

APPENDIX 3: PUBLICLY FUNDED HEALTH CARE SERVICES – STATE LEVEL

Medi-Cal

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
<p>Medi-Cal was established in 1965 as the state version of Medicaid, originally for people on welfare. Additional aid categories were added over time.</p> <p>EPSDT (Early Periodic Screening, Diagnosis, and Treatment) created in 1965 and expanded by Congress in 1989 under OBRA '89 as Medicaid's comprehensive benefit for children.</p> <p>Gateway created in 2003 as automated application initiated by CHDP provider that provides up to two months of immediate Medi-Cal eligibility while family completes full application for continued coverage.</p> <p>Emergency Medi-Cal available to undocumented and recent immigrants who are not otherwise eligible for Medi-Cal.</p>	<p>Federal Title XIX funds. State fund match.</p> <p>See Medi-Cal and Healthy Families Funding Sources chart below.</p>	<p>Infants to age 1 with income up to 200% of FPL.</p> <p>Children ages 1 to 6 with income up to 133% of FPL.</p> <p>Children ages 6 to 19 with income up to 100% of FPL.</p> <p>See Medicaid and Medi-Cal Eligibility chart below.</p>	<p>Comprehensive health and mental health services for children through EPSDT benefit.</p> <p>Children with full-scope Medi-Cal are legally entitled to any Medicaid-coverable service that is considered medically necessary.</p>	<p>California's Federal Medical Assistance Percentage, or FMAP, the rate at which the federal government matches state investment in Medicaid, is 50:50, the lowest match rate in the nation (without temporary increase under ARRA).</p> <p>Children and families report difficulties in finding appropriate providers within managed care plans' limited networks and obstacles to getting to providers outside the plan networks.</p> <p>Low reimbursement rates and barriers posed by complicated Medi-Cal billing and other requirements have steadily shrunk the Medi-Cal fee-for-service provider network available to children with special health care needs.</p>	<p>Total 2007 California population: 37,771,431.</p> <p>Average 2007 Medi-Cal population: 6,510,009.</p> <p>% in Medi-Cal, 2007: 17.24%.</p> <p>Total number of children in Medi-Cal: 3,607,189; approx 33% of all California children.</p>	<p>Federal/state program.</p> <p>State sets policy in accordance with federal standards.</p> <p>Counties responsible for (re)determination of eligibility.</p> <p>Administered by state Department of Health Care Services.</p>

Healthy Families Program

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
<p>Established in 1998 as the state version of CHIP.</p> <p>Provides subsidized health coverage to children from birth to age 19 in low-income families not eligible for Medi-Cal.</p>	<p>Federal Title XIX funds.</p> <p>State fund match.</p> <p>See Medi-Cal and Healthy Families Funding Sources chart below.</p>	<p>Children from birth to age 19.</p> <p>Family incomes up to 250% of FPL .</p> <p>Children who do not qualify for full-scope Medi-Cal.</p> <p>Children who do not have private insurance.</p> <p>See Healthy Families Program Eligibility chart below.</p>	<p>Subsidized health coverage, including health, dental, vision and basic mental health services.</p>	<p>The current state budget crisis has resulted in major changes to the Healthy Families program. As of August 1, 2009, it is estimated that 585,000 current enrollees could lose their coverage and another 335,000 eligible children will be wait-listed over the course of the current fiscal year.</p> <p>Offers good primary care/ preventive services for children but its benefit package is not comprehensive enough for CSHCN; these children depend on the CCS carve-out for access to comprehensive subspecialty care.</p>	<p>940,000 children in California are enrolled in Healthy Families.</p> <p>Enrollment FY 07-08 (average monthly) 851,000 children.</p> <p>Total spending FY 07-08: \$1,077 million.</p> <p>State spending FY 07-08: \$398 million.</p>	<p>Administered at state level by MRMIB (Managed Risk Medical Insurance Board).</p> <p>Services delivered through managed care plans.</p>

Access for Infants and Mothers (AIM)

