

Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

| Questions | MEDI-CAL | CHILD HEALTH AND DISABILITY PREVENTION (CHDP) | HEALTHY FAMILIES |
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| 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 (TANF) 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, if eligible for 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 \$24 per child and <u>Co-payments</u> range from \$5 to \$15 for <u>some</u> services. • Co-Payment is \$5 for non-preventative health, dental and vision services for families with income under 150% FPL – these are families in Category A. • Families in Categories B and C will pay \$15 for emergency room visits that do not result in hospitalization and co-pays of \$10 for non-preventative health, dental and vision services. • There is an annual cap of \$250 for co-payments. |

*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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| 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 or \$3,150 for three people, (add \$150 for each additional person). • 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 less time. Another program, Presumptive Eligibility, helps pregnant women get pre-natal 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. |

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| What benefits do people get? | <ul style="list-style-type: none"> • Full Medi-Cal covers: medical office visits, hospitalizations, prescription medicines, some 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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| <p>How/Where do people get services?</p> | <ul style="list-style-type: none"> • One of two ways: Managed Care (health plans) or Regular Medi-Cal. • Most beneficiaries will be in a health plan except: children in foster care, adoption assistance, children with SSI and CCS, beneficiaries with dual coverage, people with Medi-Cal and Medicare, Share-of-Cost or Restricted Medi-Cal benefits. • 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. <p>Health plan information comes in the mail after signing up for Medi-Cal or when signing up at the welfare office.</p> | <ul style="list-style-type: none"> • To find or verify that a doctor in the community is CHDP-approved, call <p>800-993-2437 (free) or call a local CHDP office:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">North—Van Nuys</td> <td style="text-align: right;">818-834-3380</td> </tr> <tr> <td style="padding-left: 20px;">East—El Monte</td> <td style="text-align: right;">800-993-2437</td> </tr> <tr> <td style="padding-left: 20px;">West—Torrance</td> <td style="text-align: right;">310-222-2324</td> </tr> <tr> <td style="padding-left: 20px;">South—Los Angeles</td> <td style="text-align: right;">310-668-5141</td> </tr> <tr> <td style="padding-left: 20px;">Pasadena</td> <td style="text-align: right;">626-744-6016</td> </tr> <tr> <td style="padding-left: 20px;">Long Beach</td> <td style="text-align: right;">562-570-4221</td> </tr> </table> <ul style="list-style-type: none"> • 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 | | | | | | | | | | | | | | |
| West—Torrance | 310-222-2324 | | | | | | | | | | | | | | |
| South—Los Angeles | 310-668-5141 | | | | | | | | | | | | | | |
| Pasadena | 626-744-6016 | | | | | | | | | | | | | | |
| Long Beach | 562-570-4221 | | | | | | | | | | | | | | |
| <p>Questions</p> | <p>HEALTHY KIDS</p> | | <p>KAISER PERMANENTE CHILD HEALTH PLAN</p> | | | | | | | | | | | | |

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| 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). <p>* This group of children is also eligible for KP. Parents should evaluate both programs to see which best fits their needs.</p> | <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. * <p>* This group of children is also eligible for Healthy Kids. Parents should evaluate both programs to see which best fits their needs.</p> |
| 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? | <p>For Children age 0-5:</p> <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. <p>For Children age 6-19:</p> <ul style="list-style-type: none"> Monthly premiums are \$15. Co-payments are \$5 except for preventative care visits. Emergency room co-payments are \$15 and is waived if the child is admitted. | <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. |

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| 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) |
| 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 800-464-4000 (free) to have an application mailed. • Applications must be mailed in when complete. • Apply _____ on _____ line _____ at http://info.kaiserpermanente.org/html/child_health_plan/enrollmentkit.html? |
| 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. |

Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

| Questions | HEALTHY WAY L.A. (HWLA) | PREPAYMENT AND ABILITY-TO-PAY PLAN (ATP) (COUNTY HEALTH SERVICES) | ACCESS FOR INFANTS AND MOTHERS (AIM) |
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| Who is eligible? | <ul style="list-style-type: none"> Los Angeles County Residents between the ages of 19 and 64 who have no other health insurance may qualify for HWLA “matched”. Los Angeles County Residents of other ages may qualify for HWLA “unmatched”. | <ul style="list-style-type: none"> Children and adults who use in-patient county health services and cannot afford to pay for their care. Eligibility for hospital services lasts 90 days. Must be a Los Angeles County resident | <ul style="list-style-type: none"> Pregnant women (30 weeks or less). 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% FPL | <ul style="list-style-type: none"> In ATP, income and resources determine what, if anything, someone must pay. There is no actual income limit. “Pre-Pay” has no income limit. | <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"> Under ATP 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 from \$60 to \$500 with no charge for public health services such as Sexually Transmitted Diseases and immunizations. <u>People must pay within seven days of treatment</u>, and may not have third party coverage including Medi-Cal with a Share of Cost. 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 \$9-14 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"> For HWLA “matched” applicants must be U.S. Citizens and Qualified Immigrants. Undocumented immigrants and others may apply for HWLA “unmatched” at a Community Partner Clinic. | <ul style="list-style-type: none"> People with valid tourist or work visas (visa has not expired) do not qualify for <u>non-emergent</u> services under ATP. | <ul style="list-style-type: none"> The Social Security Number is requested on the application, but not required. |
| What papers are needed to apply? | <ul style="list-style-type: none"> Proof of Income. Proof of Los Angeles County address. | <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. |

