



We Treat Kids Better

An Overview of the Medi-Cal Program

Kathryn Smith, RN, DrPH

University Center for Excellence in Developmental
Disabilities, CHLA

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Medicaid

- A form of health insurance for low income and disabled individuals
- Title XIX of the Social Security Act, 1965, Johnson administration
- Federal and state partnership
- Federal guidelines define the scope of services, extent of coverage and certain administrative requirements
- States administer the program, determine income eligibility criteria within federal requirements, specify services covered, how to administer the program and payment levels/methods

Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

- Added to the federal Medicaid program in 1967 and is required in every state.
- The goal is to improve the health of low income children by funding necessary services through a comprehensive set of benefits for children.
- EPSDT was expanded as part of OBRA 89 and rewrote the definition of medical necessity to cover services that can “correct or ameliorate” a condition identified on an EPSDT screening for anyone under 21.
- Under EPSDT, any medically necessary service must be provided to an EPSDT recipient even if the service is not available in the state’s Medicaid plan. Therefore, children have access to a broader range of services than adults.

Medi-Cal

- California's version of the federal Medicaid program
- For FY 2008-09
 - Total residents- 36,641,700
 - Below 100% of poverty- 7,960,600 (22%, compared to 20% nationally)
 - 100-138% of poverty- 3,023,200 (8%, compared to 8% nationally)
 - Poor children- 2,785,000 (28%, compared to 27% nationally)
 - Hispanic- 14,090,900 (38%, compared to 16% nationally)
 - CA residents with Medi-Cal- 10,511,100
 - CA children with Medi-Cal- 4,276,200 (approximately 43% of child population in CA)

Kaiser Commission on Medicaid and the Uninsured, 2011

Medi-Cal Eligibility

- Children under age 21; people 65 and over; certain refugees; people who are disabled, blind or in a skilled nursing facility; pregnant women and some families.
- Families may be eligible if they have a child under the age of 21 and one parent is absent, deceased, disabled, incapacitated or unemployed.
- Automatically available to anyone who receives Cal-Works, SSI/SSP, Entrant or Refugee Cash Assistance, In-Home Supportive Services, foster care payments or adoption assistance.
- Special programs exist for those with TB, living in a nursing home, need dialysis or have breast or cervical cancer.

Maternal and Child Health Access, 2011

Medi-Cal Eligibility

- Children birth up to age 1- up to 200% of FPL
- Children 1 up to age 6- up to 133% of FPL
- Children 6 up to age 19- up to 100% of FPL
- Income over the % allowed results in a share-of-cost
- Federal poverty level (Foundation for Health Care Coverage, 2011):
 - \$10,890 for a family of 1
 - \$14,710 for a family of 2
 - \$18,530 for a family of 3
 - \$22,350 for a family of 4
 - Pregnant women are counted as 2

Share-of-Cost Medi-Cal

- Medi-Cal for those with incomes too high to qualify for regular, full scope Medi-Cal.
- Share of cost is amount of health care expense a recipient must accumulate each month before Medi-Cal begins to offer assistance.
- Families do not pay anything in the months that they do not use Medi-Cal.
- Share of cost starts over each month.
- Children up to age 19 years with share of cost Medi-Cal may also be eligible for Healthy Families, and usually costs less than share of cost.

Transitional Medi-Cal

- Extends Medi-Cal coverage for up to one year for families who have left welfare due to increased earnings. Many eligible families may not be enrolling.

Special Considerations for Teenagers

- Youth 14-20 who do not receive any financial support from parents can apply for Medi-Cal on their own.
- Youth 12-20 who are living with their parents, or away but still supported by their parents (for instance, at school), may apply for “Minor Consent Services”, or “Sensitive Services” without their parents’ knowledge or consent. Parents’ income is NOT considered and parents are NOT told about the application. These services cover sexually transmitted diseases, drug and alcohol abuse, mental health, family planning, sexual assault, pregnancy and pregnancy-related issues.

Immigration Status Related to Medi-Cal

- Immigration status of a parent should not be considered for Medi-Cal for the child only.
- Legal permanent residents and most other legal immigrants can qualify for full scope Medi-Cal.
- Undocumented persons can qualify for restricted Medi-Cal for emergencies and pregnancy related services.
- Individuals must be CA residents to get Medi-Cal, that is they must show that they live and plan to stay in CA, with no plans to leave.

What Services are Paid for by Medi-Cal?

