

Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

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

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What is the resource limit? (What if the family has a car/house?)	<ul style="list-style-type: none"> • Resources (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. • 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. • One car and the house a family lives in is OK; if more, it counts toward the resource limit allowed. • Car value limit is \$4,650 in 1931(b) Medi-Cal, with some exceptions. 	<ul style="list-style-type: none"> • Resources (things the family owns) do not count in this program. 	<ul style="list-style-type: none"> • Resources (things a family owns) do not count in this program.
Does immigration status matter?	<ul style="list-style-type: none"> • Citizens, Legal Permanent Residents and certain other immigrants (PRUCOL) may receive full-scope Medi-Cal. • Undocumented and certain other immigrants qualify for restricted Medi-Cal for pregnancy-related services and emergency conditions. • An applicant must be a California resident to qualify. 	<ul style="list-style-type: none"> • All children within the income limits for this program are eligible to receive CHDP services. • 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. 	<ul style="list-style-type: none"> • Legal residents are eligible regardless of entry date. • The parent does not have to be a citizen. • The application must state that the child is a California resident.
What papers are needed to apply?	<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> (emergency or pregnancy related only). • Checking and savings account statements. • Car registration • Proof of pregnancy, but not required for pregnancy-only. • 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. 	<ul style="list-style-type: none"> • Self-stated monthly income – the family must state their income when they apply at their doctor's office or clinic. 	<ul style="list-style-type: none"> • Proof of income • Proof of immigration status or citizenship <u>for the children</u>

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Where can families apply?	<ul style="list-style-type: none"> The joint Medi-Cal and Healthy Families mail-in application can be submitted for <u>children</u> and <u>pregnant women</u>: call 888-747-1222 (free). 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). 	<ul style="list-style-type: none"> At a doctor's office or clinic that is "CHDP-approved" (allowed to provide CHDP). At local CHDP offices and other community sites (clinics and schools). Call 800-993-2437 (free) to learn more. 	<ul style="list-style-type: none"> Call 800-880-5305 (free) to have an application and handbook mailed. Applications may be mailed in when complete. People can also apply at Medi-Cal offices and places such as clinics, hospitals and schools.
How long does it take to get?	<ul style="list-style-type: none"> Up to 45 days-usually it takes much less time Another program, Presumptive Eligibility, helps women and certain disabled people to get health care while their Medi-Cal application is being processed. 	<ul style="list-style-type: none"> Children can immediately get services if they qualify for CHDP. 	<ul style="list-style-type: none"> The child's application must be processed within 10 days of when it is received. Families should get an answer back in the mail within 20 days.
What benefits do people get?	<ul style="list-style-type: none"> 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. Restricted Medi-Cal covers: pregnancy-related and emergency services. 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. 	<ul style="list-style-type: none"> Medical office visits, vision and hearing tests, dental screening, doctor and dentist referral. CHDP covers preventive care services based on an age schedule. 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, some substance abuse services and mental health services.

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Questions	MEDI-CAL	CHILD HEALTH AND DISABILITY PREVENTION (CHDP)	HEALTHY FAMILIES												
How/Where do people get services?	<ul style="list-style-type: none"> • One of two ways: Managed Care (health plans) or Regular Medi-Cal. • 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. • Disabled people do not have to join health plans. • Not all Medi-Cal beneficiaries must join a health plan. • People not in health plans may use “fee-for-service” (regular) Medi-Cal any place that takes Medi-Cal. • If in a health plan, person must go to the primary care doctor unless they have a referral or need emergency services. • Dental, mental health, and substance abuse services are separate from health plans. • Health plans must provide the same benefits as “regular” Medi-Cal. • Health plan information comes in the mail after signing up for Medi-Cal or when signing up at the welfare office. 	<ul style="list-style-type: none"> • To find or verify that a doctor in the community is CHDP-approved, call 800-993-2437 (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> • The child’s doctor may already be CHDP-approved, which means that he/she can provide CHDP check-ups for children. • CHDP health exams are provided by CHDP-approved doctors, Los Angeles County health centers, certain school districts, and by Medi-Cal managed care doctors. 	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"> • Services are provided through health plans. Families should choose a health plan when they apply. • 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. • Dental and vision services are separate. • The health plan sends information about their doctors, clinics, and hospitals. • Families must then choose a doctor for each of their children.
North—Van Nuys	818-834-3380														
East—El Monte	800-993-2437														
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Questions	HEALTHY KIDS	KAISER PERMANENTE CHILD HEALTH PLAN
Who is eligible?	<ul style="list-style-type: none"> 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 3/2006 applications for 6-18 yr olds will not be accepted. 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. * Children may not have had employer-sponsored insurance within the last 3 months (with certain exceptions). * This group of children is also eligible for KP. Parents should evaluate both programs to see which best fits their needs. 	<ul style="list-style-type: none"> 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. 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. * * This group of children is also eligible for Healthy Kids. Parents should evaluate both programs to see which best fits their needs.
What is the income limit?	<ul style="list-style-type: none"> Up to 300% FPL. 	<ul style="list-style-type: none"> Up to 300% FPL.
What does it cost?	<ul style="list-style-type: none"> Children with income below 133% FPL pay no monthly premiums. Children with income between 134% and 150% FPL pay a monthly premium of \$4.00, up to maximum of \$8.00 per family. Children with income between 151% and 300% FPL pay a monthly premium of \$6.00, up to maximum of \$12.00 per family 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. 	<ul style="list-style-type: none"> 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. <u>Co-payments</u> of \$5-10 are paid for <u>some</u> services. The most families will ever have to pay is for three children per month.
What is the resource limit?	<ul style="list-style-type: none"> Resources do not count in this program, 	<ul style="list-style-type: none"> Resources (things the family owns) do not count in this program.
How long does it take?	<ul style="list-style-type: none"> 10 to 14 days after LA Care receives the application 	<ul style="list-style-type: none"> Expect about 30 days for processing.
What papers are needed to apply?	<ul style="list-style-type: none"> Proof of income. Proof that you live in Los Angeles County. Completed Application. 	<ul style="list-style-type: none"> Proof of income (last filed income tax return and pay stubs, disability check stubs, unemployment stubs, or child support for the last calendar month)

