

# Maternal and Child Health Access

## Monthly Meeting

Thursday, March 21, 2013



1. Introductions
2. Materials distributed; materials sent by e-mail
3. Guest Speaker: Jenny Kattlove, Director, Strategic Health Initiatives, The Children's Partnership
4. Updates: Healthy Way LA Kids – Celia Valdez  
Healthy Families to Medi-Cal: 137,114 children transitioning April 1 – Lynn Kersey
5. Guest speaker: Nourbese Flint, Black Women for Wellness –  
Reproductive Health Week March 25-29
6. Announcements

**Next MCH Access Meeting: Thursday, April 18**

## HEALTH CARE COUNTABLE INCOME COMPARISON CHART (After Deductions)

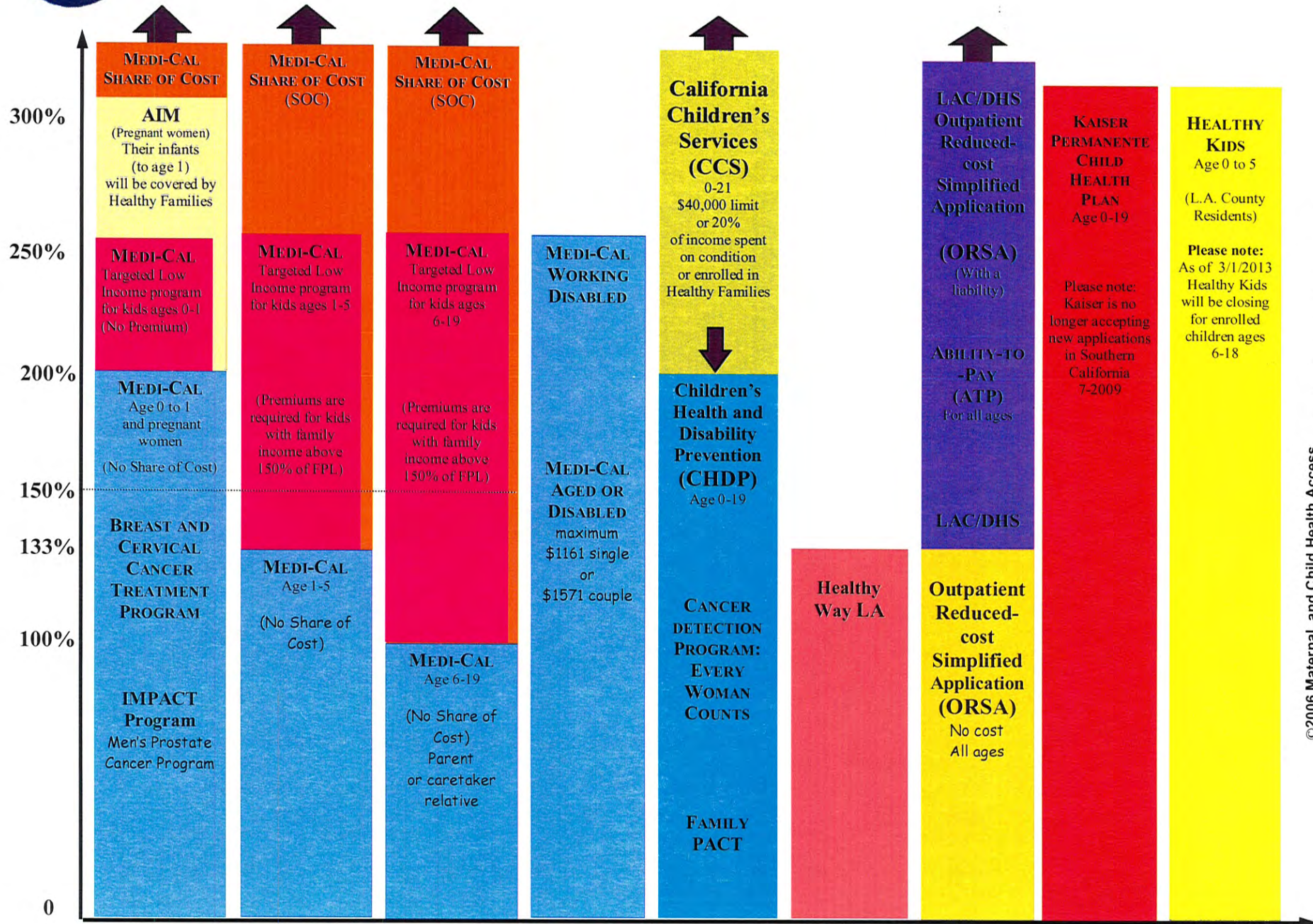
(Effective 4-1-2013 through 3-31-2014)

