Medi-Cal Expansion & Health4All Kids: A Virtual Community Town Hall
Welcome

Health4All Kids Town Hall Basics

Townhall recording and slides will be available at health4allkids.org

Ask a question or make a comment via question chat box at anytime

Audio questions will be accepted during the Q&A portion, and you must raise your hand and be dialed in with your audio PIN
Senator Lara’s #Health4AllKids Road to Enrollment Tour

Need more information?
Contact Jesse Melgar at Jesse.Melgar@sen.ca.gov
Health4All Kids Town Hall

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Health4All Kids Outreach
What else is being done to outreach the community that does not speak Spanish?

There are several efforts across the state to reach limited-English speaking immigrant communities other than Spanish, for example:

In LA and Orange Counties, Asian Americans Advancing Justice – Los Angeles is coordinating over 20 CBOS and clinics providing in-language, in person outreach, education and enrollment assistance for the next 9 months.

And...
The California Endowment is also providing some materials in other languages:

**5 Things to Know About the Medi-Cal Expansion for Undocumented Children**
available for download in Spanish, Thai, Vietnamese, Arabic, Khmer, Somali (Chinese and Korean in development)

**5 Steps to Enrolling in Expanded Medi-Cal for Undocumented Youth**
available for download in Spanish, Vietnamese, Thai, Arabic (Chinese, Korean, Khmer, Tagalog, Somali in development)
Health4All Kids Outreach

Have you thought about informing people about the Medi-Cal expansion via TV and radio?

In addition to some local work, TCE has a paid media plan for Health for All Ninos, which includes Spanish language TV (Univision and Telemundo) in LA, San Diego and Fresno, and some Spanish and API radio spots in Bakersfield, Fresno, Visalia/Tulare, Merced, Sacramento, Modesto, Stockton, Palm Springs and Salinas/Monterey.

There are statewide partnerships with Pandora, Univision radio, Radio Bilingue, CBS radio, digital English and Spanish PSAs that will be available, and additional materials are being developed and/or translated into additional languages, as well as developing a media strategy for other limited-English speaking immigrant communities.

New America Media is also engaging ethnic media and youth journalists in partnership with Senator Lara’s tour.
Is the value-based framework, "We're all in this together and California is stronger when everyone is covered”, misleading since not everyone is covered?

Although we have made progress with health care reform and the new Medi-Cal expansion for children regardless of immigration status, we believe that true Health4All is a goal that we are working towards, with efforts like SB 10 and SB 1418 to expand access in Covered CA and full-scope Medi-Cal for eligible, low-income adults, but we are not there yet.

There are some county health programs that do provide health care services for this remaining uninsured population, like My Health LA in LA county. And all undocumented immigrants can get restricted Medi-Cal.
Health4All Kids, SB 75 & Immigration Status
What is PRUCOL?

PRUCOL is a category of eligibility for benefits that generally applies to people whom USCIS knows are here, but does not intend to deport. It stands for Permanently Residing Under Color of Law.

Should clients who can apply under PRUCOL continue to apply under PRUCOL or SB75?

It will generally be better to remain as PRUCOL because there is no age limit. Make sure form MC 13 is completed.
I’ve had parents whose children have DACA and were denied Medi-Cal. Is that right?

DACA is Deferred Action for Childhood Arrivals.

People granted deferred action are eligible for full-scope Medi-Cal as PRUCOL (if they meet the other requirements).

People encountering workers who aren’t familiar with this rule can share Medi-Cal Eligibility Division Information Letter (MEDIL) No.: I 14-45 with their worker.
What is the 5 year-bar (waiting period)? Does it still apply to legal permanent residents who apply for Medi-Cal?

Federal law imposes a five-year waiting period before many lawfully present immigrants, including lawful permanent residents, can get federally-supported benefits.

Under current law, California uses state funds to provide full-scope Medi-Cal to otherwise eligible immigrants subject to the 5-year bar.
What does public charge mean?

An immigrant who is primarily dependent on the government for subsistence (expenses of daily living) is a public charge.