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

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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)
Who is eligible?	<ul style="list-style-type: none"> Low income uninsured children and adults. Must be a resident of Los Angeles County. 	<ul style="list-style-type: none"> Children and adults who use county health services and cannot afford to pay for their care. Eligibility for outpatient services lasts six months. Eligibility for hospital services lasts one month. Must be a Los Angeles County resident 	<ul style="list-style-type: none"> Pregnant women (30 weeks or less). Must be California resident for at least six months. The newborn of an AIM participant will be eligible for the Healthy Families program through his/her second birthday with an initial, simplified application process.
What is the income limit?	<ul style="list-style-type: none"> Up to 133$\frac{1}{3}$% FPL Income is verified by declaration. 	<ul style="list-style-type: none"> In ATP, income and resources determine what, if anything, someone must pay. There is no actual income limit. Someone can also “pre-pay” a set amount (\$50 to \$300) for each visit, without any financial or other screening. 	<ul style="list-style-type: none"> The income must fall between 200 and 300% FPL. This program allows the same deductions as the Medi-Cal and Healthy Families programs.
What does it cost?	<ul style="list-style-type: none"> There is <u>no</u> cost with this program. 	<ul style="list-style-type: none"> 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. For the Prepayment program, cost varies \$50 to \$300 with no charge for public health services such as Sexually Transmitted Diseases and immunizations. <u>People must pay within seven days of treatment.</u> Drugs are separate unless covered by the clinic where the person is seen. 	<ul style="list-style-type: none"> Once determined eligible, the woman is required to pay 1.5% of her annual family income for 12 consecutive months. The newborn on Healthy Families will have a premium payment of \$6-9 monthly.
What is the resource limit?	<ul style="list-style-type: none"> Resources (things the family owns) do not count in this program. 	<ul style="list-style-type: none"> Portions of the family’s resources count for ATP. Resources do not count for Prepayment. 	<ul style="list-style-type: none"> Resources (things the family owns) do not count in this program.
Does immigration status matter?	<ul style="list-style-type: none"> No 	<ul style="list-style-type: none"> People with valid tourist visas (visa has not expired) do not qualify for <u>non-emergent</u> services under ATP. 	<ul style="list-style-type: none"> Applicants must live in California for six continuous months prior to applying.
What papers are needed to apply?	<ul style="list-style-type: none"> Must submit a “Certificate of Indigency” which is available at providers’ offices. Any PPP provider site. 	<ul style="list-style-type: none"> Proof of address and identity, income, deductions, and resources to the financial screening appointment. 	<ul style="list-style-type: none"> 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. 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.

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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"> Contact any County medical center or clinic that accepts ATP applications. Call 800-378-9919 for information and locations. 	<ul style="list-style-type: none"> Call (800) 433-2611 to request an application or for a referral to the nearest site.
How long does it take to get?	<ul style="list-style-type: none"> Usually the same day. 	<ul style="list-style-type: none"> It may take several weeks or longer to get ATP approval, but people can still get medical care in the meantime. 	<ul style="list-style-type: none"> About 10 days
What benefits can people get?	<ul style="list-style-type: none"> Primary care outpatient services include office visits for children and adults, medications, prenatal and women's health care. 	<ul style="list-style-type: none"> Outpatient, emergency, prenatal, primary and specialty care are available at County facilities under Prepayment. Outpatient services, hospitalization, and medications are available through ATP. 	<ul style="list-style-type: none"> Pregnant women get medically necessary services including hospitalization and postpartum care. 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.
How/where do people get services?	<ul style="list-style-type: none"> Call (800) 427-8700 for the closest neighborhood clinic. 	<ul style="list-style-type: none"> All County hospitals and clinics. Call 800-378-9919 for a site nearby. 	<ul style="list-style-type: none"> Pregnant women get services provided through medical groups: Blue Cross, Health Net, or UHP Health Care. Newborns receive their care through the Healthy Families program.
What if there is other health insurance?	<ul style="list-style-type: none"> PPP services are for uninsured people under 133-1/3 % of the FPL. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Applicants may have private insurance and still get AIM. Applicants cannot have Medi-Cal or Medicare when they apply.