Number of Persons	Maintenance Need Level 19 and up, also to calculate Medi-Cal Share of Cost	1931(b) applicants Medi-Cal Parents & children to age 18* & 100% FPL Medi-Cal Children 6 to 19	1931(b) Recipients Medi-Cal Parents & children to age 18*	133% FPL Medi-Cal Children age 1 thru 5, & Healthy Way LA	150% FPL Medi-Cal Targeted Low Income Children's Program (no premium to 150%)	Transitional Medi-Cal 185% FPL	200% FPL Medi-Cal Pregnant women, infants -1 year	250% FPL Medi-Cal Targeted Low Income Children's Program (with premium 151% to 250%), & AIM babies (200-250%), & Working Disabled Medi-Cal	300% FPL KP Child Health Plan, & AIM, & AIM babies above 250%	400% FPL Healthy Kids
1	\$ 600	\$ 958	\$ 398	\$1274	\$1437	\$1772	\$1915	\$2394	\$ 2873	\$3830
2**	\$ 750*	\$1293	\$ 653	\$1720	\$1939	\$2392	\$2585	\$3232	\$ 3878	\$5170
3	\$ 934	\$1628	\$ 808	\$2165	\$2442	\$3011	\$3255	\$4069	\$ 4883	\$6510
4	\$ 1100	\$1963	\$ 961	\$2611	\$2944	\$3631	\$3925	\$4907	\$ 5888	\$7850
5	\$ 1259	\$2298	\$1,094	\$3056	\$3447	\$4251	\$4595	\$5744	\$ 6893	\$9190
6	\$ 1417	\$2633	\$1,229	\$3502	\$3949	\$4871	\$5265	\$6582	\$ 7898	\$10,530
**Count pregnant woman as 2	* Pregnant woman, adult & child: \$750. 2 adults: \$934	*To age 19 if still in high school	*To age 19 if still in high school							
Each additional person, add	\$ 14	\$ 335		\$ 446	\$ 503	\$ 620	\$ 670	\$ 838	\$1005	\$1340

Program Name	Income Limits and Costs
MAINTENANCE NEED (MNL)	Medi-Cal allows families a portion of their income for living expenses, called the Maintenance Need Level or MNL. Once other eligibility requirements are met, family size and income determines if family members can get Medi-Cal at no cost or with a Share-of-Cost (SOC). MNL determines the amount of SOC.
1931(b) MEDI-CAL	The income eligibility numbers are lower due to significant income deductions for "recipients". There is no Share-of-Cost with 1931(b). Families may be eligible under the 1931(b) figures or the 100% FPL figures.
MEDI-CAL TARGETED LOW-INCOME CHILDREN'S PROGRAM	Expanded Medi-Cal and former Healthy Families Program for children up to 250% FPL. Children eligible for this program with income above 150% of FPL will be required to pay a monthly premium. AIM-linked infants in former H.F. with income below 250% will transition to Medi-Cal. AIM-linked infants between 251-300% FPL will remain in H.F.'s until 2014.
MINOR CONSENT	Minors can receive limited scope Medi-Cal under this program for pregnancy, STD care, family planning, sexual assault or mental health services. There are no income or immigration restrictions for this program.
AGED & DISABLED	People who are 65 and over, or meet the Social Security definition of disabled can qualify for this program if their countable income (income after allowed deductions) is less than \$1,188 for an individual or \$1,603 for a married couple (if both apply). All SSI recipients qualify for Medi-Cal.
BREAST/CERVICAL CA	Men or women diagnosed with breast cancer or women diagnosed with cervical cancer can qualify for this Medi-Cal program if income below 200% FPL.
FOSTER CARE & ADOPTION	Children who receive federal adoption assistance or foster care maintenance payments must be covered by Medi-Cal. Children leaving the state foster care program at age 18 may retain full scope Medi-Cal benefits regardless of income until they are 21.
TUBERCULOSIS	Countable income must be below \$1,433 per month, if married, count only the applicant's income. Limited to outpatient TB related services.