A person deemed a public charge may not be able to adjust their status to become a lawful permanent resident. The public charge test looks at all the factors relevant to the immigrant’s ability to support themselves, including age, education and resources.
What is the difference between public charge and affidavit of support?

An Affidavit of Support is an agreement by an immigrant’s sponsor to support the immigrant and to reimburse the government for the immigrants’ use of certain ‘means-tested’ public benefits.

In practice, public agencies do not seek this reimbursement, but they will deem the sponsor’s income to be available to the immigrant when they apply for certain benefits (CalWORKS and CalFresh, but not Med-Cal).

An immigrant who has a sponsor is unlikely to be deemed a public charge.
What is the exception to Public Charge that could affect an applicant’s ability to adjust legal status?

Two public benefits are considered in determining whether a person is likely to become a public charge:

1. the receipt of public cash assistance for income maintenance purposes,

   or

2. institutionalization for long-term care at government expense

   Using Medi-Cal for purposes other than long term care will not be considered in the public charge determination. Cash for purposes other than income maintenance and non-cash benefits like CalFresh are also not considered.
Is a public charge assessed against the child or the sponsor for the adjustment of status?

The person applying to adjust their status to become a lawful permanent resident (LPR) will be assessed to determine whether they are likely to become a public charge. Once the person has become an LPR, they will not be assessed for public charge again when they apply to become a citizen.
Health4All Kids Transitions
Transition from Restricted to Full-Scope Medi-Cal

**Question:** Will children who've been in emergency only but have not selected a plan – have only had fee-for-service – going to transition automatically?

**Answer:** All children in restricted Medi-Cal are in fee-for-service (or should be) and will be transitioned to full-scope Medi-Cal.

**Question:** Is the goal to get all children on Restricted Scope, now, so they can automatically be transitioned into Health 4 all kids program on May 16th?

**Answer:** Yes, so they don’t have to wait to get full-scope Medi-Cal. They can still apply after if they are not already enrolled.
Transition from Restricted to Full-Scope Medi-Cal

Q: How does Medi-Cal plan on doing this transition in such a short period of time when the County Eligibility Workers are already swamped with work and experiencing glitches in their new system?

A: Most of the transition is an automatic process. On May 4, 2016, DHCS issued final guidance to counties through All County Welfare Director’s Letter (ACDWL) No.: 16-12
Transition from existing children’s programs

Q: If a city has its own health department do we still have to coordinate with a county agency to roll-out this program?

A: If they do not share data (e.g. enrollees’ Medi-Cal status) then you may have to contact each to see how they are coordinating.

Q: Will My Health LA only disenroll children under the age of 19?

A: On May 3rd, the LA County Board of Supervisors voted not to disenroll the My Health LA kids until the end of the year. Adults 19 and over will still get My Health LA now (and beyond).
What will happen to programs like Healthy Kids now that Medi-Cal is available to undoc children?

More information is forthcoming, but some programs will continue and some will end.

Santa Clara, San Mateo, and San Francisco Healthy Kids Programs will continue.

Santa Barbara Healthy Kids will end on July 1st.
Will Kaiser members have to fill out the usual choice form to select Kaiser in Medi-Cal?

Yes.

Will Kaiser mail letters to their Kaiser Kids members re: qualifying for full-scope Medi-Cal? How long will Kaiser wait before they disenroll from Kaiser Kids?

Kaiser is contacting their members telling them to apply for Medi-Cal. Kaiser is extending the Child Health Plan (CHP) subsidy for income-eligible members (i.e., fall under 266% FPL) through December 31, 2016 (instead of 9/30/2016). This should help ensure members do not experience a lapse in coverage as they transition from CHP to Full Scope Medi-Cal.
Applying for Medi-Cal Under SB 75
Applications

**Q** Is the application process for SB75 the same application that is used as the current application for regular Medi-Cal?

**A** Yes.

**Q** Can a child with a student visa apply for SB 75?

**A** Yes. SB 75 is for all people who do not establish “satisfactory immigration status” under the Medi-Cal rules. Medi-Cal residency rules only require intent to reside in California – this is different than some county standards for county indigent health or other programs. Individuals who will be renewing temporary visas should consider the conditions of their particular visa and may need additional immigration advice.
Will Counties request an MC13 form for these children as part of the process to bring these children under Full Scope Medi-Cal?

