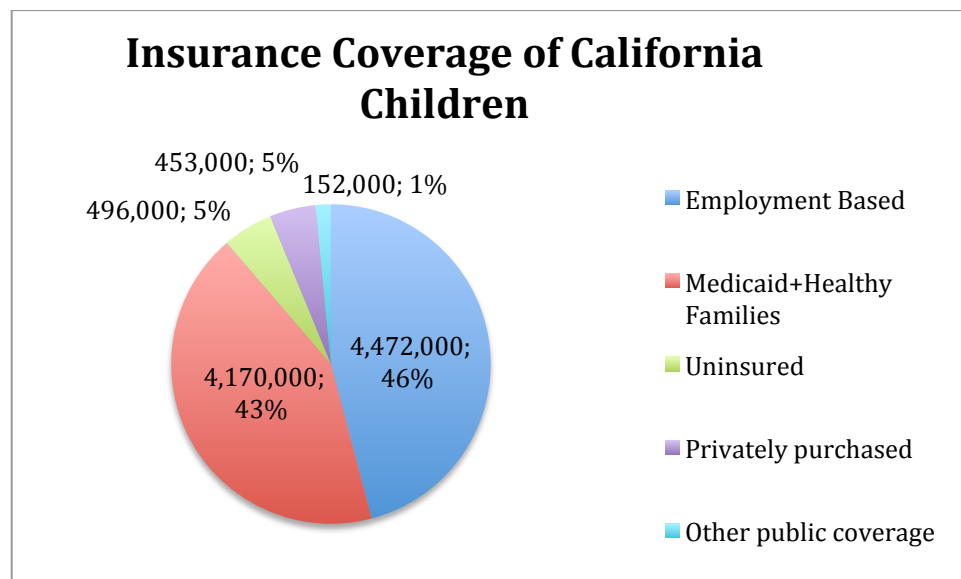


## Introduction

This brief is the first in a series of four on the future of children's health in California. This series of papers aims to identify the current state of children's health insurance programs, envision how these programs may change with the implementation of the Affordable Care Act, identify issues and potentially vulnerable populations, and recommend solutions to these issues, with the goal of minimizing the number of uninsured children.

Although estimates vary, most of the 10 million children residing in California have health insurance coverage. Approximately 46% are covered through their parent's employment-based plan, 43% have Medi-Cal or Healthy Families, 5% purchased non-group insurance privately, and 1% have other public coverage, leaving 5% of kids uninsured.<sup>1, 2</sup> The implementation of the Affordable Care Act (ACA) will lead to more kids covered by health insurance, but the size of the remaining uninsured child population remains unclear. Several questions arise or remain in the wake of ACA implementation: what will be the role of the various children's health programs post ACA, what can be done to ensure adequate coverage of vulnerable populations, including the remaining uninsured, and how can insurance programs be better coordinated for optimum efficiency and accessibility?



Source: 2011-2012 California Health Interview Survey. UCLA Center for Health Policy Research. Estimates are point in time.

<sup>1</sup> California Health Interview Survey 2011-2012. UCLA Center for Health Policy Research.

<sup>2</sup> According to Medi-Cal and Healthy Families data, the point of time estimate for children enrolled in Medicaid and Healthy Families is 4.88 million, indicating approximately 50% of children receive Medi-Cal coverage. The course of the year population is likely significantly greater, as many children move in and out of Medi-Cal/Healthy Families eligibility.

## Health Insurance Programs for Children

California currently operates numerous public programs for children's health including Medi-Cal; Covered California (the Exchange); county mental health; county indigent health; Child Health and Disability Prevention (CHDP); California Children's Services (CCS); Family Planning, Access, Care, and Treatment (Family PACT); and Access for Infants and Mothers (AIM). Additional nonprofit insurance programs such as Healthy Kids, CaliforniaKids, and Kaiser Child Health Plan also serve children without access to public or private insurance. Each program offers different levels of coverage, eligibility requirements, provider networks, and consumer out-of-pocket responsibilities. This patchwork system creates numerous problems for children and their families, especially those of low and moderate incomes and/or limited English proficiency. Families must navigate a complex maze to identify the programs for which they qualify. Because eligibility changes with income, age, and their parents' job changes, many problems arise with children's continuity of care.

