen or lawful permanent resident who has resided in the United States for at least five years?**

- If Yes, client might be eligible to be enrolled in HealthPAC with no copays.*
- If No, client maybe eligible for HealthPAC-County which is a county only program with limited benefits.*

## Appendix 3: Federal Poverty Guidelines

<i>Federal Poverty Level 2011</i>										
	% Gross Monthly Income									
Family Size	25%	50%	75%	81%	100%	133%	175%	200%	250%	300%
1	\$227	\$454	\$681	\$735	\$908	\$1,207	\$1,588	\$1,815	\$2,269	\$2,723
2	\$306	\$613	\$919	\$993	\$1,226	\$1,630	\$2,145	\$2,452	\$3,065	\$3,678
3	\$386	\$772	\$1,158	\$1,251	\$1,544	\$2,054	\$2,702	\$3,088	\$3,860	\$4,633
4	\$466	\$931	\$1,397	\$1,509	\$1,863	\$2,477	\$3,259	\$3,725	\$4,656	\$5,588
5	\$545	\$1,090	\$1,636	\$1,766	\$2,181	\$2,901	\$3,816	\$4,362	\$5,452	\$6,543
6	\$625	\$1,250	\$1,874	\$2,024	\$2,499	\$3,324	\$4,374	\$4,998	\$6,248	\$7,498
7	\$704	\$1,409	\$2,113	\$2,282	\$2,818	\$3,747	\$4,931	\$5,635	\$7,044	\$8,453
8	\$784	\$1,568	\$2,352	\$2,540	\$3,136	\$4,171	\$5,488	\$6,272	\$7,840	\$9,048

## **Appendix 4: Examples of Documentation of Residency**

- A Government issued Identification Card;
- A current and valid California motor vehicle registration in applicant's/family's name;
- A recent County of Alameda rent or mortgage receipt or utility bill
- Evidence that applicant is receiving General Assistance or Food Stamps in Alameda County
- Utility Bill of Relative/Friend with whom you are living
- Other Written Documentation (Specify) (Includes but not limited to the following)
  - Voter Registration Card (Current)
  - Sworn statement from Relative/Friend
  - School Registration
  - Bank Account Statement w/Home Address
  - Paycheck Stub w/ Home Address
  - Student Loan Grant Award Letter or loan grant papers with home address
  - Cal-WIN Printout for Alameda County Residency
  - Statement of Residency under the penalty of Perjury.

## **Appendix 5: Examples of Documentation of Income**

- Paycheck stubs
- Award letter or checks showing amount of pension or benefits, including Social Security and VA
- Statement from providers of other income (contributions, refunds, child support, etc.)
- State Unemployment of Disability award letter/application
- Self-employment information: Last year's tax return or current ledgers, current inventory, including business equipment and supplies
- Unemployment check stubs
- Worker's Compensation check stubs
- Retirement check stubs Direct Deposit Statement
- Income tax documentation from prior calendar year
- Other Income – Interest from Savings account statements/annuity etc. statements (For persons with no income other than from savings accounts, annuities, etc)
- CMSP Statement of Income and Residency
- Other Written documentation (Specify)
- Cal-WIN Printout for GA or Food Stamp recipients only
- Letter from Employer
- Aid in Kind
- Statement of Income under the penalty of Perjury.

## Appendix 6: Examples of Documentation of Legal Status

*There are a variety of automatic ways BHCS and HCSA will attempt to verify legal status. If the client is unable to provide verification of legal status, but the client claims to meet legal status requirements, please sign the client up for HealthPAC anyway. Individuals that are ultimately unable to verify their legal status, may be eligible for HealthPAC – County.*

### Documents that Verify Citizenship

- **U.S Passport issued without limitation (expired ones are acceptable)**
- **Certificate of U.S Naturalization (N-550 or N-570)**
- **Certificate of U.S Citizenship (N-560 or N-561)**

If client does not have one of the above documents, client will need two of the following, one from each column.

