



Newborn Enrollment Update & State Budget May Revision

Maternal and Child Health Access

May 2, 2024

Lucy Quacinella, Consultant



Today's topics

- Update on two new initiatives for July 1:
 - Newborn Enrollments from hospitals and other birth settings
 - Children's Presumptive Eligibility
- State Budget May Revision

Special enrollment rules for infants *under 1 year* when delivery covered by Medi-Cal or MCAP

- **No application required before first birthday** if the delivery was covered by Medi-Cal or MCAP
- But must **refer** birth to county. Can fax, mail, call, or report online. Phone & fax numbers included on special infant reporting form:
 - https://www.dhcs.ca.gov/formsandpubs/forms/Forms/MCED/MC_Forms/MC330_ENG.pdf
 - https://www.dhcs.ca.gov/formsandpubs/forms/Forms/MCED/MC_Forms/MC330_Spa.pdf
 - <https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Documents/MCAP-infant-registration-form.pdf>
 - <https://www.dhcs.ca.gov/services/medi-cal/eligibility/MCAP/Documents/MCAP-Infant-Registration-Form-SP.pdf>
- Or use the **CHDP Gateway**: DE infants, when identified, go straight into Medi-Cal until age one, without a follow up application.
- Referring the birth also connects the mother to 12-month post-pregnancy eligibility.

New, starting July 1: Newborn Gateway

- A [new state law](#) (see, Sec. 151 at PDF p. 236) takes effect July 1.
- Applies to hospitals and all other birth settings for Medi-Cal or MCAP-funded deliveries that participate in any of Medi-Cal's Presumptive Eligibility (PE) programs.
- **Must refer the birth within 72 hours, or one day after discharge, whichever is sooner**, through a new on-line portal.
 - PE providers must attend a training on this **before July 1**.
 - The next [provider trainings](#) are on **May 29 and June 6**.
- When the mother's Medi-Cal or MCAP number is matched as active on the newborn's date of birth, the newborn will be automatically **enrolled in Medi-Cal or MCAIP continuously for the first year**.
 - Regular Medi-Cal application not required for these infants.

Newborn Gateway, cont'd

- Unique Medi-Cal/MCAIP number issued in real time
 - The hospital or other birth setting must print and give the confirmation page with the newborn's unique number to the family.
 - Can use immediately for developmental screens, immunizations, specialty care, and all other pediatric care covered by Medi-Cal.
 - If the enrollment takes place after the mother and baby have left, the hospital or other provider must **mail a copy of the eligibility confirmation print out to the family.**
 - The state only recently added the mailing instructions.
 - Providers should also call, text, and/or email it.

NG embedded in new CPE

- **This Newborn Gateway will also be embedded into a new Children's PE (CPE) program.**
 - The state's provider trainings for the Newborn Gateway also cover the CPE.
 - CPE replaces the CHDP Gateway and is open to all Medi-Cal providers who see children in any setting, not just CHDP providers.
 - Like the CHDP Gateway, the CPE will also look to match the DE Medi-Cal or MCAIP infant's date of birth to the mother's coverage for the delivery and confirm in real time the infant's eligibility for Medi-Cal or MCAIP for the year.

Plan and Primary Care Provider (PCP) Selection for Referred Newborns

- Families have right to select a plan (where more than one plan is offered) and a PCP for the infant before plan enrollment takes effect.
- Newborns being automatically enrolled into the mother's health plan, without prior notice to the family, and without a PCP assignment?
What to know if this happens:
 - Families have the right to move the newborn to another Medi-Cal plan. But it may take month+ for a plan change to take effect.
 - Families can choose a PCP for the newborn at any time.
 - Avoid delays in accessing specialty care needed by the newborn now or later, because only a PCP can refer the infant to a specialist.
 - Promote continuity of care, which is very important for identifying and treating issues early.