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
<p>Established in 1992 to provide health coverage to pregnant women and their newborns/ infants.</p>	<p>Not an entitlement; level of state funding determines number of enrollees.</p> <p>Enrollees are charged 1.5% of annual adjusted family income.</p> <p>Funding sources include tobacco tax (Proposition 99), enrollee fees, federal CHIP funds (Title XXI), and state match.</p>	<p>Pregnant women and infants with family incomes between 200% and 300% of FPL.</p> <p>Women with no maternity insurance or maternity-only coverage with high deductible/co-payment (i.e., <\$500).</p> <p>Not eligible for full-scope Medi-Cal.</p> <p>California resident (intends to stay).</p>	<p>Prenatal visits, hospital delivery, and 60-day post-partum care for women.</p> <p>Full health services for children provided through Healthy Families from child's birth to 2nd birthday.</p>	<p>Very short-term care for pregnant and postpartum women.</p> <p>Infant/toddler care depends on access to Healthy Families (although infants are eligible for Healthy Families up to age 2 with incomes up to 300% of FPL).</p>	<p>As of June 2009, 7,025 women were enrolled in AIM.</p>	<p>Administered at state level by MRMIB (Managed Risk Medical Insurance Board).</p> <p>Services delivered through managed care plans.</p>

Child Health and Disability Prevention Program (CHDP)

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
<p>CHDP is a preventive health program that delivers periodic health assessments and services to low income children and youth up to age 19.</p> <p>The CHDP program also oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth.</p>	State funding through tobacco tax funds.	<p>Families with annual incomes up to 200% of FPL.</p> <p>Covers children and youth from birth to age 19.</p>	CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.	Treatment services may be very limited at local level.	In 2007, 2,016,558 children received screening and health assessments through the CHDP program.	<p>Administered by state CCS office in Children's Medical Services Branch, Department of Health Care Services.</p> <p>Counties responsible for delivery of services.</p>

California Children's Services (CCS)

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
<p>California Children's Services was established in 1927 to cover medical care for low-income children with serious medical conditions.</p>	<p>Federal funding via Title V/MCH Block Grant and in federal match for CCS enrollees on Medi-Cal or Healthy Families.</p> <p>State funding for diagnosis and treatment costs and for county administration of program.</p> <p>County funding for local share of staffing costs, treatment costs for Medi-Cal and Healthy Families enrollees, and "straight CCS" (i.e., children not eligible for Medi-Cal or Healthy Families).</p> <p>See CCS Funding Sources chart below.</p>	<p>For diagnostics and Medical Therapy Program PT & OT: no income requirements.</p> <p>For coverage of CCS condition, income less than \$40,000 or enrolled in Healthy Families (if income above \$40,000).</p> <p>If medical expenses greater than 20% family income.</p>	<p>Diagnosis, comprehensive pediatric subspecialty inpatient and outpatient care, medical case management related to CCS-eligible conditions.</p> <p>Physical/occupational therapy and other services through Medical Therapy Program.</p>	<p>CCS services are available only to children with covered conditions or those requiring diagnosis of a suspected CCS-eligible condition; medical eligibility criteria do not cover many children with other conditions or disabilities.</p> <p>Division of care for CCS children enrolled in traditional managed care plans can be confusing.</p> <p>Low reimbursement rates have reduced paneled provider network in state.</p>	<p>Estimated caseload for CCS in 2009:175,000.</p> <p>Approximately 80% of these children were enrolled in Medi-Cal, 10% in Healthy Families, and 10% in state-only CCS (also known as "straight CCS").</p> <p>Approximately 26,000 of the children were enrolled in CCS Medical Therapy Program.</p>	<p>Federal/state/county program.</p> <p>CCS is California's Title V Program for Children with Special Health Care Needs (per federal MCHB, HRSA, DHHS).</p> <p>State sets policy and procedures for program.</p> <p>Counties responsible for determination of medical, financial, and residential eligibility; case management; and management of Medical Therapy Program.</p> <p>Administered by state CCS office in Children's Medical Services Branch, Department of Health Care Services.</p>

Genetically Handicapped Persons Program (GHPP)

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
GHPP provides health coverage for adults and non-CCS-eligible children who have specific genetic diseases.		Covers eligible children and adults from birth through adulthood with specific diseases (cystic fibrosis, hemophilia, sickle cell, certain neurological and meta-bolic conditions). No income ceiling. Families with incomes over 200% of FPL pay fees on a sliding scale.		Very narrow eligibility criteria. Enrollment is very low, which may be result of low awareness of program.	In 2008 there were approximately 1,600 enrollees in the program.	Administered by state GHPP office in Children's Medical Services Branch, Department of Health Care Services.