Column A	Column B
US Birth Certificate	A recent and valid California or out of state motor vehicle driver's license**
Certification of Report of Birth (DS-1350)	Identification Card issued by the Department of Motor Vehicles
State Department of Certification of Birth (FS-545 or DS-1350)	Voter's Registration Card from other country which has picture, name and birth date
U.S Citizen Identification Card (I-197 or I-179)	Check cashing card with photo
American Indian Card (I-872)	School Identification Card with a photo
Northern Mariana Card (I-873)	A U.S Passport (issued with limitation)
Final adoption decree showing a U.S. place of birth	Work Badge, Building Pass
Proof of employment by the U.S. civil service before June 1, 1976	Matriculation Documentation
U.S. military service record that shows a U.S place of birth	Tribal Enrollment Card w/ Photo ID
U.S hospital record established at the time of the person's birth	Border Crossing Card w/Photo
Life, health, or other insurance card	Work Permit w/Photo
Federal or State census record that shows the applicant's age and U.S. citizenship or place of birth	U.S. Military I.D card or draft record
Seneca Indian tribal census record	Federal, state, or local government I.D. card with same identifying information as a driver's license
Bureau of Indian Affairs tribal census record of the Navajo Indians	U.S Military dependent identification card
U.S. State Vital Statistics birth registration notification	Certificate of Degree of Indian Blood or other U.S American
An amended U.S. public birth record (amended more than 5 years after the person's birth)	Indian/Alaska Native Tribal
Statement of signed by doctor or midwife present at the time of birth	U.S Coast Guard Merchant Mariner Card
Admission papers from a nursing or skilled care facility, or other Institution that shows a U.S. place of birth	
Medical record (not an immunization record)	
I-551 Card (Lawful Permanent Resident/Resident Alien Card) with date indicating 5 years of residency.	

## Appendix 7: HealthPAC Application Rights and Declarations

I, \_\_\_\_\_, am eligible for the HealthPAC program.  
(Print your Full Name - First Name, Last Name)

**I have read and agree to the following for myself and household members eligible for the HealthPAC program:**

1. I am a resident of Alameda County.
2. I am not enrolled in a full scope Medi-Cal program, and I was screened for Medi-Cal eligibility and was found not to be eligible at this time. If I am found to be enrolled in Medi-Cal, I will be disenrolled from HealthPAC.
3. I know that HealthPAC *is not* an insurance program and is only valid at *contracted HealthPAC* providers for non-emergency services. If I get care outside of the HealthPAC Provider network for non-emergency services, I know that I must pay for the care.
4. I know that I may be disenrolled for the reasons stated in the HealthPAC Participant Handbook.
5. I know that my eligibility will be checked each year and that I must complete a yearly redetermination to stay in HealthPAC.
6. I agree to call HealthPAC Customer Service to disenroll from HealthPAC if I move out of Alameda County.
7. If I am asked to apply for any other public coverage program, I must do so. If I refuse to apply for a public coverage program when asked to, I may be disenrolled from HealthPAC and may have to pay for my care.
8. I know that if the information I give as part of my application is found to be fraudulent or misleading, I will be disenrolled and may be billed for all services that were covered under the HealthPAC program.
9. I approve release of my information for billing and the assignment of health services benefits.
10. I know that I can file a complaint within 60 days of the event giving rise to the complaint by calling HealthPAC Customer Service.
11. I know that I can file an appeal in response to a Notice of Action from HealthPAC about an eligibility or service authorization within 60 days by calling HealthPAC Customer Service. If I do not agree with how this appeal is resolved, I may have a right to a State Fair Hearing.
12. I know that by signing my name to this form, I agree to contact by HealthPAC or Alameda Alliance for Health for enrollee surveys or focus groups at the mailing address and/or phone number in this application. Taking part in these is my choice.

I have read this form and have been given the chance to discuss the items above with an Application Assistor. I declare that the above is true and correct. Further, by signing below, I authorize County staff, agents or contractors to check my eligibility.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application Assistor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Client InSyst Number: \_\_\_\_\_

Medical Home: \_\_\_\_\_

**Client's First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Appendix 8: Declaration of Residency and Income**

INSYST Client Number \_\_\_\_\_



**HealthPAC**

Health Program of Alameda County

Submitted by \_\_\_\_\_ Agency Name \_\_\_\_\_

**Appendix 8: Declaration of Residency and Income**

I, \_\_\_\_\_,

(Print Full - First and Last Name)

Residing at \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip code)

Declare under the penalty of perjury that the following information is true and correct to the best of my knowledge and belief:

- I am currently unemployed and have no source of income.
- The number of dependent family members that I share income with, and share expenses with, and live with (including myself) is \_\_\_\_ (Minimum 1).

<p align="center">Income Source(s) or Type(s)</p> <p>_____</p> <p>_____</p> <p align="center">Total Income Amount:</p> <p>\$ _____</p>	<p><u>Income Period</u></p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Every Two Weeks</p> <p><input type="checkbox"/> Twice / Month</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Annually</p> <p><input type="checkbox"/> Other _____</p>
--	---

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Appendix 9: Declaration of Legal Status

Client's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

INSYST Client Number \_\_\_\_\_

Submitted by \_\_\_\_\_ Agency Name \_\_\_\_\_

### Declaration of Legal Status

I, \_\_\_\_\_,

(Print Full- First and Last Name)

Residing at \_\_\_\_\_

(Street Address)

(City)

(State)

(Zip code)

Declare under the penalty of perjury that the following information is true and correct to the best of my knowledge and belief:

Check ONE box below that applies to you:

I am a citizen of the United States and I was born in the State of California in the County of \_\_\_\_\_.

