

HEALTH CARE CONNECTIONS

ADDENDUM/UPDATES

MARCH 2010

**CALIFORNIA HEALTH CARE PROGRAMS COMPARISON CHART
Children's Health Access and Medical Program (CHAMP)**

| Questions | Medi-Cal Percentage Program | Child Health and Disability Prevention (CHDP) | The Healthy Families Program |
|--|--|--|---|
| Who is eligible? | <ul style="list-style-type: none"> Children birth to their 19th birthday Pregnant women <p>Note: Other Medi-Cal programs are available for certain adults.</p> | <ul style="list-style-type: none"> Children birth to their 19th birthday or Children birth to their 21st birthday if children have Medi-Cal (with a Share-of-Cost) | <ul style="list-style-type: none"> Uninsured children (within certain income limits) from birth to their 19th birthday. If you are 18 or under, and your income meets the requirements, you may be able to apply on your own. Minors that are emancipated may be eligible to apply for themselves and their children. |
| What are the income limits? | <p>For no-cost Medi-Cal:</p> <ul style="list-style-type: none"> Children birth up to 1 and Pregnant Women: up to 200% FPL Children 1 through 5: up to 133% FPL Children 6 through 18: up to 100% FPL | <ul style="list-style-type: none"> Children birth to their 19th birthday: up to 200% FIG Children birth to 21st birthday: on Medi-Cal with a Share-of-Cost | <ul style="list-style-type: none"> Children birth to 1: 200% to 250% FIG Children 1 through 5: 133% to 250% FIG Children 6 through 18: 100% to 250% FIG |
| What does it cost? | <ul style="list-style-type: none"> If income falls within the limits services may be no-cost. Share-Of-Cost (SOC) Medi-Cal costs vary based on family income. Families have to meet their SOC before Medi-Cal pays for services. | <ul style="list-style-type: none"> No cost If children have Medi-Cal and are found to need treatment during the CHDP screening exam, Medi-Cal will be billed for those treatment services. | <ul style="list-style-type: none"> There are two costs for Healthy Families: <u>Premiums</u> paid every month are \$4 to \$17 per child. <u>Co-payments</u> of \$5 are paid for some services. There is a monthly maximum of \$51 for premiums per family. There is an annual cap of \$250 that the family must pay for health co-payments. Resources do not count in this program. |
| What are the resource limits? | <ul style="list-style-type: none"> Resources do not count for pregnant women and children who are eligible for no-cost Medi-Cal. | <ul style="list-style-type: none"> Resources do not count in this program. | <ul style="list-style-type: none"> Resources do not count in this program. |
| Does immigration status matter? | <ul style="list-style-type: none"> Citizens, Legal Permanent Residents and certain other immigrants may receive full-scope Medi-Cal. Undocumented immigrants can still receive Restricted Medi-Cal for emergency conditions and pregnancy-related services only. Undocumented immigrants may qualify for full-scope Medi-Cal if they have PRUCOL Status (contact CHAMP for more information) California residency is required. | <ul style="list-style-type: none"> No, all children within the income limits for this program are eligible to receive CHDP services. | <ul style="list-style-type: none"> U.S. citizens and certain immigrants may qualify. The immigration status of the parents or applicants is not requested. |
| Is California residency required? | <ul style="list-style-type: none"> California residency is required. | <ul style="list-style-type: none"> California residency is required. | <ul style="list-style-type: none"> California residency is required. |
| What documents are required? | <ul style="list-style-type: none"> Proof of income, identification, and California residency Immigration status and Social Security number (SSN) or proof of application, <u>if applying for full-scope Medi-Cal</u> No SSN proof needed <u>if applying for Restricted Medi-Cal</u> Checking and savings account statements Proof of pregnancy if pregnant | <ul style="list-style-type: none"> Self-stated monthly income – families state their incomes when they apply at their doctors' offices or clinic | <ul style="list-style-type: none"> Proof of income Proof of immigration status or citizenship for the children Proof of deductions |

*Federal Income Guidelines (FIG) lists amount of income the federal government says a family requires to meet its basic needs. Also known as Federal Poverty Level (FPL).
For more information on any of the programs listed please email askthetrainers@champ-net.org or call Brooke Fox at (213) 538-0774. You can also visit our website: www.champ-net.org.
National Health Foundation- Rev. 2009

