

## Maternal and Child Health Access

# CHILD HEALTH CARE PROGRAMS COMPARISON CHART

Questions	MEDI-CAL	CHILD HEALTH AND DISABILITY PREVENTION (CHDP)	HEALTHY FAMILIES
<b>Who is eligible?</b>	<ul style="list-style-type: none"> <li>• Children Birth up to 21</li> <li>• Blind or Disabled people</li> <li>• Some parents/adults</li> <li>• People 65 and over</li> <li>• Pregnant women</li> <li>• People in nursing homes</li> <li>• People who get CalWORKs (AFDC) or Supplemental Security Income (SSI) get Medi-Cal automatically.</li> <li>• Minors under 21 may apply for confidential services on their own, called "Minor Consent" or "Sensitive Services."</li> </ul>	<ul style="list-style-type: none"> <li>• Children Birth up to 19</li> <li>• Children Birth up to 21 if they have Medi-Cal</li> <li>• Children who do not already have Medi-Cal may be eligible to receive up to 2 months free temporary Full Scope Medi-Cal through the CHDP Gateway. During a CHDP periodic visit, if the child is eligible, they will receive immediate, temporary Medi-Cal coverage and be given the opportunity to apply for continuous coverage through Medi-Cal or Healthy Families.</li> </ul>	<ul style="list-style-type: none"> <li>• Uninsured children up to age 19 with certain income limits.</li> <li>• Emancipated minors and 18 year-olds can apply on their own.</li> <li>• Children may not have had employer-sponsored insurance within the last 3 months with certain exceptions.</li> </ul>
<b>What is the income limit?</b>	<p>For no-cost (free) Medi-Cal:</p> <ul style="list-style-type: none"> <li>• Children Birth up to 1: up to 200% FPL*</li> <li>• Children 1 up to 6: up to 133% FPL</li> <li>• Children 6 up to 19: up to 100% FPL</li> <li>• Parents/Adults: up to 100% FPL, or 1931(b)</li> <li>• Income over the % allowed results in a Share-of-Cost.</li> <li>• Adults and children may be eligible for 1931(b)</li> </ul>	<ul style="list-style-type: none"> <li>• Children Birth up to 19: up to 200% FPL</li> <li>• Children Birth up to 21 on Medi-Cal</li> </ul>	<ul style="list-style-type: none"> <li>• Infants up to 1 year: 200-250% FIG*</li> <li>• Children 1 up to 6: 133 to 250% FIG</li> <li>• Children 6 up to 19: 100 to 250% FIG</li> </ul>
<b>What does it cost?</b>	<ul style="list-style-type: none"> <li>• There may be small fees for prescription medicines and emergency room visits if not an emergency.</li> <li>• Share-of-Cost Medi-Cal costs may change every month depending on monthly income.</li> <li>• 1931(b) Medi-Cal has no Share-of-Cost.</li> </ul>	<ul style="list-style-type: none"> <li>• If a child is eligible for CHDP, all CHDP services are provided at no cost.</li> <li>• If a child has Medi-Cal and is found to need treatment during the CHDP screening exam, Medi-Cal will be billed for those treatment services.</li> </ul>	<ul style="list-style-type: none"> <li>• There are two costs with Healthy Families: <u>Premiums</u> paid every month are \$4 to \$9 per child. <u>Co-payments</u> of \$5 are paid for <u>some</u> services.</li> <li>• There is an annual cap of \$250 for co-payments.</li> </ul>

\*Federal Income Guideline (FIG) or Federal Poverty Level (FPL) is the amount of income the federal government says a family requires to meet its basic needs.  