(County of Birth)

I am a citizen of the United States and I was born in the State of \_\_\_\_\_.

(State of Birth)

I am citizen of the United States, but I was not born in the United States.

I am not a Citizen of the United States, but I am a Lawful Permanent Resident of the United States of America.

I have been living in the United States since \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

(Date entered the U.S.)

By signing this document,

- I agree that I will work with the Alameda County Health Care Services Agency's Certified Application Assistors to collect my U.S. citizenship and identity information.
- I understand that I have **up to 12 months** to provide the documentation. If verification is not received, my enrollment in HealthPAC may be terminated.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTE: This form, by itself, does NOT constitute sufficient final verification of citizenship or lawful permanent resident status.**

## Appendix 10: Flyer Legal Status and Identification

# **HOW TO PROVIDE YOUR CITIZENSHIP AND IDENTITY DOCUMENTS:**

The easiest way for U.S. citizens or nationals to provide **both** proof of citizenship and Identity is with **one** of these documents:

- U.S. Passport issued without limitation (expired ones are acceptable)
- Certificate of Naturalization (n-55 or N570)
- Certificate of US Citizenship (N-560 or N-561)

**-OR-**

If you don not have one of the documents above, please provide....

### **One** Citizenship document

- U.S. Birth Certificate
- Certification of Report of Birth (DS-1350)
- Report of Birth Abroad of a U.S. Citizen (FS-240)
- State Department certification of Birth (FS-545 or DS-1350)
- U.S. Citizen Identification Card (I-197 or I-179)

### **AND One** Identity document

- Driver's License issued by a U.S. State or Territory with photograph or other identifying information
- School Identification Card with Photograph
- U.S. Military I.D. Card or draft record
- A U.S. Passport (issued with limitation)

**Bring the documents to your current mental health provider.**

If you have questions concerning these documents please call  
1(888) 346-0605

## Appendix 11: Clients who do not meet Legal Status Requirement

Clients who are not citizens or lawful permanent residents who have resided in the US for at least five years, can still enroll in HealthPAC, but may not receive the same level of benefits.

For these clients, the INSYST registration screen page 3 should reflect:

1. "HPAC Lgl Status" should say 'N'.

**NOTE: This does not necessarily mean the client is undocumented.** The 'N' will also include documented people who do not meet the above criteria. (e.g. People with work visas, student visas, and LPR's who resided in the US less than five years.)

**If you do not put 'N'** for "HPAC Lgl Status", a county employee may do outreach to clients to seek verification of their legal status.

2. Leave the "LPR Date Entered" blank.
3. Do not complete Appendix 9: Declaration of HPAC Legal Status

## Appendix 12: Fax Cover Sheet

<div style="font-size: 2em; font-weight: bold; text-align: center; margin-bottom: 20px;">F A X</div> <p><b>Behavioral Health Care Services HealthPAC Coordinator</b> 1900 Embarcadero Cove Suite 100 Oakland, CA 94606 Phone: (800) 878-1313</p>	To: <b>BHCS HealthPAC Coordinator</b> FAX: <b>(510) 777-2225</b>
	Provider Name:
	Phone Number:
	Date:
	Client Name:
	INSYST Number:
	Number of pages including Coversheet:

**Indicate which documents are included with this fax coversheet:**

- HealthPAC Application Rights and Declarations**
- HealthPAC Declaration of Residency and Income**
- HealthPAC Declaration of Legal Status**

**COMMENTS:**

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**Confidentiality Notice:** This fax transmission may contain privileged and/or confidential information only for use by the intended recipients. Any usage, distribution, copying or disclosure by any other person, other than the intended recipient is strictly prohibited and may be subject to civil action and/or criminal penalties. If you received this transmission in error, please notify the sender by reply e-mail or by telephone and delete the transmission.

# Appendix 13: HealthPAC INSYST Screening Form

Alameda County Behavioral Health Care  
Mental Health Services

## CLIENT HealthPAC SUMMARY CLIENT REGISTRATION

Confidential Patient Information  
See Welfare & Institution Code 5328

(Print Legibly)