**CALIFORNIA HEALTH CARE PROGRAMS COMPARISON CHART
Children's Health Access and Medical Program (CHAMP)**

| Questions | Medi-Cal Percentage Program | Child Health and Disability Prevention (CHDP) | Healthy Families |
|--|--|--|---|
| Where can families apply? | <ul style="list-style-type: none"> Applications for <u>children and pregnant women</u> who qualify for no-cost Medi-Cal may be mailed when complete. For an application call toll free 1-888-747-1222. At Medi-Cal offices and other community sites such as clinics, hospitals and schools | <ul style="list-style-type: none"> At participating doctors or clinics that are "CHDP-approved" At local CHDP offices and other community sites (clinics and schools) Call toll free 1-800-993-CHDP to learn more Children can immediately receive services if they qualify for CHDP. | <ul style="list-style-type: none"> Call toll free 1-888-747-1222 to request an application & handbook in the mail. Applications and assistance are available at community centers and places such as clinics, hospitals and schools. Completed applications must be processed within 10 days of when they are received. Families should get an answer back in the mail within 20 days. |
| How long does it take to get benefits? | <ul style="list-style-type: none"> Up to 45 days <p>Note: Another Medi-Cal program, Presumptive Eligibility, helps pregnant women and certain disabled people with temporary Medi-Cal coverage while their Medi-Cal applications are being processed.</p> | <ul style="list-style-type: none"> CHDP covers preventive care services based on an age schedule. Medical office visits, vision and hearing tests, dental screening, doctor and dentist referral Hospitalizations are not covered. Medicines are given by prescription. | <ul style="list-style-type: none"> Medical office visits, dental and vision care, hospitalizations, needed medical tests, prescription medicines, and mental health services. All medically necessary services including preventive care. |
| What benefits are covered? | <ul style="list-style-type: none"> Full-scope Medi-Cal covers: medical office visits, hospitalizations, dental and vision care, prescription medicines, mental health services, substance abuse services and needed medical tests. Restricted Medi-Cal covers: emergency and pregnancy-related services. <p>Note: Minor Consent or provides treatment for sexually transmitted diseases, drug and alcohol abuse, family planning, sexual assault, mental health, pregnancy and pregnancy-related services to children under the age of 21.</p> | <ul style="list-style-type: none"> To find or verify that doctors are CHDP-approved, call the local CHDP office: Los Angeles Co. 800-993-CHDP Orange Co. 714-834-7700 Riverside Co. 800-346-6520 San Bernardino Co. 909-387-6499 Santa Barbara Co. 800-288-8145 Ventura Co. 800-781-4449 CHDP exams are provided by: CHDP-approved doctors, county health centers, some school districts, and Medi-Cal managed care doctors (if child is enrolled in Medi-Cal managed care). | <ul style="list-style-type: none"> Services are provided through health plans. Applicants choose health, dental and vision plans for their children when they apply. Dental and vision services are separate plans. The health plans send applicants information about their doctors, clinics, and hospitals. Applicants must then choose a doctor for each of their children in Healthy Families. |
| How and where do participants receive services? | <ul style="list-style-type: none"> Most children will be in enrolled in managed care health plans (HMOs) except children in foster care, adoption assistance, those with Share-of-Cost Medi-Cal, and those with Restricted Medi-Cal as well as disabled children. Health plan information is mailed to families after they are enrolled in Medi-Cal. Individuals in an HMO must choose a primary care doctor and get referrals from their primary care doctors to see specialists. Managed care plans must provide the same benefits as "regular" Medi-Cal. Individuals not enrolled in managed care health plans may use "fee-for-service" (regular) Medi-Cal and may go to any provider who accepts Medi-Cal (fee-for-service). | <ul style="list-style-type: none"> Children may still be able to get CHDP even if they have health insurance - ask their CHDP doctors. | <ul style="list-style-type: none"> Children who have not been insured for at least 90 days under employer-sponsored insurance are eligible for this program. Parents may have other insurance. |
| What if participants have other health insurance? | <ul style="list-style-type: none"> Medi-Cal might pay what the other health insurance does not. Ask an Eligibility Worker or call the Health Insurance Premium Payment program (HIPP) toll free 800-952-5294 if families need assistance paying for the insurance they have. | <p>Visit CHDP's website at: www.dhcs.ca.gov/services/chdp/Pages/default.aspx</p> | <p>Call the Healthy Families Program at 1-888-747-1222 or visit their website at: www.healthyfamilies.ca.gov</p> |
| Contact information: | <p>Visit Medi-Cal's website at www.medi-cal.ca.gov</p> | | |

*Federal Income Guidelines (FIG) lists amount of income the federal government says a family requires to meet its basic needs. Also known as Federal Poverty Level (FPL).
For more information on any of the programs listed please email askthetrainers@champ-net.org or call Brooke Fox at (213) 538-0774. You can also visit our website: www.champ-net.org.
National Health Foundation - Rev. 2009