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Questions	MEDI-CAL	CHILD HEALTH AND DISABILITY PREVENTION (CHDP)	HEALTHY FAMILIES
<b>What is the resource limit? (What if the family has a car/house?)</b>	<ul style="list-style-type: none"> <li>• <b>Resources</b> (things a family owns) do not count for pregnancy-related services and for children who are eligible for free Medi-Cal under the percentage programs.</li> <li>• Adults must have under \$2,000 for one person (\$3,000 for one person under 1931(b)) or \$3,000 for two people, \$3,150 for three people, and \$3,300 for four people.</li> <li>• One car and the house a family lives in is OK; if more, it counts toward the resource limit allowed.</li> <li>• Car value limit is \$4,650 in 1931(b) Medi-Cal, with some exceptions.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources</b> (things the family owns) <b>do not count</b> in this program.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Resources</b> (things a family owns) <b>do not count</b> in this program.</li> </ul>
<b>Does immigration status matter?</b>	<ul style="list-style-type: none"> <li>• Citizens, Legal Permanent Residents and certain other immigrants (PRUCOL) may receive full-scope Medi-Cal.</li> <li>• Undocumented and certain other immigrants qualify for restricted Medi-Cal for pregnancy-related services and emergency conditions.</li> <li>• An applicant must be a California resident to qualify.</li> </ul>	<ul style="list-style-type: none"> <li>• All children within the income limits for this program are eligible to receive CHDP services.</li> <li>• Undocumented Children may receive temporary Full Scope Medi-Cal coverage through the CHDP Gateway as long as they do not currently have an open restricted Medi-Cal case.</li> </ul>	<ul style="list-style-type: none"> <li>• Legal residents are eligible regardless of entry date.</li> <li>• The parent does not have to be a citizen.</li> <li>• The application must state that the child is a California resident.</li> </ul>
<b>What papers are needed to apply?</b>	<ul style="list-style-type: none"> <li>• Proof of income, identification, and California residency.</li> <li>• Immigration status and Social Security number (SSN) or proof of application, <u>if applying for full-scope Medi-Cal</u>.</li> <li>• No SSN proof needed <u>if applying for restricted Medi-Cal</u> (emergency or pregnancy related only).</li> <li>• Checking and savings account statements.</li> <li>• Car registration</li> <li>• Proof of pregnancy, but not required for pregnancy-only.</li> <li>• Other resources information: for adults only, <u>not</u> required for children who are eligible for free Medi-Cal or for pregnant women for their pregnancy-related services.</li> </ul>	<ul style="list-style-type: none"> <li>• Self-stated monthly income – the family must state their income when they apply at their doctor's office or clinic.</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of income</li> <li>• Proof of immigration status or citizenship <u>for the children</u></li> </ul>

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Questions	MEDI-CAL	CHILD HEALTH AND DISABILITY PREVENTION (CHDP)	HEALTHY FAMILIES
<b>Where can families apply?</b>	<ul style="list-style-type: none"> <li>The joint <b>Medi-Cal</b> and <b>Healthy Families</b> mail-in application can be submitted for <u>children</u> and <u>pregnant women</u>: call <b>888-747-1222 (free)</b>.</li> <li>Adults may use the joint application also but additional information is required to establish eligibility. Families may apply at Medi-Cal offices and other community sites such as clinics, hospitals and schools (see list).</li> </ul>	<ul style="list-style-type: none"> <li>At a doctor's office or clinic that is "CHDP-approved" (allowed to provide CHDP).</li> <li>At local CHDP offices and other community sites (clinics and schools).</li> <li>Call <b>800-993-2437 (free)</b> to learn more.</li> </ul>	<ul style="list-style-type: none"> <li>Call <b>800-880-5305 (free)</b> to have an application and handbook mailed.</li> <li>Applications may be mailed in when complete.</li> <li>People can also apply at Medi-Cal offices and places such as clinics, hospitals and schools.</li> </ul>