### **Medi-Cal**

California's Medicaid program, Medi-Cal, will provide medical insurance to over 10 million low income-individuals in 2014, close to half of whom are children.<sup>3,4</sup> Medicaid income eligibility varies with age, ranging from up to 100% of the federal poverty level (FPL) for older children to as much as 200% FPL for infants.<sup>5</sup> California's Children's Health Insurance Program (CHIP), Healthy Families, which provides coverage up to 250% FPL, was absorbed by Medi-Cal in 2013, and its 863,000 members transitioned into Medi-Cal managed care plans. Beginning in 2013, children are eligible for Medi-Cal up to 250% FPL, regardless of age.

Children must be legal residents or US citizens to qualify for full scope Medi-Cal. Restricted scope, or emergency Medi-Cal is available to low-income children regardless of immigration status when genuine emergency medical services are needed.<sup>6</sup>

Medi-Cal has seen a transformation in recent years, as most of the state has shifted from a fee-for-service system into managed care. Currently, 69% of Medi-Cal members are enrolled in managed care plans, with the remaining 31% being treated on a fee-for-service basis. Medi-Cal has also seen vast growth in enrollment. Average monthly enrollment increased 13.2% between 2007 and 2012.<sup>7</sup> As of 2011, 54% of Medi-Cal members are children, yet they only account for 27% of expenditures.<sup>8</sup>

### **Covered California**

Covered California is California's Health Insurance Exchange, a virtual marketplace in which individuals, families, and small businesses can purchase private insurance that will be effective starting January 1, 2014. The Exchange is open to all children, regardless of current insurance

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<sup>3</sup> Nearly 9.3 million people were enrolled for a least one month in FY 2011-12; 7.5 million people were enrolled on January 1, 2012. California Department of Health Care Services (2012). *Medi-Cal Program Enrollment Totals for Fiscal Year 2011-12*.

<sup>4</sup> About 4 million Medi-Cal members enrolled in July 2012 were age 20 or younger. California Department of Health Care Services (2012). *Medi-Cal Program Population Distribution by Age/Gender, January 2012*.

<sup>5</sup> California Department of Health Care Services (2011). *New Federal Poverty Levels*. Letter 11-16.

<sup>6</sup> 12% of Medi-Cal members are restricted scope. California HealthCare Foundation (2013). *Medi-Cal Facts and Figures: A Program Transforms*. California Health Care Almanac.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

status. Those in families with incomes between 250 and 400% of FPL (\$94,200 for a family of four) will be eligible for subsidies to make coverage more affordable by covering a portion of health plan premiums. Those eligible for full scope Medi-Cal cannot receive premium subsidies. Cost-sharing subsidies that reduce copayments and coinsurance are also available to adults up to 250% FPL.<sup>9</sup> Exchange eligibility is open to US citizens and lawfully residing immigrants, but not to the undocumented. Those who are offered insurance through their employer (including their dependents) are not eligible for subsidies unless that coverage is deemed unaffordable (premiums for employee only coverage are in excess of 9.5% of household income). A projected 144,000 children (74% of those eligible) will enroll in subsidized coverage in Covered California, while 368,000 children will enroll in unsubsidized coverage, partially due to the “kid glitch” discussed in Part III.<sup>10</sup>

The Exchange offers a standardized package of essential health benefits that include inpatient, outpatient, and emergency care, maternity care, prescription drugs, laboratory services, mental health services, preventative care, and rehabilitative services. Also included are pediatric dental and vision services, up to age 19. Vision is offered in each medical plan; however, for 2014, families are offered a stand-alone dental plan for children. While premium assistance cannot go towards the cost of these plans, they are priced at as little as \$8 per month per child.<sup>11</sup> There is some concern that this additional cost, along with no requirement for parents to purchase dental coverage for their children, will lead to a decline in dental coverage and thus care for children, despite dental health issues being one of the most common health problems among California children.<sup>12</sup>

Bridge Plans, Medi-Cal managed care plans available to select individuals through the Exchange, will be a late addition to Covered California offerings. Under the proposal pending federal approval, household members of children enrolled in Medi-Cal and individuals who lose Medi-Cal eligibility because of an increase in income (up to 250% FPL) will be allowed to keep coverage under Medi-Cal managed care plans. Bridge plans are part of an effort to provide continuity of care and keep all family members in the same plan and health care provider network. Bridge plans will not be subject to the requirement to offer all five tiers of coverage or to market their plans inside and outside Covered California.<sup>13</sup>

### ***County Mental Health***

Mental health care for both children and adults with lower incomes is fragmented between managed care plans and county mental health departments, creating challenges to integrated holistic health treatments. Psychological services for less severe disorders (i.e. mild to moderate depression, anxiety, etc.) are provided through Medi-Cal managed plans and their provider networks. Mental health services for Medi-Cal members with severe and chronic mental illness, including services available to children with serious emotional disturbances (SEDs), are delivered outside, or “carved out,” of managed care. Those with severe mental health issues receive care from the county mental health plans, the services of which vary across the state.