**CALIFORNIA HEALTH CARE PROGRAMS COMPARISON CHART
Children's Health Access and Medical Program (CHAMP)**

| Questions | Healthy Kids | Kaiser Permanente Child Health Plan |
|--|--|---|
| Who is eligible? | <ul style="list-style-type: none"> Children from birth to their 19th birthday Children who are not eligible for either no SOC Medi-Cal or Healthy Families. <p>Note: Currently, applications are no longer being accepted for children greater than 5 ½ years old. Please call to find out if enrollment has been extended to other ages.</p> | <ul style="list-style-type: none"> Uninsured children up to age 19 who are not eligible for other public/private programs, such as Medi-Cal or Healthy Families. <p>Note: Enrollment for this program is based on the available funding. Please check with the program to verify if they are accepting new applications.</p> |
| What are the income limits? | <ul style="list-style-type: none"> Children under age 19, between 0% FIG and 300% FIG. | <ul style="list-style-type: none"> Children under age 19, between 0% FPL and 300% FPL |
| What does it cost? | <ul style="list-style-type: none"> Monthly premiums range from \$0 to \$6 per child There is a \$5 co-payment for some services. (Maximum co-payment of \$250 per family per year) Resources do not count in this program. | <ul style="list-style-type: none"> The monthly premium is \$8 or \$15 per child depending on families' incomes. Families only have to pay premiums for the first three children enrolled. There are co-payments for some services. Resources do not count in this program. |
| What are the resource limits? | <ul style="list-style-type: none"> No. Undocumented children within the income limits for this program are eligible to receive services. | <ul style="list-style-type: none"> No. Undocumented children within the income limits for this program are eligible to receive services. |
| Does immigration status matter? | <ul style="list-style-type: none"> Proof of income and documentation for deductions | <ul style="list-style-type: none"> Proof of income (last filed income tax return, W-2 forms or pay stubs, disability check stubs for the last complete calendar month) |
| What documents are required? | <ul style="list-style-type: none"> Families can call 1-888-452-5437 to request an application or for more information. | <ul style="list-style-type: none"> Call 800-255-5053 (free) to request applications. Applications must be mailed when complete. Applications are available at some schools. |
| Where can families apply? | <ul style="list-style-type: none"> If application is submitted by the 19th the children will get enrolled the following month. | <ul style="list-style-type: none"> About 45 days to process the application. Coverage begins on the 1st day of the month following approval. |
| How long does it take to get? | <ul style="list-style-type: none"> This program offers health, dental, vision, prescription, and mental health services. | <ul style="list-style-type: none"> Comprehensive preventive, primary, and specialty health care coverage: medical office visits, vision care, prescription drugs, mental health services, substance abuse services, health education, hospital services, and needed lab tests. |
| What benefits are covered? | <ul style="list-style-type: none"> Children receive medical services from LA Care Providers. Children receive dental coverage through Safeguard Dental and vision coverage through VSP Vision Care. Families that want to change their doctors can call 1-888-839-9909 | <ul style="list-style-type: none"> Children receive services through Kaiser Permanente medical offices and hospitals. Children receive dental coverage through DeltaCare USA, a subsidiary of Delta Dental California. |
| How and where do participants receive services? | <ul style="list-style-type: none"> Children may be eligible for healthy kids even if they receive Restricted (Emergency) Medi-Cal or Share-Of-Cost Medi-Cal. Children currently enrolled in employer-sponsored insurance, Medi-Cal or Healthy Families are not eligible. | <ul style="list-style-type: none"> Children cannot have other health insurance, such as employer coverage or health coverage through Medi-Cal or Healthy Families to be eligible for this program. |
| What if participants have health other insurance? | <p>Please contact L.A. Care for more information at 1-888-452-5437 or visit their website: www.lacare.org</p> | <p>Please contact Kaiser Permanente Member Services at 1-800-464-4000 or visit their website at: http://info.kp.org/childhealthplan/</p> |
| Contact information: | | |

*Federal Income Guidelines (FIG) lists amount of income the federal government says a family requires to meet its basic needs. Also known as Federal Poverty Level (FPL).

