Healthy Families & Medi-Cal for Families Programs
Plan's Certified Staff
Code of Conduct Agreement

The Plan and Certified Staff agree that they will:

- Act in a professional and courteous manner as a representative of a plan that participates in a State-sponsored health program;
- Wear a badge that identifies the Plan name and plan number and Certified Staff name and number. The badge can NOT identify the Certified Staff as an employee of the State of California or of the Healthy Families or Medi-Cal for Families Programs;
- Provide an open invitation to all participating plans in a county 2 weeks prior to any community events at which application assistance will be provided;
- Comply with Managed Risk Medical Insurance Board and Department of Health Services fraud prevention policies and safeguards against fraudulent actions;
- Report all violations of application assistance rules and code of conduct to Managed Risk Medical Insurance Board;
- Ensure Section 9 of the application is complete: family signature and date, Certified Staff signature and date, Plan number (5 digits) and Certified Staff number (9 digits ending with "H"). Section 9 MUST be completed correctly, using an ink pen or typewriter, and must contain original signatures;
- Act in an independent capacity and not as officers or employees or agents of the State of California in the performance of this Agreement;
- Never accept money or premium payments from applicants;
- Never mail the application for the applicant;
- Never coach the applicant on what information to include on the application regarding income, residency, immigration status and other eligibility rules;
- Never steer Medi-Cal eligible applicants to the Healthy Families Program by improperly including or excluding income deductions;
- Not divulge to any unauthorized person, any information obtained while assisting individuals with the applications;
- Never coach or recommend one plan/provider over another;
- Never invite or influence an employee or his or her dependents to separate from employer-based group health coverage, or arrange for this to occur;
- Not conduct door-to-door marketing, or conduct mail, telephone or in-person solicitations;
- Not receive or request an application assistance fee from the State of California for assisting Healthy Families Program/Medi-Cal for Families Program applicants;

- Never refer an applicant who requests assistance from your plan to an Enrolling Entity that is eligible for reimbursement unless the plan does not have the capacity to provide application assistance to the requesting applicant;
- Not sponsor a person eligible for the programs by paying family contribution amounts or co-payments; and
- Not use another person or surrogate to recruit potential applicants.

TERMINATION AND CANCELLATION

The Managed Risk Medical Insurance Board and the Department of Health Services are not liable to any person for any harm resulting from the actions of the undersigned individual or plan, or of anyone else acting on behalf of the plan. The State may terminate your participation in the program without cause immediately by a written notice thereof. A Certified Staff Number is not transferable under any circumstances.

As Plan Management and Plan Certified Staff, we acknowledge that we have received, read and agreed to comply and abide by the application assistance rules and code of conduct agreement. We also understand that we can lose the privilege of providing application assistance, both individually and organizationally, for violating the law concerning application assistance.

Also, we agree to provide an updated monthly listing of the active Certified Staff's in the Plan by the 10th of each month to ee-caaliaison@maximus.com.

Certified Staff Name:_____

Certified Staff #:_____

Certified Staff E-Mail: _____

Certified Staff Signature:_____

Plan Name:_____

DATE:_____

Plan Mgmt Name: _____

Title: _____

Plan Mgmt Signature:_____

DATE: _____