1 Client Number:

2 Reporting Unit #:

Client Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI: \_\_\_\_\_

### HealthPAC - ONLY

1 Medi-Cal Screen Date:            
M M D D Y Y Y Y

2 LPR Date Entered:          
 M M D D Y Y Y Y

3 HPAC Legal Status (C/L/N):

4 Status Verified: (Y/N):

5 HPAC Monthly Income: \$

6 HPAC Family Size:

7 HPAC Mother's Maiden Name: \_\_\_\_\_

8 HPAC Health Home: \_\_\_\_\_

9 HPAC Start Date:          
M M D D Y Y Y Y

10 HPAC End Date:          
M M D D Y Y Y Y

**NOTE: ALL FIELDS MUST BE ENTERED IN UPPER CASE!!!**

- Medi-Cal Screen Date:** Enter the date you screened the client for Medi-Cal using the BHCS Medi-Cal Screening Tool. Please enter it in the MM/DD/YYYY format.
- LPR Date Entered:** If the client is a Legal Permanent Resident (LPR), enter the date that the client entered the United States.
- HPAC Legal Status:** Enter 'C' if the client is a citizen; or 'L' if the client is a legal permanent resident and living in the US for at least five years. Otherwise, enter 'N'. **NOTE: This does not necessarily mean the client is undocumented.** The 'N' will also include documented people who do not meet the above criteria (e.g. People with work visas, student visas, and LPR's who resided in the US less than five years.)
- Status Verified:** This field is a read-only field. If this field already says yes, it means that client's legal status has already been verified. If it is blank, then please collect verification of legal status and identity from the client.
- HPAC Monthly Income:** Enter the client's Monthly Income.
- HPAC Family Size:** Enter the number of dependent family members that the client's monthly income supports (Minimum of 1). This number will help us determine the client's percentage of poverty.
- HPAC Mother's Maiden:** Enter client's mother's maiden name.
- HPAC Health Home:** Allow clients to select their desired Health Home.
- HPAC Start Date:** Enter the date you are registering client for HealthPAC in MM/DD/YYYY format. **(NOTE: ALWAYS ENTER LEADING ZEROS – 01/01/2011).**
- HPAC End Date:** Enter a date one year from the HPAC Start Date in MM/DD/YYYY format.

**NOTE: ALL FIELDS MUST BE ENTERED IN UPPER CASE!!!**

Completed by \_\_\_\_\_ Date \_\_\_\_\_  
10-19-11

## **Appendix 14: Help**

For questions about the HealthPAC benefits or services, or the collection of client data to meet the HealthPAC rules please contact Provider Relations at (800) 878-1313.

For Technical Support of the INSYST screens, please contact the BHCS Help Desk at (510) 567-8181.

## **Appendix 15: Health Home Selection**

<b>Health Home Name</b>	<b>Address</b>	<b>City</b>	<b>Health Home Code</b>
Highland Hospital & Clinics	1411 East 31st Street	San Leandro	AMC1
Winton Wellness Center	24100 Amador Street, Suite 250	Hayward	AMC2
Eastmont Wellness Center	6955 Foothill Boulevard	Oakland	AMC3
Newark Wellness Center	6066 Civic Terrace Avenue	Newark	AMC4
Asian Health Services - Main	818 Webster Street	Oakland	AHS1
Adult Medical Services at Hotel Oakland	275 14th Street	Oakland	AHS2
Frank Kiang Medical Center	250 East 18th Street, 2nd Floor	Oakland	AHS3
Axis Community Health - Livermore Site	3311 Pacific Avenue	Livermore	ACH1
Axis Community Health - Pleasanton Site	4361 Railroad Avenue	Pleasanton	ACH2
Save a Life Wellness Center	2580 San Pablo Avenue	Oakland	HCI1
Clinica Alta Vista	1515 Fruitvale Avenue	Oakland	LCR1
La Clinica de la Raza - Transit Village	3451 East 12th Street	Oakland	LCR2
San Antonio Neighborhood Health Center	10320 International Boulevard	Oakland	LCR3
Berkeley Primary Care Access Clinic	2001 Dwight Way	Berkeley	LMC1
Downtown Oakland Clinic (DOC)	616 16th Street	Oakland	LMC2
Howard Daniel Clinic	9933 MacArthur Boulevard	Oakland	LMC3
LifeLong Medical Care - East Oakland	10700 MacArthur Boulevard, Suite 14B	Oakland	LMC4
Over 60 Health Center	3260 Sacramento Street	Berkeley	LMC5
West Berkeley Family Practice	2031 6th Street	Berkeley	LMC6
Native American Health Center - Seven Directions	2950 International Boulevard	Oakland	NAH1
Tiburcio Vasquez Health Center - Hayward	22331 Mission Boulevard	Hayward	TVH1
Tiburcio Vasquez Health Center - Union City	33255 Ninth Street	Union City	TVH2
Tri-City Health Center - Liberty Site	39500 Liberty Street	Fremont	TCH1
Tri-City Health Center - Mowery Site	2299 Mowery Avenue	Fremont	TCH2
Tri-City Health Center - State Street Site	39184 State Street	Fremont	TCH3
A. J. Thomas Medical Clinic	10615 East International Boulevard	Oakland	WOH1
East Oakland Health Center	7450 East International Boulevard	Oakland	WOH2
West Oakland Health Center	700 Adeline Street	Oakland	WOH3
William Byron Rumford Medical Clinic	2960 Sacramento Street	Berkeley	WOH4