For more information on any of the programs listed please email askthetrainers@champ-net.org or call Brooke Fox at (213) 538-0774. You can also visit our website: www.champ-net.org.
National Health Foundation- Rev. 2009

INCOME ELIGIBILITY GUIDELINES

EFFECTIVE APRIL 1, 2009- MARCH 31, 2010

| Family Size | Child Age 0-1 or Pregnant Woman Medi-Cal | Child Age 0-1 | | Child Age 1-5 | | Child Age 6-18 | | Child Age 6-18 | | Child Age 0-18 Safety Net Programs | |
|-------------|--|------------------|------------------|------------------|------------------|------------------|------------------|----------------|--------------|------------------------------------|--|
| | | Healthy Families | Healthy Families | Medi-Cal | Healthy Families | Medi-Cal | Healthy Families | Medi-Cal | Healthy Kids | Kaiser (based on annual income) | |
| 1 | \$0- \$1,805 | \$1,806- \$2,257 | \$0- \$1,201 | \$1,202- \$2,257 | \$0- \$903 | \$904- \$2,257 | \$0- \$2,708 | \$0- \$32,490 | | | |
| 2 | \$0- \$2,429 | \$2,430- \$3,036 | \$0- \$1,615 | \$1,616- \$3,036 | \$0- \$1,215 | \$1,216- \$3,036 | \$0- \$3,643 | \$0- \$43,710 | | | |
| 3 | \$0- \$3,052 | \$3,053- \$3,815 | \$0- \$2,030 | \$2,031- \$3,815 | \$0- \$1,526 | \$1,527- \$3,815 | \$0- \$4,578 | \$0- \$54,930 | | | |
| 4 | \$0- \$3,675 | \$3,676- \$4,594 | \$0- \$2,444 | \$2,445- \$4,594 | \$0- \$1,838 | \$1,839- \$4,594 | \$0- \$5,513 | \$0- \$66,150 | | | |
| 5 | \$0- \$4,299 | \$4,300- \$5,373 | \$0- \$2,859 | \$2,860- \$5,373 | \$0- \$2,150 | \$2,151- \$5,373 | \$0- \$6,448 | \$0- \$77,370 | | | |
| 6 | \$0- \$4,922 | \$4,923- \$6,153 | \$0- \$3,273 | \$3,274- \$6,153 | \$0- \$2,461 | \$2,462- \$6,153 | \$0- \$7,383 | \$0- \$88,590 | | | |
| 7 | \$0- \$5,545 | \$5,546- \$6,932 | \$0- \$3,688 | \$3,689- \$6,932 | \$0- \$2,773 | \$2,774- \$6,932 | \$0- \$8,318 | \$0- \$99,810 | | | |
| 8 | \$0- \$6,169 | \$6,170- \$7,711 | \$0- \$4,102 | \$4,103- \$7,711 | \$0- \$3,085 | \$3,086- \$7,711 | \$0- \$9,253 | \$0- \$111,030 | | | |
| 9 | \$0- \$6,792 | \$6,793- \$8,490 | \$0- \$4,517 | \$4,518- \$8,490 | \$0- \$3,396 | \$3,397- \$8,490 | \$0- \$10,188 | \$0- \$122,250 | | | |
| 10 | \$0- \$7,415 | \$7,416- \$9,269 | \$0- \$4,931 | \$4,932- \$9,269 | \$0- \$3,708 | \$3,709- \$9,269 | \$0- \$11,123 | \$0- \$133,470 | | | |

Important Telephone Numbers

| Healthy Families & Medi-Cal Outreach Line | Healthy Families & Medi-Cal Information Line | Healthy Families Membership Line | EE/CAA Help Desk | Medi-Cal Ombudsman (Los Angeles County) |
|---|--|--|---|---|
| 1-888-747-1222 | 1-800-880-5305 | 1-866-848-9166 | 1-800-279-5012 | 1-888-452-8609 |
| <ul style="list-style-type: none"> • Application assistance • Apply by phone • Request and Application • Check status of an application | <ul style="list-style-type: none"> • Ask general question regarding Medi-Cal or Healthy Families Programs • Request and application • Find a CAA in your area | <ul style="list-style-type: none"> • Ask questions about HF coverage • Report change of address • Report change in family size • Add a child to HF | <ul style="list-style-type: none"> • Information on CAA training • Update registration information • Ask basic eligibility questions | <ul style="list-style-type: none"> • Report problems with your health plan |

VISIT THE WEBSITE AT WWW.CHAMP-NET.ORG

QUICK REFERENCE GUIDE FOR ASSISTORS

Who is considered a family member?

| Who counts as an adult family member? | Who counts as children? |
|--|--|
| <ul style="list-style-type: none"> Natural or adoptive parents of the child who would get benefits Husband of the pregnant woman Pregnant woman Step-parents | <ul style="list-style-type: none"> Unborn child of a family member All children, full and half-siblings, under age 21 living in the home All children, full and half-siblings, under age 21 away at school and claimed as tax dependents All stepchildren under age 21, who live in the home |

NOTE: The above rules apply to *Medi-Cal and Healthy Families*. Caretakers, foster parents, and legal guardians are **NOT** listed as family members, and their income is not counted.