Counties should not be requesting MC 13s from persons who do not claim to have satisfactory immigration status (persons who are undocumented).

The MC 13 is used only to verify “qualified immigration status” (lawful permanent residents, refugees, etc.) or PRUCOL status (deferred action status, withholding of deportation, etc.) Some counties request it, but applicants do not have to turn it in to get coverage through SB 75 or restricted scope Medi-Cal.
Questions and Answers

**Q:** Will we still be enrolling kids through the Child Health and Disability Program (CHDP) Gateway? If so, can we enroll for reasons other than well child care?

**A:** Yes, the CHDP program and Gateway will continue and may be used to start services, although families will need to complete a Medi-Cal application for the child to receive services beyond the scope of the CHDP screening and limited medical services.

**Q:** Will they be utilizing the Express Enrollment program to link eligible children to the Medi-Cal expansion through the free lunch programs at schools?

**A:** Not currently.
Adding a family member

For families where the documented kids already receive full scope Medi-Cal...how should they apply to enroll the undocumented children into Medi-Cal? Do we need to apply for the whole family, or just the undocumented children?

DO NOT submit another application. You should contact your caseworker to add a family member or call your county and let them know that the undocumented child in restricted Medi-Cal needs to be screened for eligibility.
Adding a family member

Q: Can teen parents add to their child's existing Medi-Cal?
A: Yes. MEDIL 14-11 has instructions to the counties on adding newly eligible family members.

Q: If "MC 371 is not necessary" for enrolling children in mixed status families, should a family establish contact with the county?
A: Yes. To be clear, the MC371 form is not required of anyone adding a family member. It is just one method of doing so. Everyone may contact their worker if that is easier. The MC 371 is slightly outdated (e.g., mentions the Healthy Families program that no longer exists), but it can still be used. Unfortunately, every county is different. In some counties MC 371 will be needed or helps process the case, and in other counties it won’t.
What happens to SB 75 children when they turn 19?

SB 75 provides full scope Medi-Cal for individuals under 19. The following is the age policy that CalHEERS and SAWS will use in their eligibility systems:

- Individuals who turn age 19 on the second day of the month are considered 18 for the entire month and will qualify for SB 75.

- Individuals who turn age 19 on the first day of the month are considered 19 for the entire month and will not qualify for SB 75.
What happens to children who turn 19 within 1 or 2 months of SB 75 implementation?

Assuming an implementation date of May 16, 2016, the following age policy will determine who is eligible for SB 75:

- Individuals who turn age 19 between May 2, 2016 through May 31, 2016 are considered to be age 18 for the month of May and will be eligible for full scope Medi-Cal in May 2016.

- Individuals who turn age 19 on or before May 1, 2016 will be considered to be age 19 for the month of May and will not be eligible for full scope coverage under SB 75. These individuals will not be included as part of the transition population.

- These individuals will not be required to enroll in a managed care plan unless they live in a county that has a County Organized Health System. Children aging out after participating for a month or two in full-scope Medi-Cal will automatically be transitioned into Restricted Medi-Cal.
Health4All Kids & Household Size

What if an unaccompanied minor has (1) not yet applied or (2) has not yet had a decision on either receiving asylum, SIJS, does not have a U or T visas, then how is that person’s income qualifying status determined (household income) or (solely the unaccompanied minors income which would be $0)?

If the unaccompanied minor is in the foster care system, the minor would be eligible for Medi-Cal based on their foster care status and income is irrelevant.

Those who do not have asylum, SIJS, U or T status are eligible for full-scope Medi-Cal via SB 75.
Is a "foster" child considered a family household of 1 for income purposes?

Foster children are categorically linked to Medi-Cal through the foster care program and there are no income requirements.
Will undocumented kids with family incomes over 266% FPL be enrolled in full-scope Medi-Cal with a Share of Cost?