<b>How long does it take to get?</b>	<ul style="list-style-type: none"> <li>Up to 45 days-usually it takes much less time</li> <li>Another program, Presumptive Eligibility, helps women and certain disabled people to get health care while their Medi-Cal application is being processed.</li> </ul>	<ul style="list-style-type: none"> <li>Children can immediately get services if they qualify for CHDP.</li> </ul>	<ul style="list-style-type: none"> <li>The child's application must be processed within 10 days of when it is received.</li> <li>Families should get an answer back in the mail within 20 days.</li> </ul>
<b>What benefits do people get?</b>	<ul style="list-style-type: none"> <li>Full Medi-Cal covers: medical office visits, hospitalizations, dental and vision care, prescription medicines, mental health, substance abuse services and needed medical tests. Children should also get any other services needed to correct a health problem.</li> <li>Restricted Medi-Cal covers: pregnancy-related and emergency services.</li> <li>Minor Consent or "Sensitive Services" provides treatment for sexually transmitted diseases, drug and alcohol abuse, family planning, sexual assault, mental health, pregnancy and pregnancy-related services, including abortion.</li> </ul>	<ul style="list-style-type: none"> <li>Medical office visits, vision and hearing tests, dental screening, doctor and dentist referral.</li> <li>CHDP covers preventive care services based on an age schedule.</li> <li><b>Hospitalizations are not covered.</b></li> <li>Medicines are given by prescription.</li> </ul>	<ul style="list-style-type: none"> <li>Medical office visits, dental and vision care, hospitalizations, needed medical tests, prescription medicines, some substance abuse services and mental health services.</li> </ul>

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Questions	MEDI-CAL	CHILD HEALTH AND DISABILITY PREVENTION (CHDP)	HEALTHY FAMILIES												
<b>How/Where do people get services?</b>	<ul style="list-style-type: none"> <li>• One of two ways: Managed Care (health plans) or Regular Medi-Cal.</li> <li>• Most children will be in a health plan except: children in foster care, adoption assistance, children with dual coverage, Share-of-Cost or Restricted Medi-Cal benefits.</li> <li>• Disabled people do not have to join health plans.</li> <li>• Not all Medi-Cal beneficiaries must join a health plan.</li> <li>• People not in health plans may use “fee-for-service” (regular) Medi-Cal any place that takes Medi-Cal.</li> <li>• If in a health plan, person must go to the primary care doctor unless they have a referral or need emergency services.</li> <li>• Dental, mental health, and substance abuse services are separate from health plans.</li> <li>• Health plans must provide the same benefits as “regular” Medi-Cal.</li> <li>• Health plan information comes in the mail after signing up for Medi-Cal or when signing up at the welfare office.</li> </ul>	<ul style="list-style-type: none"> <li>• To find or verify that a doctor in the community is CHDP-approved, call <b>800-993-2437</b> (free) or call a local CHDP office:  <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 20px;">North—Van Nuys</td> <td>818-834-3380</td> </tr> <tr> <td>East—El Monte</td> <td>800-993-2437</td> </tr> <tr> <td>West—Torrance</td> <td>310-222-2324</td> </tr> <tr> <td>South—Los Angeles</td> <td>310-668-5141</td> </tr> <tr> <td>Pasadena</td> <td>626-744-6016</td> </tr> <tr> <td>Long Beach</td> <td>562-570-4221</td> </tr> </table> </li> <li>• The child’s doctor may already be CHDP-approved, which means that he/she can provide CHDP check-ups for children.</li> <li>• CHDP health exams are provided by CHDP-approved doctors, Los Angeles County health centers, certain school districts, and by Medi-Cal managed care doctors.</li> </ul>	North—Van Nuys	818-834-3380	East—El Monte	800-993-2437	West—Torrance	310-222-2324	South—Los Angeles	310-668-5141	Pasadena	626-744-6016	Long Beach	562-570-4221	<ul style="list-style-type: none"> <li>• Services are provided through health plans. Families should choose a health plan when they apply.</li> <li>• Children in the same household must join the same health plan. Children may change plans during “open enrollment” from April 15 through May 31. The change takes effect July 1.</li> <li>• Dental and vision services are separate.</li> <li>• The health plan sends information about their doctors, clinics, and hospitals.</li> <li>• Families must then choose a doctor for each of their children.</li> </ul>
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Questions	HEALTHY KIDS	KAISER PERMANENTE CHILD HEALTH PLAN