Steps to estimate income

- List qualified family members
- List qualified family income
- Determine deductions

What income counts and does NOT count?

| Counts | Doesn't count |
|---|--|
| <ul style="list-style-type: none"> Earnings from your job, including cash, wages, salary, commissions, and tips Self-employment net profits Government benefits, such as Social Security, Workers' Compensation, Unemployment Child support Alimony/spousal support Pensions or retirement Other income including, but not limited to, grants for living expenses, settlement benefits, rental net profit, gifts, lottery/bingo winnings and interest income | <ul style="list-style-type: none"> Supplemental Security Income/State Supplementary Program (SSI/SSP) payments Foster care payments CalWORKS (replaces the former AFDC program) payments General Relief payments Grants or scholarships, college work study used for college expenses Earnings from a job of a child under age 14 Earnings from a job of a child attending school Income of a step-parent Some government benefit payments – please check with your local county welfare office |

To estimate qualified family income

| If the family member gets paid... | Then... |
|--|---|
| Weekly | Multiply amount by 4.33 |
| Every 2 Weeks (i.e. every other Friday) | Multiply amount by 2.167 |
| Twice Monthly (i.e. 1 st and 15 th) | Multiply amount by 2 |
| Monthly | Use the amount of that paycheck |
| Yearly | Divide annual amount by 12 |
| Alimony Received | Use the amount of the alimony received |
| If using Federal Tax Return | Use the adjusted gross income and divide by 12 |
| If using Federal Tax Return & Schedule C for Self Employed | Use only the positive amounts (lines 7-21) and divide by 12 |

To estimate income deductions

| If the family member... | Then deduct from monthly income... |
|--|---|
| Receives wages, self employment, or Temporary Workers' Compensation Disability Insurance | Maximum of \$90 |
| Is in day/childcare while parents work/train for job | -Maximum of \$175 for children age 2 and over -Maximum of \$200 for children under age 2 |
| Pays expenses for the care of a disabled dependent | Maximum of \$175 |
| Receives alimony or child support | Maximum of \$50 deduction per family |
| Pays court-ordered alimony or child support | The amount paid, up to court-ordered amount |



Items You May Need with Your Application

Medi-Cal

- Proof of income (copies of income stubs, tax returns or W-2)
- Proof of deductions
- Identification with name & address
- Social security card (if applicable)
- Copy of birth certificate or proof of immigration status
- Proof of California residency
- If pregnant, verification of pregnancy with estimated due date

Healthy Families

- Proof of income
- Deduction documentation (if applicable)
- Identification with name & address
- Proof of children's immigration status*
- Proof of children's US citizenship*
- First Premium Payment*:
(Money order, cashiers check, or personal check)

*Due within 60 days of application.

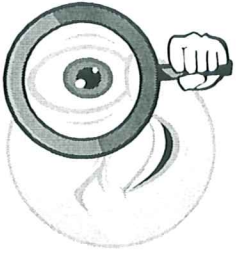
Kaiser Permanente Child Health Plan

- Proof of Income (one full month's worth)
 - copies of income stubs, tax returns, profit/loss statement, enclosed self-stated affidavit, etc.
- Valid California residency information

Healthy Kids

- Proof of Income
 - copies of income stubs, tax returns, profit/loss statement, self-stated affidavit, etc.
- Deduction Documentation (if applicable)
- County Residency Documentation

Please see other side for examples of Proof of Income, Verification of Citizenship, Proof of California Residency, etc.



Example of Documents

Proof of Income*:

Most recent paycheck stub (within 45 days of application)
Unemployment benefits statement
Letter from employer indicating how much you make and how often you get paid (on company letterhead)
Letter from person supporting you

Proof of California Residency*:

Rent, mortgage or utility receipts in your name
Car registration in your name
Voter registration
California ID or driver's license
Proof of employment
Proof of registration with an employment agency
Proof of child's enrollment in a California school
Proof you receive other public assistance, such as WIC/AFDC

Identification*:

California driver's license
DMV ID card
Picture ID
Birth certificate
Hospital or clinic card
Bill with your name and address

Immigration Status*:

Green Card
Employment authorization card
Military identification card

Verification of Citizenship*:

Birth certificate
Passport
Naturalization certificate

***This list is not complete. If you do not have any of these documents, call the program(s) for which you want to apply. They may be able to help.**