# Health Insurance and Health Services — Income Guidelines



# Full Scope Aid Codes

	Age Group	Percent Level	Aid Code	
	0-1	At or below 200%	47	
<b>NEW</b>	0-1	Above 200% - Up to 250%	H1	
	1-6	At or below 133%	72	
	1-6	At or below 133%, Over Assets	8P	
<b>NEW</b>	1-6	Above 133%- Up to 150%	H2	
<b>NEW</b>	1-6	Above 150%- Up to 250%	H3	<b>PREMIUM</b>
	6-19	At or below 100%	7A	
	6-19	At or below 100%, Over Assets	8R	
<b>NEW</b>	6-19	Above 100%- Up to 150%	H4	
<b>NEW</b>	6-19	Above 150%- Up to 250%	H5	<b>PREMIUM</b>

# This Computes!



**Department of Health Care Services  
Children's Medical Services Network  
(CMS Net) - Information Bulletin # 322  
REVISED**

**(CMSNET) Information Bulletin # 322 REVISED 03/15/2013**

## **Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) Supplemental Service for Private Duty Nursing (PDN).**

In-Home Operations (IHO) Section no longer processes requests for EPSDT Supplemental Service PDN except for those children enrolled in their waiver. In addition, Medical Case Management (MCM) no longer processes requests for EPSDT Supplemental Service PDN. This function has been transferred to the Systems of Care Division (SCD), EPSDT Unit located in Los Angeles.

This process affects children enrolled in a Medi-Cal Managed Care Plan (MCP) who have a California Children's Services (CCS) eligible medical condition carved out of the MCP, and have been referred to the CCS Program for case management and authorization of PDN services related to the child's CCS eligible condition. These requests will be deferred by the EPSDT Unit to the local CCS County Program for authorization using the CCS PDN Workaround system.

The CCS PDN Workaround system for children enrolled in a MCP is still in effect using the same Workaround process. The requesting provider will submit the Treatment Authorization Request (TAR) to the EPSDT Unit. The EPSDT Unit will send the Enrollment Verification Request (EVR) form, Plan of Treatment, and any other supporting medical documentation received by the EPSDT Unit to the local CCS County program to confirm the child is enrolled in the CCS program. After confirming that the child is enrolled in the CCS program, and the nursing services are related to the CCS eligible condition, the EPSDT Unit will defer the TAR and send the In Home Services Request (ISR) form to the local CCS County program for authorization.

# This Computes!



**Department of Health Services  
Children's Medical Services Network  
(CMS Net) - Information Bulletin #420**

## **Closure of CCS Cases for Healthy Families Program (HFP) Clients Open to CCS for Orthodontics Only Who Are Transitioned into Medi-Cal**

The AB 1468 (Ch. 438, Stats. of 2012) transition of HFP subscribers to Medi-Cal is being implemented in phases through September 2013. When a CCS/HFP client completes the transition they will be full scope, no share of cost Medi-Cal beneficiaries eligible to receive all Medi-Cal State Plan benefits for persons under the age of 21 years, including the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, which covers orthodontics when determined to be medically necessary.

Denti-Cal authorizes dental services, including orthodontics for full scope, no share of cost Medi-Cal beneficiaries. If a former HFP subscriber has a current orthodontic authorization through Denti-Cal, Denti-Cal will continue to authorize ongoing orthodontic care. This should be transparent to families and providers since prior to the transition Denti-Cal authorized orthodontic care for CCS eligible HFP subscribers.