Yes, but they may have to supply additional information. Most applications just screen for the MAGI Medi-Cal programs. The Medically Needy/Medically Indigent programs with a Share of Cost also have a resource test, so families will have to supply information about their resources. Practically speaking, many of these families may be better served through a local children’s coverage program than through Medi-Cal with a high Share of Cost.

Will a family whose income exceeds 266% FPL be allowed to buy coverage for the child in Covered California?

No. Covered California’s immigration rules do not allow for the coverage of children who are not documented. At some time in the future, families may be able to purchase unsubsidized coverage through Covered California for persons who are not documented, but not yet.
What kind of income verification will Medi-Cal take?

Families should try to provide pay check stubs, income tax returns, or anything official they may have. If these do not exist, counties can also accept a letter from the employer or even a sworn written statement regarding the amount and source of income. Some counties have a form for this. Tax form 1040 has been found to be the most effective.
What Does Medi-Cal Cost?

**Will the monthly premium be considered as Share of Cost?**

No. Monthly premiums are $13 per child up to $39. This is different than a Share of Cost and is due every month. A Share of Cost (if income is above 266%) is much more and is only due the months services are received.

**If a Medi-Cal recipient misses their monthly payment will they still be able to receive services?**

Yes, but if they miss two months they will be sent a notice of discontinuance. DHCS’s has an FAQ on premiums: http://www.dhcs.ca.gov/services/Documents/MCED3356PremiumPaymentFAQs.pdf
What Does Medi-Cal Cost?

Will there be literature available regarding Share of Cost & Estate Recovery for those concerned about losing properties?

Not until after they sign up, but practically speaking, only children who are institutionalized and have property are affected by estate recovery.
Accessing Care
Will SB 75 who are new applicants or who transition from restricted to full scope, be eligible for:

- Behavioral health treatment services, like ABA for Autism once they transition?
- Speech/physical/occupational therapy, for developmental/medical reasons vs. rehabilitation?
- Improved access to family planning?

SB 75 children will have all of the rights to benefits and services as any other full-scope Medi-Cal beneficiary, including EPSDT for children.
Selecting a Health Plan

What is fee-for-service Medi-Cal?

It is how certain providers who are not in a Medi-Cal managed care plan are paid. A list of fee-for-service providers is available online.

Which families will not need to select a health plan?

Children turning 19 within 6 months of the transition, and children who are granted a medical exemption.
Selecting a Health Plan

Can only children enrolled in full scope Medi-Cal enroll in a Medi-Cal managed care plan?

Yes.

Can families also go to Covered CA Certified Enrollment Entities to get assistance in selecting a managed care plan?

Covered CA CEEs can help a consumer fill out and submit a choice packet, but plan selection must be done through Health Care Options.
Selecting a Health Plan

What if someone needs to enroll in a plan right away?

Call the Medi-Cal Managed Care Ombudsman (888-452-8609) for expedited enrollment to assess for medical need; however counties can do an online fillable form with Health Care Options – so if you have a county worker who can vouch for the urgent medical need they can send it to the Ombudsman too.
Finding a Provider

Will there be enough medical providers to serve the targeted communities with this expansion?

Medi-Cal has both time and distance access standards so that everyone should be able to see a provider, but . . .

When Medi-Cal families are switched to plans in LA County, we find it restricts their access to dental treatment. How will this change or will it? It is hard to find dentists that take Denti-Cal.

SB 75 children will have dental coverage. Dental managed care plans are optional in LA County and a person can enroll or disenroll every month. Families can also call the Denti-Cal Telephone Service Center for additional help at 1-800-322-6384.
Questions & Answers

Discussion Question: What does Health4All Kids implementation look like for your community? What are your questions, challenges, concerns or expectations?

To participate in the town hall:
• Submit a question or comment through the written chat function
• “Raise your hand” to enter the queue to make verbal comment or question – you must be dialed in with your audio PIN
• Remember to identify your name and organization
Thank You

Check out www.health4allkids.org to access the toolkit resources that will be regularly updated

Stay tuned!

Twitterchat  - May 10th at 11am

Senator Lara’s Health4AllKids Road to Enrollment Tour
May 12th - May 16th

Contact us: questions@health4allkids.org