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

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

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Questions	MEDICARE	GENETICALLY HANDICAPPED PERSONS PROGRAMS (GHPP)	AIDS DRUG ASSISTANCE PROGRAM (ADAP)
Who is eligible?	<ul style="list-style-type: none"> Individuals 65 and older. Individuals under 65 who have received Social Security Railroad Retirement disability benefits for 24 months Individuals under 65 who have chronic kidney disease 	<ul style="list-style-type: none"> 21 years of age and older California resident Specific genetic diseases; cystic fibrosis, hemophilia, sickle cell disease, certain neurological and metabolic diseases Under 21 who are not financially eligible for CCS. 	<ul style="list-style-type: none"> Persons 18 years or older and HIV positive Eligible for Medi-Cal with Share Of Cost or Any other Third Party Coverage with a C0-Payment
What is the income limit?	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Annual adjusted gross income less than \$50,000
What does it cost?	<ul style="list-style-type: none"> PART A (Inpatient Care) <ol style="list-style-type: none"> No monthly premium if has 10 years covered employment and applies during initial enrollment period, (i.e., 7 months beginning 3 months before age 65). Late enrollment fee charged otherwise. For individuals without sufficient work history, premium charged-\$410 per month. Annual benefit period deductible- \$992. (Benefit period begins on first day inpatient services is received and ends after being out of hospital or skilled nursing facility for 60 consecutive days. There is no limit to number of benefit periods.) Coinsurance - \$0 first 60 days, \$248 per day for 61st –90th day each benefit period, and \$496 per day for 91st –150th day for each lifetime reserve day (total of 60 lifetime reserve days- non-renewable) Skilled nursing facility coinsurance -\$124 per day for 21st-100th day each benefit period. Part B (Outpatient Coverage) <ol style="list-style-type: none"> \$93.50 monthly premium unless late enrollee. For late enrollee, premium goes up 10% for each 12 months individual did not enroll. Deductible – \$100 per year Coinsurance – 20% of Medicare approved charge ✓ Qualified Medicare Beneficiary and Special Low-Income Medicare Beneficiary Programs available for some low-income Medicare recipients to pay for premiums, deductibles, and coinsurance. 	<ul style="list-style-type: none"> If net adjusted gross income is over 200% over federal income guidelines pay an enrollment fee and treatment costs based on sliding fee scale 	<ul style="list-style-type: none"> May have a co-payment if income is within 400% of Federal Poverty Level (FLP)

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What is the resource limit?	<ul style="list-style-type: none"> Resources (things the family owns) do not count in this program. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None
Does Immigration status matter?	<ul style="list-style-type: none"> U.S. Citizenship or permanent legal resident status required Social Security Card 	<ul style="list-style-type: none"> Case by case review 	<ul style="list-style-type: none"> California Residence
What papers are needed to apply?	<ul style="list-style-type: none"> U.S. Citizenship or permanent legal resident status Social Security Card 	<ul style="list-style-type: none"> None. Patients self declares their income. Some patients will be asked to verify income on a random basis. 	<ul style="list-style-type: none"> Identity, California Residence, income and HIV diagnosis
How/Where can families apply?	<ul style="list-style-type: none"> Any Social Security Administration Office. Call (800) 772-1213 for near location. Website www.ssa.gov 	<ul style="list-style-type: none"> Call 800-639-0597 	<ul style="list-style-type: none"> Call (888) 575-2327 Website www.pmdc.org Application taken at DHS facilities in HIV Clinic
How long does it take to get?		<ul style="list-style-type: none"> Referral made, information requested Process takes several months, often retro to date of referral IF complete packet. 	<ul style="list-style-type: none"> A couple of weeks
What benefits do people get?	<ul style="list-style-type: none"> Inpatient hospital care, rehabilitative (not custodial) skilled nursing facility care, home health care, hospice care, most outpatient services (including doctors' visits and emergency room visits, tests, laboratory services), ambulance No prescription drugs, routine physical examinations, dental care, eye examinations under "Original" Medicare except for immunosuppressive drugs, (transplant patients), and oral anti-cancer drugs Medicare Health plans are available, (which may have monthly premium) to cover prescription drugs. 	<ul style="list-style-type: none"> Full range of medically necessary care Coordinated medical care Long term care excluded 	<ul style="list-style-type: none"> Assistance with obtaining approved medications at no or low cost with a valid prescription from a licensed and practicing California physician.
How/where do people get services?		<ul style="list-style-type: none"> Call 800-639-0597 for approved Special Care Centers and approved providers 	<ul style="list-style-type: none"> Through a participating pharmacy
What there is other health insurance?	<ul style="list-style-type: none"> Other insurance does not affect your eligibility 	<ul style="list-style-type: none"> Coordination of benefits with other providers billed first. 	<ul style="list-style-type: none"> Other insurance does not affect your eligibility

Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

Questions	FAMILY PLANNING, ACCESS, CARE, AND TREATMENT (PACT) PROGRAM	BREAST CANCER EARLY DETECTION PROGRAM (BCEDP)	SHORT-DOYLE PROGRAM
Who is eligible?	<ul style="list-style-type: none"> Men and women needing family planning services If eligible to Medi-Cal with zero Share of Cost or have insurance which covers family planning services – Ineligible for Family PACT 	<ul style="list-style-type: none"> Women 40-49 with prior history of breast cancer Women with relative such as a mother, daughter or sister with breast cancer Women age 40+. 	<ul style="list-style-type: none"> Persons needing mental health care treatment If potentially eligible for Medi-Cal, referral is made but not required
What is the income limit?	<ul style="list-style-type: none"> Gross family income must be at or below 200% of the Federal Income Guidelines (FLP) 	<ul style="list-style-type: none"> Gross family income must be at or below 200% of the Federal Poverty Level 	<ul style="list-style-type: none"> None
What does it cost?	<ul style="list-style-type: none"> No cost. 	<ul style="list-style-type: none"> No cost 	<ul style="list-style-type: none"> Annual fee Varies, depending on family size, resources and income
What is the resource limit?	<ul style="list-style-type: none"> Resources (things the family owns) do not count in this program. 	<ul style="list-style-type: none"> Resources (things the family owns) do not count in this program. 	<ul style="list-style-type: none"> Resources are not counted for evaluating eligibility, but used in determining annual fee.
Does Immigration status matter?	<ul style="list-style-type: none"> California residence Legal residence is not required 	<ul style="list-style-type: none"> California residence Legal residence is not required 	<ul style="list-style-type: none"> No requirements
What papers are needed to apply?	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None Income is declared 	<ul style="list-style-type: none"> Resources and income Some form of identification is suggested, but <u>not required</u>. If there were a Social Security Number it would be useful, <u>but not required</u>.
How/Where can families apply?	<ul style="list-style-type: none"> Call (800) 942-1054 to obtain address of nearest provider DHS facilities and contracted Medical Agencies provide Family PACT services and eligibility 	<ul style="list-style-type: none"> Call (800) 511-2300 Screening and referral through the telephone screening. 	<ul style="list-style-type: none"> Any Short-Doyle approved psychiatric facility Call (800) 854-7771 for a referral to the Mental Health Clinic in your service area. An after hours-Psychiatric Response Team is available for evaluations.
How long does it takes to get?	<ul style="list-style-type: none"> Eligibility can be determined the day of initial services. 	<ul style="list-style-type: none"> Within 3-4 days of your call you will receive an application/referral form to take to a provider Client will then call the authorized provider and make an appointment 	<ul style="list-style-type: none"> Eligibility evaluation will be made during the initial visit.

Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

Questions	FAMILY PLANNING, ACCESS, CARE, AND TREATMENT (PACT) PROGRAM	BREAST CANCER EARLY DETECTION PROGRAM (BCEDP)	SHORT-DOYLE PROGRAM
What benefits do people get?	<ul style="list-style-type: none"> Comprehensive family planning services (i.e., contraception, male and female sterilization, pregnancy testing, limited infertility services, education and counseling, sexual transmitted disease screening) 	<ul style="list-style-type: none"> Clinical Breast Exam Mammogram Referral to Breast Cancer Treatment Fund if needed. 	<ul style="list-style-type: none"> Inpatient and outpatient mental health services Psychotropic medications
How/where do people get services?	<ul style="list-style-type: none"> Doctors' offices and clinics throughout the State. 	<ul style="list-style-type: none"> Services are provided by authorized Providers listed sent to them 	<ul style="list-style-type: none"> Any Short-Doyle approved Psychiatric facility
What if there is other health insurance?	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Must be uninsured EXCEPT if insured but <u>cannot afford</u> the Share Of Cost, Co-Payment or Deductible. 	<ul style="list-style-type: none"> If potentially eligible for Medi-Cal, referral made but not required