Regional Centers

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
21 private nonprofit centers located around the state provide services for children and adults with developmental disabilities. Early Intervention (EI) services for children ages 0-3 who are at risk for or display developmental delay.	Federal and state funding.	Life Span Services for persons of all ages with developmental disabilities including retardation, cerebral palsy, epilepsy, autism. Early Start Program for children ages 0-3 who are: <ul style="list-style-type: none"> • At risk for developmental disabilities • Developmentally delayed • Diagnosed physical or mental condition that has a high probability of resulting in a developmental delay (also known as "established developmental delay") • Solely low incidence in hearing, visual, and/or orthopedic impairments. 	<ul style="list-style-type: none"> • Early intervention services through Early Start • Nonmedical services, mostly case management • Family support • Respite • Crisis intervention • Special living arrangements • Community integration • Interpreter/translator • Advocacy • Transportation vouchers • Assessment • Rehabilitation and training • Treatment • Therapy • Prevention • Special equipment (usually as a payer of last resort) • Vocational placements 	Regional Center programs have sustained major budget reductions in the wake of the state's financial crisis. Details of reductions in regional center services, including potentially major changes in Early Start eligibility and services, are still being finalized, but the proposed changes would have major impact on access to services, particularly for children from birth to age 3 who have or are at risk for developmental delays.	130,285 children and youth to age 22 served by DDS, 12/07 (DDS Fact Book, October 2008).	Administered by state Department of Developmental Services.

Special Education

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
<p>In 1975, Congress passed a law—renamed the Individuals with Disabilities Education Act (IDEA)—that required states to provide special services to children with exceptional needs.</p> <p>Children and youth eligible for regional center and/or mental health services.</p> <p>Children with other health or sensory impairments, and/or learning disabilities</p> <p>Early Start eligible (see Regional Centers).</p>	Federal, state, and local funding.	No income limits.	<ul style="list-style-type: none"> • Assistive devices/ services • Audiology services • Family training, counseling, home visits (Early Start only) • Some health services • Diagnostic services • Nursing assessments • OT & PT • Psychological services • Respite (Early Start only) • Special instruction • Speech/language services • Transportation • Vision services • Others as needed 	<p>No true system of care for children; services available are patchwork of programs located in different state departments or in the private sector, with little formal communication or coordination among them.</p> <p>Disparate funding sources may be in direct conflict with each other.</p>	<p>About 11% of California students qualify for special education services because of physical, emotional, or educational disabilities.</p> <p>Almost half of those enrolled have a specific learning disability, and more than a quarter have a speech or language impairment.</p> <p>Altogether, there are 13 categories of disabilities.</p>	Administered at state level by Department of Education and at local level by Special Education Local Plan Areas (collaborations of school districts and county offices of education).

In-Home Supportive Services (IHSS)

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
<p>IHSS helps pay for domestic services, such as cleaning, meal preparation, laundry, and shopping for children and adults who are blind or have other disabilities and for senior adults.</p> <p>Intended to enable recipients to remain in their own homes and avoid long-term care facilities.</p> <p>Automatically eligible for full-scope Medi-Cal.</p>	Federal (Title XIX), state, and county funded.	<p>SSI-linked Medi-Cal.</p> <p>Disability FPL-linked Medi-Cal.</p> <p>Medically needy Medi-Cal.</p>	Personal care (e.g., feeding, bathing, bladder and bowel care, help with medications) and domestic services (e.g., cleaning, meal preparation).	IHSS has sustained major budget cuts that will have significant impact on eligibility and services; details are not yet available.	In May 2009, there were 446,849 authorized IHSS cases in California.	<p>Administered at state level by Department of Health Care Services.</p> <p>County assessments and oversight by county Medi-Cal offices.</p>

High-Risk Insurance Pool (MRMIP/MRMIB)