For a CCS client making the transition with a case open to CCS for orthodontics only, the client's CCS case should not be automatically terminated at the time of the client's transition to Medi-Cal. To assure continuity of the CCS client's care, such case termination, should not occur until the client's next annual CCS eligibility redetermination. If case closure is indicated at the time of the client's annual CCS eligibility redetermination, a Notice of Action (NOA) should be issued to the client/client's family by closing the case in CMS Net Client Eligibility and selecting reason code RS9 (Not CCS eligible—referred to Denti-Cal).

Additional information on the AB 1468 transition is available in CMS Information Notice 12-04 dated December 19, 2012.

[http://act.credoaction.com/campaign/birthcontrol\\_hhs\\_aca/?p=birthcontrol\\_hhs\\_aca&r=14177296&id=56364-2923146-%3DSm0QZx](http://act.credoaction.com/campaign/birthcontrol_hhs_aca/?p=birthcontrol_hhs_aca&r=14177296&id=56364-2923146-%3DSm0QZx)

**Thank you for the new the Affordable Care Act rules on contraception, which ensure that women have access to no-cost birth control. Please continue to protect this access, regardless of the right-wing opposition.**

Dear Lynn,

The Obama Administration made every reasonable effort to compromise with religiously-affiliated employers when implementing rules on women's access to birth control coverage under the Affordable Care Act (ACA).

An update to the birth control benefit in the health care reform gives religious employers the ability to hand the responsibility to provide birth control coverage to a third party insurance company.<sup>1</sup> But right-wing opponents led by the Conference of Catholic bishops are still balking at the plan.<sup>2</sup>

President Obama did the right thing for women when he rejected the demands of rightwing activists and gave all women access to no-cost birth control through their insurance coverage.<sup>3</sup> But before these new guidelines go into effect, his administration is holding a public comment period on the new rules. We know that anti-woman activists will flood President Obama's Department of Health and Human Services with comments urging the administration to overturn its historic decision. **[President Obama needs to hear that the vast majority of Americans support his decision to ensure access to no-cost birth control for all women. Click here to submit a public comment in support of access to birth control.](#)**

The Department of Health and Human Services and the medical community agree that providing no-cost birth control is an essential part of preventive health care for women. And Kathleen Sebelius, the director of HHS, said that providing birth control at no cost to women should be like "covering flu shots."<sup>4</sup> However, before activists from CREDO and Planned Parenthood began petitioning President Obama, the *New York Times* reported that the president was dangerously close to caving to the demands of the anti-woman lobby by adding a giant loophole that would keep a large number of women from being able to access no-cost birth control.<sup>5</sup> CREDO members sent over 160,000 petitions and made over 3,000 calls to the White House asking President Obama not to cave. In the end, President Obama listened to our call to protect women's health. But that doesn't mean our work is done.

Some right-wing organizations are already balking at the plan even though it allows religious employers to avoid providing birth control directly to their employees. These anti-woman extremists will surely use the public comment process to file reams of objections to the plan. So let's make sure the president hears from those of us who want him to stand strong and protect access to contraception.

**Make sure that President Obama hears that the vast majority of Americans support his decision to ensure access to no-cost birth control for all women. Click below to submit a comment in support of access to contraception:**  
**[http://act.credoaction.com/r/?r=14177296&p=birthcontrol\\_hhs\\_aca&id=56364-2923146-%3DSm0QZx&t=4](http://act.credoaction.com/r/?r=14177296&p=birthcontrol_hhs_aca&id=56364-2923146-%3DSm0QZx&t=4)**

**Thank you** for standing up for women's access to birth control.

[Learn more about this campaign](#)

1. Julie Rovner, "White House Tries Again To Find Compromise On Contraception." NPR, February 01, 2013.

2. Imani Gandy, "So What's the Deal with the New Contraception Mandate Rules?." RH Reality Check, February 01, 2013.

3. N.C. Aizenman, "Obama Birth Control Policy: Administration Lays Out Proposals For Carrying Out Compromise." The Huffington Post, 3-16-2012.

