

HEALTH COVERAGE PROGRAMS AVAILABLE TO LOW-INCOME CALIFORNIANS

Program	Who Is Eligible?	Income Eligibility Standards	Who Determines Eligibility?	Funding Streams	Co-pays and/or Premiums	Number Of People Served	General Services Provided
Medi-Cal	Families qualifying for CalWORKs, SSI/SSP recipients, certain low-income families, pregnant women (presumptive eligibility), and low-income children. Some recipients may hold dual eligibility for both Medi-Cal and Medicare. Must be a California resident.	Depends on category. Pregnant women with incomes \leq 200% of Federal Poverty Level (FPL), children ages 1-5 with family incomes \leq 133% FPL, and children ages 6-19 and parents in families with incomes \leq 100% FPL. Income disregards and asset tests may apply.	County welfare departments (joint mail-in application for Medi-Cal/HFP). Beneficiaries are required to submit quarterly income reports. Failure to report results in disqualification. Eligibility for the aged, blind, and disabled is redetermined annually.	State General Funds and federal matching funds through the Federal Medical Assistance Program (Medicaid, 51.67%; will decrease to 51.25% as of 10/1/00). (Does not include Disproportionate Hospital Program). Some programs are 100% state funded.	Most recipients have no co-payments or premiums. Recipients in the share-of-cost category pay a portion of Medi-Cal only in the month that the costs are incurred.	5.1 million in 1999-00.	Basic services include inpatient, outpatient and skilled nursing services, doctor visits, lab tests, x-rays, and EPSDT service for children. Not all participants receive the full package of benefits.
Healthy Families Program (HFP)	Resident children ages 0-19 without employer-sponsored coverage in the past 3 months. Child cannot be eligible for no-cost Medi-Cal and must be U.S. citizen or qualified alien.	Family income must be at or below 250% FPL. Medi-Cal income deductions apply.	EDS, a private contractor. Eligibility is determined once a year.	State General Funds (35%) and Federal Title XXI funds (65%).	Premiums are based on family income, family size, and plan chosen. Co-payments are required for some services but not for preventive services.	279,000 children in 1999-00.	Comprehensive health, dental, and vision services. Includes prescription drugs and well-child services.
Access For Infants and Mothers (AIM)	Pregnant women and their newborns up to 2 years of age. Must apply before their 30 th week of pregnancy and continue to be eligible up to 60 days after birth. Woman cannot currently have maternity benefits through private insurance or qualify for Medi-Cal or Medicare.	Gross family income between 200 and 300% of FPL (current or previous year). As of 2/1/00, Medi-Cal income deductions will be applied to eliminate overlap between Medi-Cal and AIM.	Private contractor (Healthcare Alternative) contracts with the state to review applications, certify participants, and process income documentation. Women are disenrolled 60 days after giving birth, but children stay in program until their second birthday.	Perinatal Insurance Fund, and some Federal Title XXI funds.	No co-payments, but participants pay a "premium" of 2% of their gross income (total cost for pregnancy and baby's first year), second year of infant health care \$100 (\$50 if baby is fully immunized).	10,300 mothers and 7,130 babies enrolled as of January 31, 2000. 1,300 women per year will shift to Medi-Cal under new income determinations.	Full health care for children (including immunizations), comprehensive health services for the mothers during and immediately after pregnancy.

HEALTH COVERAGE PROGRAMS AVAILABLE TO LOW-INCOME CALIFORNIANS

Program	Who Is Eligible?	Income Eligibility Standards	Who Determines Eligibility?	Funding Streams	Co-pays and/or Premiums	Number Of People Served	General Services Provided
Managed Risk Medical Insurance Program (MRMIP)	California residents who have been denied coverage, had coverage terminated, or had rates exceeding MRMIP rates in past 12 months. Cannot be eligible for either Part A or Part B of Medicare or COBRA.	None.	MRMIP.	Perinatal Insurance Fund (Proposition 99 funds).	Co-payments of up to 20% for HMO plans. Co-payments of up to 25% and deductible for PPOs, depending on service. Maximum \$2,500/year per individual, \$4,000/ year per household.	20,863 individuals enrolled as of January 1, 2000.	Wide range of services depending on the health plan chosen by participant.
Child Health Disability Prevention Program (CHDP)	Medi-Cal beneficiaries ages 0-21, other low-income children ages 0-19.	Gross income up to 200% of FPL, or families that have share-of-cost Medi-Cal.	Doctors determine eligibility when they fill out paperwork for reimbursement.	Proposition 99 funds, State General Funds, Medi-Cal funds, Federal Title XXI funds.	No.	Current target population is 4,832,000 children. Includes 3.06 million Medi-Cal, 1.77 million non-Medi-Cal.	Periodic preventative health services and assessments, immunizations, and dental services.
Genetically Handicapped Persons Program (GHPP)	Resident adults 21 years or older with certain genetic diseases. Also covers some children whose income exceeds eligibility requirements for California Children's Services (CCS).	No maximum income eligibility standards.	Doctors determine eligibility. Participant can either be self-referred or doctor-referred to the program. Application is sent to the GHPP with verification of medical condition. Eligibility is reviewed annually.	State General Funds, enrollment fees.	No co-payments. Families with incomes higher than 200% of FPL but less than \$40,000 pay an enrollment fee based on a sliding fee schedule for family size and income.	Approximately 1,800 currently being served; 931 Medi-Cal, 870 State-only.	Range of services to treat and maintain genetic diseases as well as providing comprehensive health care. Case management provided to participants who are also Medi-Cal eligible. Trauma injuries not covered.
California Children's Services (CCS)	Resident children with CCS eligible chronic or severe illness conditions, ages 0-21.	Families with an adjusted gross income (AGI) of \$40,000 or less or out of pocket health care costs that exceed 20% of their AGI.	Local county CCS office.	State General Funds, county realignment funds, federal Medicaid funds, federal CHIP funds.	Co-payments depend on family income. Annual enrollment and assessment fees are also charged.	Approximately 147,000, including 110,000 Medi-Cal, 37,000 state/county-only.	Diagnostic evaluations, treatment services, medical case management, and medical therapy services.