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| Questions | HEALTHY WAY L.A. (HWLA) | PREPAYMENT AND ABILITY-TO-PAY PLAN (ATP) (COUNTY HEALTH SERVICES) | ACCESS FOR INFANTS AND MOTHERS (AIM) |
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| How/Where can families apply? | <ul style="list-style-type: none"> At an LADHS facility for HWLA “matched” or at a “Community Partner” clinic for HWLA “matched” or “unmatched”. | <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, , mental health and specialty care and hospitalization at LADHS facilities. | <ul style="list-style-type: none"> Outpatient, emergency, prenatal, primary and specialty care are available at County facilities under Prepayment. In-patient care, medications and out-patient bills that are more than one year old are covered 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 (877) 333-4952 for the closest neighborhood clinic or visit http://www.ladhs.org/wps/portal/HWLA . | <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 or Health Net. Newborns receive their care through the Healthy Families program. |
| What if there is other health insurance? | <ul style="list-style-type: none"> HWLA services are for uninsured people under 133-1/3 % of the FPL who are not eligible for Medicare or full scope Medi-Cal (with or without a share of cost). | <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 if their insurance excludes maternity care or has a high deductible. Applicants cannot have free Medi-Cal or Medicare when they apply. |

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| Questions | CALIFORNIA CHILDREN'S SERVICES (CCS) | OUTPATIENT REDUCED COST SIMPLIFIED APPLICATION (ORSA) |
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| 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%FLP, there is no cost If net income is greater than 133%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 ½FPL |
| 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"> Proof of Los Angeles County address and income. |

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| Questions | CALIFORNIA CHILDREN'S SERVICES (CCS) | OUTPATIENT REDUCED COST SIMPLIFIED APPLICATION (ORSA) |
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| 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 take 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. • |

Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

| Questions | MEDICARE | GENETICALLY HANDICAPPED PERSONS PROGRAMS (GHPP) | AIDS DRUG ASSISTANCE PROGRAM (ADAP) |
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| 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-\$451 per month. Annual benefit period deductible- \$1,156. (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, \$289 per day for 61st –90th day each benefit period, and \$578 per day for 91st –150th day for each lifetime reserve day (total of 60 lifetime reserve days- non-renewable) Skilled nursing facility coinsurance -\$144.50 per day for 21st-100th day each benefit period. Part B (Outpatient Coverage) <ol style="list-style-type: none"> \$99.90 monthly premium if enrolled in 2012. Deductible – \$140 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 (FPL) |

Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

| Questions | MEDICARE | GENETICALLY HANDICAPPED PERSONS PROGRAMS (GHPP) | AIDS DRUG ASSISTANCE PROGRAM (ADAP) |
|---------------------------------------|---|---|---|
| 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 (except under optional Part D plan), 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 | CANCER DETECTION PROGRAM “EVERY WOMAN COUNTS” | 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 age 40+ for breast cancer screening. Women age 25+ for cervical cancer screening | <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 take 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 | CANCER DETECTION PROGRAM “EVERY WOMAN COUNTS | 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), screening mammograms for women age 40+. | <ul style="list-style-type: none"> Clinical Breast Exam Mammogram/ Pap smear Referral to Breast and Cervical Cancer Treatment Program 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"> Is available to men and women who are not covered by Medi-Cal, Medicare or private insurance that covers family planning. | <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 |

*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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Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

| | | CALIFORNIA KIDS (CALKIDS) | IMPACT |
|---|---|---|--|
| Who is eligible? | • | <ul style="list-style-type: none"> Children ages 2-18. Children must not be married, must reside full time with applying parent or guardian and, if school age, be enrolled in and attending school. | <ul style="list-style-type: none"> Men 18 and over with a diagnosis of prostate cancer. |
| What is the income limit? | • | <ul style="list-style-type: none"> There is no income limit | <ul style="list-style-type: none"> 200% of the Federal Poverty Level |
| What does it cost? | • | <ul style="list-style-type: none"> The monthly premium is \$75.00 per child. Upon applying, CalKids requires that you pay the first and second month's premiums plus a one time processing fee of \$10.00. All children have co-payments of \$10.00 to \$100.00 depending on the service provided. All services have a co-payment. Dental co-payments range between \$3.00 and \$110.00. | <ul style="list-style-type: none"> No cost. |
| What is the resource limit? | • | <ul style="list-style-type: none"> There is no resource limit. | <ul style="list-style-type: none"> None |
| Does immigration status matter? | • | <ul style="list-style-type: none"> No, all children who meet program qualifications are eligible. | <ul style="list-style-type: none"> Immigration status does not matter. Must be a California resident. |
| What papers are needed to apply? | • | <ul style="list-style-type: none"> Only a completed application. | |
| How/Where can people apply? | • | <ul style="list-style-type: none"> Call 1-818-755-9700 to have an application mailed or visit www.californiakids.org/applicationinfofrm.html. Families may also apply through an application assistor. | <ul style="list-style-type: none"> Call 1-800-409-8252 |
| How long does it take to get? | • | <ul style="list-style-type: none"> It usually takes from two to four weeks. Sometimes CalKids stops taking applications. Always call first to see if they are currently accepting new applications. | |
| What benefits do people get? | • | <ul style="list-style-type: none"> Comprehensive preventative and primary care coverage: office visits, dental, vision, prescription drugs, mental health, outpatient hospital and emergency room services. | <ul style="list-style-type: none"> Prostate cancer treatment for an initial 12 months. Short term counseling for |

Maternal and Child Health Access HEALTH CARE PROGRAMS COMPARISON CHART

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| | | <ul style="list-style-type: none"> Hospitalization and major surgery are NOT covered. | |
| How/Where do people get services? | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> Medical care is through Anthem Blue Cross. Dental care is through SafeGuard, behavioral care is through Holman Group. Call 1-818-755-9700 for a list of local providers. | |
| What if there is other insurance? | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> Children may have other health insurance and still be eligible for California Kids. | |