4. N.C. Aizenman, "New U.S. rules require insurance coverage for contraception." The Washington Post, 8-1-2011.

5. Robert Pear, "Democrats Urge Obama to Protect Contraceptive Coverage in Health Plans." New York Times, 11-19-2011.

**Subject:** RE: Healthy Families Transition Updates

Greetings *Covering Kids and Families* and *LA Access to Health* Coalition Partners:

Please see below important updates regarding the Healthy Families to Medi-Cal transition. While there are a number of resources available about the transition, we have highlighted a few below that may be helpful in preparation for Phases 1C and Phase 2 slated to begin April 1, 2013. For a list of counties and the total number of children that will be transitioning to Medi-Cal in each phase visit <http://goo.gl/1sjsG>. As a reminder, the Dept. of Health Care Services (DHCS) website provides many more resources for stakeholders at <http://goo.gl/6YnWl>.

#### Phase 2 Implementation Resources

- *Phase 2 Implementation Plan:* <http://goo.gl/SKLha>
- *Notices to Consumers:* drafts of notices sent to families in phases 1C and 2 are available at <http://goo.gl/Uuoyg>
- *Phase 2 Network Adequacy Assessment:* <http://goo.gl/lm64a>
- *Women, Infants, and Children (WIC) Program:* WIC would like to collaborate with organizations working with families impacted by the transition to inform them of potential eligibility for WIC benefits. Partners can contact Barbara Longo, MS, RD at [Barbara.Longo@cdph.ca.gov](mailto:Barbara.Longo@cdph.ca.gov) (state contact) or Denise C. Gee at [denise@phfewic.org](mailto:denise@phfewic.org) (for organizations in Los Angeles, San Bernardino, and/or Orange County) to obtain more information.
- **CCS will "follow" the Healthy Families recipient to Medi-Cal AND children in Targeted Low Income Children's Program for Medi-Cal will be eligible.**

#### Enrollment Entity and CAA Resources

- *EE and CAA Stakeholder webinars:* DHCS coordinated 2 webinars specifically for CAAs and EEs to provide updates and answer questions related to the transition.
  - *Feb 19 webinar:* provides a general overview of the transition. <http://goo.gl/wMR7S>
  - *March 18 webinar:* includes updates regarding WIC benefits for children transitioning to Medi-Cal and new Targeted Low-Income Children's Program (TLICP) enrollees; eligibility policy Q and A between DHCS and EE/CAAs; and general transition updates. A recording will be available at <http://goo.gl/Am0KY>
- *CAA Toolkit:* to prepare CAAs helping families navigate changes resulting from the transition, DHCS put together a toolkit that includes links to helpful resources including current application process flowcharts, a Healthy Families and Medi-Cal forms comparison, required documentation information, a comparison of Healthy Families benefits and Medi-Cal benefits and much more. Additionally, the toolkit includes links to All County Welfare Directors Letters regarding the transition. These are helpful when working with local county staff unfamiliar with the transition changes. Copies of WIC Brochures in multiple languages are also available. <http://goo.gl/wMR7S>
- *Kaiser Permanente Community Communication to CAAs and CBOs about the transition.* (Attached).

#### State Guidance to Counties

- *All County Welfare Directors Letter 12-29:* Provides guidance about Data Reporting and Performance Standards for the Healthy Families Program.
- *All County Welfare Directors Letter 12-30:* Provides information about the Healthy Families Program Transition To Medi-Cal including information about aid codes for transitioning children and aid codes for children newly enrolled in the TLICP.
- *All County Welfare Directors Letter 12-33:* Provides guidance about the Targeted Low-Income Children's Program.