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
MRMIP (Major Risk Medical Insurance Program) provides health insurance for those unable to obtain coverage in individual health insurance market (e.g., due to pre-existing condition).	Premium costs shared between MRMIP and participant. State supplements premiums to cover the cost of care in MRMIP. Tobacco tax funds currently subsidize MRMIP.	Must be California resident; not eligible for both Part A and Part B of Medicare, unless eligible solely because of end-stage renal disease; not eligible to purchase any health insurance for continuation of benefits under Cobra or CalCobra; and unable to secure adequate coverage in the private market.	MRMIB administers three health care programs: <ul style="list-style-type: none"> • Access for Infants and Mothers; • Healthy Families; and • MRMIP. 	Because of funding limitations, MRMIP may have a wait list; as of August 2009 there were approximately 230 applicants on the wait list. Benefit package is function of individual health insurance plan.	As of June 2008, 7,300 people enrolled in MRMIP; not known how many are children/youth.	Administered at state level by MRMIB (Managed Risk Medical Insurance Board)

Mental Health

Description	Funding	Eligibility	Benefits	Limitations/Gaps	Enrollment Numbers	Administration
Publicly funded mental health programs serve children and youth with full scope Medi-Cal (ages 0-21 years); children and youth enrolled in the Healthy Families (ages 0-18 years); and children and youth ages 0-22 who receive special education referrals from schools.	Federal (Title XIX), state, and county funding.	Medi-Cal or Healthy Families income limits. No income limits if referred by school system.	Children and youth with full scope Medi-Cal (ages 0-21 years). Children and youth in Healthy Families (ages 0-18 years). Special education referrals from schools (ages 0-22 years).	Data from 2007 indicated that 54% of children in California identified with emotional, developmental, or behavioral problems received mental health care in 2007, as opposed to 60% of children in the nation as a whole. County-based Medi-Cal managed care plans for mental health limit opportunities for children to reach child psychiatrists and other providers not located in county of residence.	Data not readily available on number of children/youth receiving publicly funded mental health services.	Federal/state/county program. Administered by Department of Mental Health at state level. County-based mental health managed care plans; some counties contract with private behavioral health plans.

Current Eligibility for Medi-Cal and Healthy Families

The following charts outline income and age eligibility criteria for Medicaid/Medi-Cal and for CHIP/Healthy Families. The Medicaid/Medi-Cal chart outlines the federally mandated income/age eligibility for children; the coverage that states may elect to offer with federal matching funds; and the coverage provided in California. (State funds fill in for those categories where California exceeds the federal mandate or the federally supported optional coverage.)

Medicaid and Medi-Cal Eligibility

Mandated Coverage	Optional Coverage	California Coverage
Infants to age 1 with income up to 133% of FPL	Infants to age 1 with income up to 200% of FPL	Infants to age 1 with income up to 200% of FPL
Children ages 1 to 6 with income up to 133% of FPL	Children ages 1 to 6 with income up to 185% of FPL	Children ages 1 to 6 with income up to 133% of FPL
Children ages 6 to 19 with income up to 100% of FPL	Children ages 6 to 19 with income up to 133% or 185% of FPL	Children ages 6 to 19 with income up to 100% of FPL

Healthy Families Program Eligibility

Age/Income Criteria	Other Criteria
Infants to age 1 with income 200 to 250% of FPL	Not eligible for full-scope Medi-Cal Children may be eligible for share-of-cost Medi-Cal
Children ages 1 to 6 with income 133 to 250% of FPL	Not eligible for full-scope Medi-Cal Children may be eligible for share-of-cost Medi-Cal
Children ages 6 to 19 with income 100 to 250% of FPL	Not eligible for full-scope Medi-Cal Children may be eligible for share-of-cost Medi-Cal

Medi-Cal and Healthy Families Funding Sources

Program	Federal Funding %	State Funding %
Medi-Cal	50%*	50%*
Healthy Families	65%	35%

* California's FMAP percentage has been increased temporarily to 61.6% as a result of federal stimulus funding. The FMAP increase is due to sunset December 31, 2010.

Soman/Burke; 8/09

California Children's Services (CCS) Funding Sources

Eligible Child's Primary Health Source	Federal Funding %	State Funding %	County Funding %
Medi-Cal	50%	50%	0%
Healthy Families	65%	17.5%	17.5%
Private Insurance/ Eligible under 20% Rule	0%	50%	50%
Uninsured/Not Eligible for Medi-Cal or Healthy Families	0%	50%	50%