- Hospital inpatient care
- Outpatient care
- Skilled nursing care
- Equipment and supplies
- Therapy
- Doctor visits
- Laboratory tests
- X-rays
- Pharmaceuticals
- Medical transportation

How are Services Provided

- Fee-for-service- historically, the traditional way that Medi-Cal services were delivered and paid for. Recipients are free to seek health care from any Medi-Cal provider. Fee-for-service provides freedom to choose providers, but presents barriers in identifying providers willing to accept Medi-Cal.
- Managed care- in 1993 CA began implementation of a plan to move many Medi-Cal recipients into managed care. Capitated payments are given to providers who are then expected to provide specified services. The managed care health plans are obligated to have certain specialists in their networks and have timelines for scheduling visits. Some still report barriers in finding appropriate services or seeing a provider outside the network.

Where to Apply for Medi-Cal

- By mail (call 1 800 880 5305)
- At a county welfare office
- In some counties at community clinics, county clinics and hospitals where the parent or child is a patient
- In some counties at a child's day care center or school

Recent Changes to the Medi-Cal Program

- As of July 1, 2011, many adults and children with disabilities who have fee-for-service Medi-Cal are now required to join a health plan if they live in one of 16 counties (see next slide for counties).
- Mandatory enrollment applies to children and youth in those counties who have disability related Medi-Cal, such as Medi-Cal linked to SSI.
- Exceptions: receives services from CCS, receives foster care or adoption assistance, is enrolled in a private health care plan, is in a long term care facility, has Medicare, has share of cost Medi-Cal.

Mandatory Counties

- Alameda
- Contra Costa
- Fresno
- Kern
- Kings
- Los Angeles
- Madera
- Riverside
- Sacramento
- San Bernardino
- San Diego
- San Francisco
- San Joaquin
- Santa Clara
- Stanislaus
- Tulare

How Mandatory Enrollment Will Work

- Families of children who are required to enroll in managed care will receive an enrollment packet from Health Care Options, California's enrollment organization.
- Families should receive letters and phone calls about 90 days before they are required to enroll to explain the steps.
- The date mandatory enrollment begins for the child depends on his/her date of birth beginning with birthdays in May.

Other Medi-Cal Changes

- Beginning 2009-2010 the Legislature eliminated 10 Medi-Cal benefits including adult dental care, podiatry and psychological services (for adults).
- In March 2011 the Legislature imposed co-payments from \$3 to \$100 for health care services, including prescription drugs and hospitalizations, to take effect 2011-2012 and requires federal approval.
- In March 2011 the Legislature cut payments to Medi-Cal providers beginning 2011-2012, currently being reviewed by the courts.
- In the 2010-2011 budgets the Legislature eliminated funding to pay Medicare Part B premiums for certain seniors eligible for Medi-Cal.
- Reduced funding for community clinics.
- Reduced funding for counties to operate their Medi-Cal program.

California Budget Project, 2011

Medicaid Waivers

- Section 1115- projects that test innovations, research and demonstration projects to temporarily test expanded eligibility or coverage options.
- Section 1915(b)- allows states to implement managed care delivery systems or otherwise limit choice of providers.
- Section 1915(c)- allows long term care services to be delivered in community settings (vs. institutional settings).

Section 1915(c) Waivers

- Also known as Home and Community Based Services (HCBS) or Katie Beckett waivers
- States may offer a variety of services to consumers under these waivers
- Can be a combination of traditional medical services (i.e., skilled nursing care) or non-medical services (i.e., case management)
- States have discretion in how many consumers they serve
- Allows states to treat certain Medicaid populations in home or other community-based settings rather than hospitals or long term care settings

Section 1915 (c) Waivers

- Allows states to develop specific Medicaid programs for individuals who would be Medicaid eligible if they were in a long term care facility.
- Covers certain groups of people (individuals with developmental disabilities) or those with certain conditions (technology dependent children).
- Often includes an exemption from the Income and Resource Standards.
- In many states there are waiting lists for waivers, as there is a cap in each state.

CHDP Gateway

- The CHDP Program serves as a "Gateway" to provide access for uninsured children to the Medi-Cal or the Healthy Families Programs through an automated pre-enrollment process.
- A single online application event will determine eligibility for temporary enrollment into Medi-Cal or Healthy Families.
- Pre-enrollment provides immediate temporary full-scope comprehensive health care coverage to qualifying children for the month of application and the subsequent month.

Medi-Cal's Interface with Other Programs

- In most counties, CCS services are carved out of Medi-Cal managed care. That means that the Medi-Cal managed care plan does not manage the child's CCS eligible condition. It is managed by the CCS program. Other health conditions in the child are the responsibility of the health plan. CA is about to begin pilots within the CCS program to test models of care that will include the CCS care as well as other health care needs.
- Mental health services for serious emotional disturbances in children are carved out of Medi-Cal managed care and are managed by the county mental health programs.