- [All County Welfare Directors Letter 12-37](#): Provides information about the Elimination of Healthy Families Notice of Action (NOA) Language. As a result of the transition, Medi-Cal program references to the HFP should no longer be included in most Medi-Cal NOAs after the transition has begun.
- **ACWDL 13-03 (February 1, 2013)**  
Screening of (1) Child Applicants in the Age Group 6-18 for Potential No-Cost Medi-Cal Eligibility Under Section 1931 (b) and (2) Deemed Eligibility Medi-Cal Infants Under the Age of One
- *Single Point of Entry Applications and Forms Guide*: This guide was developed to help county eligibility workers understand the purpose of applications and forms they may see forwarded to them from the Single Point of Entry (SPE). <http://goo.gl/Z1ffm>

### Monitoring and Oversight Reports

- *Monitoring Report for the Healthy Families to Medi-Cal*: DHCS is required to provide monthly reports to the legislature and CMS about how the transition of children to Medi-Cal is going. The reports include information not limited to the following: health plan grievances related to access to care, continuity of care requests and outcomes, changes to provider networks including provider enrollment and disenrollment changes, and eligibility performance standards. Reports for the months of March and February are available at <http://goo.gl/T5ChH>.
- *Draft Healthy Families Transition Evaluation plan*: the State is required to submit to CMS a draft evaluation design for the transition for approval. A draft version of the state's evaluation plan is available at <http://goo.gl/awKQW>.

If you have any questions, please do not hesitate to contact me via email or by phone.

Thank you and have a good afternoon,

Fatima D. Morales, MSW

Policy Analyst

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*Building Healthy Communities  
Through Collaboration & Empowerment*

## Fix Medi-Cal Dental Coverage

### Half of California Kids Depend on It



**Jenny Kattlove**

The Children's Partnership

March 21, 2013

Maternal and Child Health Access  
Monthly Meeting  
Los Angeles, California

## Dental Health Care Needs of California's Children

- Nearly ¼ of California's children, ages 0-11, have never been to a dentist (150,000 in Los Angeles)
- Nearly ½ of children enrolled in Medi-Cal have never had a dental visit
- 71% of California children have tooth decay by third grade

[www.childrenspartnership.org](http://www.childrenspartnership.org)

## Consequences of Poor Dental Health

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- Harms overall health
- Impacts children's ability to learn and succeed in school
- Costs taxpayers and families unnecessarily in emergency room costs and lost school days

[www.childrenspartnership.org](http://www.childrenspartnership.org)

## Why Are Children Not Getting Dental Care?

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- Not enough providers who see children enrolled in Medi-Cal
- Not enough providers who see young children and children with special health care needs
- Not enough providers in certain geographic areas
- Transportation costs
- Parents unable to miss work

[www.childrenspartnership.org](http://www.childrenspartnership.org)

## Why Are Children Not Getting Dental Care?

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- Lack of providers who can meet the cultural and language needs of families
- Families don't understand they have dental benefits or how to use them

[www.childrenspartnership.org](http://www.childrenspartnership.org)

## We Must Fix Medi-Cal's Dental Program

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Half of California's children will be enrolled in Medi-Cal by the end of 2013

- More than 4 million children are currently enrolled in Medi-Cal
- Nearly 900,000 will transition from the Healthy Families Program to Medi-Cal
- More than 400,000 children are eligible but are not enrolled in Medi-Cal

[www.childrenspartnership.org](http://www.childrenspartnership.org)

## Action Plan

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- Ensure Medi-Cal has enough providers
  - Increase reimbursement rates
  - Simplify process for providers
- Ensure children enrolled in Medi-Cal dental managed care plans receive timely dental care
- Ensure families understand that they have dental benefits for their children and how to access care
- Make accessing care easy for families

[www.childrenspartnership.org](http://www.childrenspartnership.org)

## Action Plan

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- Invest in prevention: Restore funding to California Children's Dental Disease Prevention Program (CCDDPP)
- Strengthen leadership in oral health at the state level
- Expand the dental team
- Facilitate the use of technology to bring more dental care to children

[www.childrenspartnership.org](http://www.childrenspartnership.org)



## Contact

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**[www.childrenspartnership.org](http://www.childrenspartnership.org)**