<b>Who is eligible?</b>	<ul style="list-style-type: none"> <li>Children birth through 19 years old who are L.A. County residents and are NOT currently eligible for full scope Medi-Cal, Healthy Families, AIM. NOTE: As of 6/2005 new 6-19 yr. old applicants will be put on a waiting list.</li> <li>This program is designed to provide coverage for undocumented children (non-PRUCOL) whose family income is below 300% FPL and for all other children whose family income is between 250% and 300% FPL making them ineligible for Healthy Families. *</li> <li>Children may not have had employer-sponsored insurance within the last 3 months (with certain exceptions).</li> <li>* This group of children is also eligible for KP. Parents should evaluate both programs to see which best fits their needs.</li> </ul>	<ul style="list-style-type: none"> <li>Uninsured children birth through age 18 who are not eligible for free, full scope Medi-Cal or Healthy Families and do not have private insurance coverage.</li> <li>This program is designed to provide coverage for undocumented children (non-PRUCOL) whose family income is below 300% FPL and for all other children whose family income is between 250% and 300% FPL making them ineligible for Healthy Families. *</li> <li>* This group of children is also eligible for Healthy Kids. Parents should evaluate both programs to see which best fits their needs.</li> </ul>
<b>What is the income limit?</b>	<ul style="list-style-type: none"> <li>Up to 300% FPL.</li> </ul>	<ul style="list-style-type: none"> <li>Up to 300% FPL.</li> </ul>
<b>What does it cost?</b>	<ul style="list-style-type: none"> <li>Children with income below 133% FPL pay no monthly premiums.</li> <li>Children with income between 134% and 150% FPL pay a monthly premium of \$4.00, up to maximum of \$8.00 per family.</li> <li>Children with income between 151% and 300% FPL pay a monthly premium of \$6.00, up to maximum of \$12.00 per family</li> <li>There are co-payments of \$5.00 for services, however there are no co-payments for preventive services. Maximum co-payment liability is \$250.00 per family per year.</li> </ul>	<ul style="list-style-type: none"> <li>There are two costs with this program: Premiums paid every month are \$8 per child for families under 250% FPL, and \$15 per month for families between 250% and 300% FPL.</li> <li><u>Co-payments</u> of \$5-10 are paid for <u>some</u> services.</li> <li>The most families will ever have to pay is for three children per month.</li> </ul>
<b>What is the resource limit?</b>	<ul style="list-style-type: none"> <li><b>Resources do not count</b> in this program,</li> </ul>	<ul style="list-style-type: none"> <li><b>Resources</b> (things the family owns) <b>do not count</b> in this program.</li> </ul>
<b>How long does it take?</b>	<ul style="list-style-type: none"> <li>10 to 14 days after LA Care receives the application</li> </ul>	<ul style="list-style-type: none"> <li>Expect about 30 days for processing.</li> </ul>
<b>What papers are needed to apply?</b>	<ul style="list-style-type: none"> <li>Proof of income.</li> <li>Proof that you live in Los Angeles County.</li> <li>Completed Application.</li> </ul>	<ul style="list-style-type: none"> <li>Proof of income (last filed income tax return and pay stubs, disability check stubs, unemployment stubs, or child support for the last calendar month)</li> </ul>

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Questions	HEALTHY KIDS	KAISER PERMANENTE CHILD HEALTH PLAN
<b>Does immigration status matter?</b>	<ul style="list-style-type: none"> <li>No, all children who meet the income and other qualifications are eligible.</li> <li>Children who are PRUCOL, Refugees, have political asylum, or other Qualified Immigrants may be eligible for Full Scope Medi-Cal and, therefore, not for Healthy Kids.</li> </ul>	<ul style="list-style-type: none"> <li>The child's Social Security Number is requested on the application, but not required.</li> <li>Children who are PRUCOL, Refugees, have political asylum, or other Qualified Immigrants may be eligible for Full Scope Medi-Cal and, therefore, not for KP.</li> </ul>
<b>How/Where can families apply?</b>	<ul style="list-style-type: none"> <li>Call LA Care at 1-888-452-5437</li> <li>Children may also apply through contracted community organizations and assistors.</li> </ul>	<ul style="list-style-type: none"> <li>Call <b>800-255-5053</b> (free) to have an application mailed.</li> <li>Applications must be mailed in when complete.</li> <li>Applications will be available in some participating schools.</li> </ul>
