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## APPENDIX G

### HEALTHY KIDS HARDSHIP FUND POLICY AND APPLICATION

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#### POLICY STATEMENT

Premium assistance for the Healthy Kids program will only be provided in extreme circumstances and subject to availability of funds. Premium assistance will not be promoted and will be evaluated on a case by case basis. Preliminary determination will be made by the centralized Benefits Analyst (BA). Premium assistance is available to families who demonstrate that a premium payment will result in substantial financial hardship and provide proof of such hardship.

Hardship is defined as:

- Family's income is under 150% of the FPL and family requests assistance; or
- Loss of employment; or
- Catastrophic circumstances that create a financial hardship to the family, such as:
  - Illness
  - Disaster, e.g., fire, theft, flood
  - Death
  - Disability
  - Divorce/separation
  - Excessive debt
  - Other - to be evaluated on a case by case basis.

#### PROCEDURE

1. Healthy Kids applicant or recipient claims the family cannot afford the quarterly Healthy Kids premium.
2. CAA, BA, family or Health Plan contacts the Healthy Kids BA to request premium assistance.
3. Healthy Kids BA requests documentation of hardship.
4. Healthy Kids BA reviews the request for premium assistance and approves or denies within (3) working days. (See Form)
5. Healthy Kids manager reviews and approves or denies the request.
6. Healthy Kids BA notifies the Health Plan to waive family contribution.

#### DURATION

Family will receive premium assistance for the duration of their coverage or until the annual eligibility review.

#### HARDSHIP FUND CAP

At this time we are recommending to not put a cap on premium assistance. However, we will track the number of requests and approvals and will report to the Coalition on a monthly basis. If problems or issues are identified, we will review the policy and recommend a cap.

## HEALTHY KIDS HARDSHIP FUND APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Case # \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proof of Hardship: \_\_\_\_\_

Healthy Kids Benefits Analyst Recommendations:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Healthy Kids Manager:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Health Plan Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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