Proposed May Revision to the State Budget

- The Governor's proposed cuts and other changes
- Legislature's responses
- Advocacy to limit harms

Context

- State budgets go from July 1 to June 30
- Governor's January 2024 proposal was for July 1, 2024 through June 30, 2025
- “Early” agreements with Legislature, questioned by some as accounting moves
- Changes proposed by the Governor based on April tax receipts: “May Revision”
- Final agreement due June 30, 2024

Less revenue from state taxes than anticipated

- **Governor's May Revision** estimates shortfall for the 2024-25 fiscal year at \$7 billion more than in his January budget proposal, growing to a **\$44.9 billion deficit**.
 - **Legislative Analyst's Office** earlier estimated the deficit at \$73 billion.
- With early action solutions by the Legislature for \$17.3 billion, that still leaves a deficit of **\$27.6 billion** using the Governor's estimates.

Health and Human Services in the Governor's May Revise

- **More** revenue from Medi-Cal's "Managed Care Organization" (MCO) tax to support Medi-Cal
- Achieved by adding in revenue to plans from Medicare reimbursements. Increases funds for Medi-Cal:
 - \$689.9 million in 2024-25
 - \$950 million in 2025-26
 - \$1.3 billion in 2026-27
- Overall, the May Revision includes an additional \$9.7 billion in MCO Tax funds over multiple years for Medi-Cal.

Proposed Cuts

- **IHSS** for undocumented Medi-Cal beneficiaries, all ages. \$94.7M ongoing
- Remaining **Community Health Navigator** one-time funding. \$18M.
 - Impact on CBOs in L.A.?
- Remaining 1X **clinic enroller** funds. \$8M
- **Acupuncture** eliminated as a Medi-Cal benefit starting January 2025. Cut of \$5.4 million this budget year and \$13 million ongoing.

“Conditional” expansions delayed

- Referred to as “trigger” expansions, meaning the Department of Finance must conclude there is enough funding to trigger them on.
- Trigger stays off from 2022 actions for:
 - **Share of Cost Reform** so that seniors and people with disabilities could afford Medi-Cal
 - **Continuous Medi-Cal Coverage for Children Aged 0 through 4**



Provider Payments. Public Health.

- Provider rate increases reduced by \$6.7 billion over multiple years.
 - Impact on access to Medi-Cal services?
- Equity and Practice Transformation payments. Cuts \$280M in 1X funds over multiple years.
 - Maintains \$70M from 2022 Budget Act.
 - Impact on equity and quality in primary care?



Public Health. Health Care Workforce.

- **Public Health.** Cuts \$52.5M in 2023-24 and \$300M ongoing for state and local public health.
- **Healthcare Workforce Reduction—**
 - \$300.9M in 2023-24, \$302.7M in 2024-25, \$216M in 2025-26, \$19M in 2026-27, and \$16M in 2027-28
 - Nursing, social work, community health work, residencies, Health Professions Career Opportunity Program, and California Medicine Scholars Program

Home Visitation, Child Care & Food Assistance

- **CalWORKs Home Visiting Program.** Cuts \$47.1M ongoing
- **Child Care Slot Expansion Pause at Current Level—**
Cuts \$489 million in 2024-25 and \$951 million in 2025-26.
Also makes expansion contingent on fiscal conditions.
- **California Food Assistance Program Expansion—**
Delayed for two years: automation wouldn't start until 2026-27, and no benefits until 2027-28.
 - CFAP is the state-funded CalFresh counterpart, serving some immigrants excluded from CalFresh due to status.

Behavioral Health

- **Mental Health Services Fund.** \$189.4M cut.
- **CalWORKs Mental Health and Substance Abuse Services—** \$126.M cut, ongoing.
- **Behavioral Health Continuum Infrastructure Program—** \$450.7M 1X cut from the last round. Keeps \$30M one-time funding in 2024-25.
- **Behavioral Health Bridge Housing Program—**Cuts \$132.5M in 2024-25 + \$207.5M in 2025-26. Keeps \$132.5M in 2024-25 + \$117.5M in 2025-26.
- **Children and Youth Behavioral Health Initiative—**Cuts \$72.3M in one-time funding from 2023-24, \$348.6M in 2024-25, and \$5M in 2025-26 for school-linked health partnerships and capacity grants for higher education institutions, behavioral health services and supports platform, evidence-based and community-defined grants, public education and change campaign, and youth suicide reporting and crisis response pilot.



Thank you!

Lucy Quacinella

Multiforum Advocacy Solutions

275 Fifth Street, Suite 414

San Francisco, CA 94103

lucyqmas@gmail.com

(415) 407-5386