<b>What benefits can people get?</b>	<ul style="list-style-type: none"> <li>Comprehensive preventive and primary care coverage: medical office visits, prescription drugs, dental, vision, hospitalization and surgery. CCS and mental health services for Severely Emotionally Disturbed children are carved out.</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive preventive, primary, and specialty health care coverage: medical office visits, dental, vision care, prescription drugs, mental health services, substance abuse services, health education, hospital services, and needed lab tests.</li> </ul>
<b>How and where do people get services?</b>	<ul style="list-style-type: none"> <li>Services are provided through doctors and clinics that are already Medi-Cal and Healthy Families providers. Healthy Kids is administered by LA Care.</li> <li>Health Net Dental provides dental services.</li> </ul>	<ul style="list-style-type: none"> <li>Through Kaiser Permanente medical offices and hospitals.</li> </ul>
<b>What if there is other health insurance?</b>	<ul style="list-style-type: none"> <li>It is OK to have restricted Medi-Cal or Medi-Cal with a Share of Cost.</li> <li>It is OK to have CCS.</li> <li>A family cannot have job-sponsored coverage for the children and also have Healthy Kids.</li> <li>Children CANNOT have Healthy Kids if they are otherwise eligible for free Full Scope Medical or Healthy Families.</li> </ul>	<ul style="list-style-type: none"> <li>Children cannot have other health insurance, such as employer coverage or health coverage through no-cost Medi-Cal or Healthy Families with this program.</li> </ul>

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Questions	PUBLIC PRIVATE PARTNERSHIP PLAN (PPP)	PREPAYMENT AND ABILITY-TO-PAY PLAN (ATP) (COUNTY HEALTH SERVICES)	ACCESS FOR INFANTS AND MOTHERS (AIM)
<b>Who is eligible?</b>	<ul style="list-style-type: none"> <li>Low income uninsured children and adults.</li> <li>Must be a resident of Los Angeles County.</li> </ul>	<ul style="list-style-type: none"> <li>Children and adults who use county health services and cannot afford to pay for their care.</li> <li>Eligibility for outpatient services lasts six months.</li> <li>Eligibility for hospital services lasts one month.</li> <li>Must be a Los Angeles County resident</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant women (30 weeks or less). Must be California resident for at least six months.</li> <li>The newborn of an AIM participant will be eligible for the Healthy Families program through his/her first birthday with an initial, simplified application process.</li> </ul>
<b>What is the income limit?</b>	<ul style="list-style-type: none"> <li>Up to 133<math>\frac{1}{3}</math>% FPL</li> <li>Income is verified by declaration.</li> </ul>	<ul style="list-style-type: none"> <li>In ATP, income and resources determine what, if anything, someone must pay. There is no actual income limit.</li> <li>Someone can also “pre-pay” a set amount (\$30 to \$60) for each visit, without any financial or other screening.</li> </ul>	<ul style="list-style-type: none"> <li>The income must fall between 200 and 300% FPL. This program allows the same deductions as the Medi-Cal and Healthy Families programs.</li> </ul>
<b>What does it cost?</b>	<ul style="list-style-type: none"> <li>There is <u>no</u> cost with this program.</li> </ul>	<ul style="list-style-type: none"> <li>Services are free if after deductions, the applicant’s income is below a certain amount (see flyer). Prescription drugs may be free or low cost.</li> <li>For the Prepayment program, cost varies \$30 to \$60 with no charge for public health services such as Sexually Transmitted Diseases and immunizations. <u>People must pay within seven days of treatment.</u></li> <li>Drugs are separate unless covered by the clinic where the person is seen.</li> </ul>	<ul style="list-style-type: none"> <li>Once determined eligible, the woman is required to pay 1.5% of her annual family income for 12 consecutive months.</li> <li>The newborn on Healthy Families will have a premium payment of \$6-9 monthly.</li> </ul>
<b>What is the resource limit?</b>	<ul style="list-style-type: none"> <li><b>Resources</b> (things the family owns) <b>do not count</b> in this program.</li> </ul>	<ul style="list-style-type: none"> <li><b>Portions of the family’s resources count</b> for ATP.</li> <li><b>Resources do not count</b> for Prepayment.</li> </ul>	<ul style="list-style-type: none"> <li><b>Resources</b> (things the family owns) <b>do not count</b> in this program.</li> </ul>
<b>Does immigration status matter?</b>	<ul style="list-style-type: none"> <li>No</li> </ul>	<ul style="list-style-type: none"> <li>People with valid tourist visas (visa has not expired) do not qualify for <u>non-emergent</u> services under ATP.</li> </ul>	<ul style="list-style-type: none"> <li>Applicants must live in California for six continuous months prior to applying.</li> </ul>
<b>What papers are needed to apply?</b>	<ul style="list-style-type: none"> <li>Must submit a “Certificate of Indigency” which is available at providers’ offices. Any PPP provider site.</li> </ul>	<ul style="list-style-type: none"> <li>Proof of address and identity, income, deductions, and resources to the financial screening appointment.</li> </ul>	<ul style="list-style-type: none"> <li>Applicant must provide proof of income: Federal Income Tax form (1040), letter from current employer, or paycheck stubs for current year, W-2 or 1099 form.</li> <li>A simplified application form will be sent to mother about 30 days before the expected due date with a handbook that gives information about the program and lists participating providers.</li> </ul>

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Questions	PUBLIC PRIVATE PARTNERSHIP PLAN (PPP)	PREPAYMENT AND ABILITY-TO-PAY PLAN (ATP) (COUNTY HEALTH SERVICES)	ACCESS FOR INFANTS AND MOTHERS (AIM)
How/Where can families apply?		<ul style="list-style-type: none"> <li>Contact any County medical center or clinic that accepts ATP applications. Call 800-378-9919 for information and locations.</li> </ul>	<ul style="list-style-type: none"> <li>Call <b>(800) 433-2611</b> to request an application or for a referral to the nearest site.</li> </ul>
How long does it take to get?	<ul style="list-style-type: none"> <li>Usually the same day.</li> </ul>	<ul style="list-style-type: none"> <li>It may take several weeks or longer to get ATP approval, but people can still get medical care in the meantime.</li> </ul>	<ul style="list-style-type: none"> <li>About 10 days</li> </ul>
What benefits can people get?	<ul style="list-style-type: none"> <li>Primary care outpatient services include office visits for children and adults, medications, prenatal and women's health care.</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient, emergency, prenatal, primary and specialty care are available at County facilities under Prepayment.</li> <li>Outpatient services, hospitalization, and medications are available through ATP.</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant women get medically necessary services including hospitalization and postpartum care.</li> <li>Newborns get medical office visits, vision and dental care, hospitalization, needed medical tests, prescription medications and some mental health and substance abuse treatment through the Healthy Families program.</li> </ul>
How/where do people get services?	<ul style="list-style-type: none"> <li>Call <b>(800) 427-8700</b> for the closest neighborhood clinic.</li> </ul>	<ul style="list-style-type: none"> <li>All County hospitals and clinics.</li> <li>Call <b>800-378-9919</b> for a site nearby.</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant women get services provided through medical groups: Blue Cross, Health Net, or UHP Health Care.</li> <li>Newborns receive their care through the Healthy Families program.</li> </ul>
What if there is other health insurance?	<ul style="list-style-type: none"> <li>PPP services are for uninsured people under 133-1/3 % of the FPL.</li> </ul>	<ul style="list-style-type: none"> <li>Prepayment/ATP is primarily for uninsured people who cannot afford to pay for their care. In some cases people can have private insurance (that is limited in coverage or that requires a high deductible and co-pays that they can't afford) and still get ATP.</li> </ul>	<ul style="list-style-type: none"> <li>Applicants may have private insurance and still get AIM.</li> <li>Applicants cannot have Medi-Cal or Medicare when they apply.</li> </ul>

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Questions	CALIFORNIA CHILDREN'S SERVICES (CCS)	OUTPATIENT REDUCED COST SIMPLIFIED APPLICATION (ORSA)
<b>Who is eligible?</b>	<ul style="list-style-type: none"> <li>Children under 21 years of age who have serious and disabling condition that are covered by CCS.</li> <li>If the family income is less than 200%FLP, they must apply for Medi-Cal, if eligible</li> </ul>	<ul style="list-style-type: none"> <li>Children and adults who use Los Angeles County Outpatient facilities and are not eligible for any third party coverage, (e.g., Medi-Cal, Medicare, Healthy Families, Insurance, CCS, CHAMPUS, Family PACT, BCEDP, etc.)</li> <li>Persons eligible to restricted Medi-Cal only may qualify for ORSA, to covers non-emergent services only.</li> <li>Condition of eligibility – Must apply for Medi-Cal, if potentially eligible.</li> <li>Must be a resident of Los Angeles County.</li> </ul>
<b>What is the income limit?</b>	<ul style="list-style-type: none"> <li>Family income is less than \$40,000 per family (Adjusted Gross Income on State Tax Form)</li> </ul> <p style="text-align: center;"><u>Or</u></p> <ul style="list-style-type: none"> <li>✓ If out-of-pocket medical expenses for the qualified child are expected to be more than 20% of family income.</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>What does it cost?</b>	<ul style="list-style-type: none"> <li>No fees if receiving full scope Medi-Cal with zero Share of Cost or Healthy Families</li> <li>For all other eligible children, \$20 assessment if family income is greater than 100% FPL and annual enrollment fee, (based on sliding scale), if family income is greater than 200% FPL.</li> <li>Therapy only services are exempt from any fees</li> <li>If fees create hardship, families may submit an appeal.</li> </ul>	<ul style="list-style-type: none"> <li>If net income, (i.e., gross income minus mandatory deductions), is less than or equal to 133 ⅓%FPL, there is no cost</li> <li>If net income is greater than 133 ⅓%FPL, family contribution (cost)</li> </ul>
<b>What is the resource limit?</b>	<ul style="list-style-type: none"> <li>Resources (things the family owns) do not count in this program.</li> </ul>	<ul style="list-style-type: none"> <li><b>None</b></li> <li><b>Certain resources</b> (i.e., cash on hand, stocks, bonds, and checking/savings accounts) are included to determine liability if net income greater than 133 ⅓%FPL</li> </ul>
<b>Does Immigration status matter?</b>	<ul style="list-style-type: none"> <li>People with temporary or un-expired visas, do not qualify</li> <li>Legal residence is not required</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
<b>What papers are needed to apply?</b>	<ul style="list-style-type: none"> <li>Proof of address and income.</li> </ul>	<ul style="list-style-type: none"> <li>None. Patients self declares their income.</li> <li>Some patients will be asked to verify income on a random basis.</li> </ul>

## Maternal and Child Health Access CHILD HEALTH CARE PROGRAMS COMPARISON CHART

Questions	CALIFORNIA CHILDREN'S SERVICES (CCS)	OUTPATIENT REDUCED COST SIMPLIFIED APPLICATION (ORSA)
<b>How/Where can families apply?</b>	<ul style="list-style-type: none"> <li>• Contact DHS Children Services Branch at <b>(800) 288-4584</b> for referral and / or requests for services.</li> <li>• Doctors are mandated to refer any potentially eligible child</li> <li>• CCS worker sites at all County Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Call <b>(800) 378-9919</b> to obtain names of county facilities where ORSA applications are taken</li> <li>• Mail-In renewals available</li> </ul>
<b>How long does it takes to get?</b>	<ul style="list-style-type: none"> <li>• Approximately 30 days to complete the eligibility process</li> </ul>	<ul style="list-style-type: none"> <li>• Same day</li> </ul>
<b>What benefits do people get?</b>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment of CCS eligible conditions</li> <li>• Provides medically necessary care and case management, hospitalization and in-home nursing services.</li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient services only, including emergency.</li> <li>• Medication included</li> <li>• Excludes cosmetic surgery.</li> </ul>
<b>How/where do people get services?</b>	<ul style="list-style-type: none"> <li>• CCS approved hospitals</li> <li>• Special Care Centers (SCC) and</li> <li>• Medical Therapy Program (MTP)</li> </ul>	<ul style="list-style-type: none"> <li>• Los Angeles County Hospitals</li> <li>• Comprehensive Health Centers</li> <li>• Call <b>(800) 378-9919</b> to obtain information on locations</li> </ul>
<b>What if there is other health insurance?</b>	<ul style="list-style-type: none"> <li>• Children may have other health insurance and still be eligible for CCS.</li> </ul>	<ul style="list-style-type: none"> <li>• You may not other health insurance to use ORSA</li> <li>• If you are eligible for Medi-Cal, you must apply and cooperate before you can be considered for ORSA.</li> </ul>