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<sup>9</sup> Children under 250% FPL are eligible for Medi-Cal, while adults are only eligible up to 138% FPL.

<sup>10</sup> Gerald F. Kominski et al (2012). *Health Insurance Coverage in California under the Affordable Care Act, Revision of the March 22, 2012 Presentation to the California Health Benefit Exchange Board*. UC Berkeley Center for Labor Research and Education, UCLA Center for Health Policy Research..

<sup>11</sup> Covered California (2013). *Children’s Dental Plan Rates 2014*.

<sup>12</sup> Foster, C. C. (2007). *Children’s Dental Health in Santa Clara and San Mateo Counties: The 2007 Check-Up*. Lucile Packard Foundation for Children’s Health.

<sup>13</sup> Proposed amendments to Government Code §100503 from SB X1 3 (Hernandez)

Beginning in 2011, the counties received additional funding to care for larger patient populations.<sup>14</sup> As mental health and substance use disorder services are essential health benefits under the ACA, coverage of these services is required, and access is expected to expand in the coming years.<sup>15</sup>

In FY 2012-13, nearly \$1.4 billion was spent on county-administered mental health services to Medi-Cal children in California, with the share of that cost equally divided between the federal government and the counties.<sup>16</sup> While there are approximately 367,257 children with SEDs in households below 200% FPL, only 205,412 children received mental health services through the county programs in 2010.<sup>17, 18</sup> The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program within Medi-Cal pays for mental health services, including individual, group, and family therapy, provided through the county mental health departments for program-eligible children up to age 21. Some substance use disorder services such as Intensive Outpatient Treatment are currently only available to children and pregnant women, but the availability of these services will expand to all Medi-Cal members in 2014. County mental health departments will continue to treat uninsured kids with SEDs.

Some have expressed concern about the availability of applied behavioral analysis (ABA) for autistic children enrolled in Medi-Cal. This therapy was previously available to as many as 10,000 children with autism spectrum disorder in Healthy Families, but many children lost this benefit when transitioning from Healthy Families to Medi-Cal, as autism treatment is a carved-out benefit from managed care, but does not qualify as a SED or a service provided through county departments.<sup>19</sup> Autistic Medi-Cal members are instead being directed to California's 21 Regional Centers, nonprofit organizations that provide support and services to people with developmental disabilities, but the eligibility criteria for services through regional centers are significantly more stringent, leaving many (75% according to autism advocacy groups) children ineligible for the service.<sup>20</sup> An amendment to the 2013-14 state budget to fund \$50 million for ABA therapy for Medi-Cal members was proposed but not adopted.<sup>21</sup>

### **County Indigent Health**

Medically Indigent Service Programs (MISP) and County Medical Services Programs (CMSP) are operated at the county level and serve uninsured individuals with low incomes but who do not qualify for Medi-Cal. MISP counties operate their own programs with varying eligibility criteria, while CMSP counties have standard eligibility up to 200% FPL.<sup>22</sup> Patients are seen at public and community health clinics or contracted private providers and generally pay fees on a sliding scale. Only nine of the 35 MISP programs presently serve undocumented individuals and

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<sup>14</sup> California HealthCare Foundation (2013). *Mental Health Care in California: Painting a Picture*. California Health Care Almanac.

<sup>15</sup> Lee, H., & McConville, S. (2011). *Expanding Medi-Cal: Profiles of New Users*. Public Policy Institute of California.

<sup>16</sup> Arnquist, S., & Harbage, P. (2013). *A Complex Case: Public Mental Health Delivery and Financing in California*. California HealthCare Foundation.

<sup>17</sup> Op cit. California HealthCare Foundation (2013). *Mental Health Care in California: Painting a Picture*.

<sup>18</sup> Op cit. Arnquist.

<sup>19</sup> Gorn, D. (2013). *Autism, Dental, Mental Health Focus of Transition Concerns*. CaliforniaHealthline.

<sup>20</sup> Ibid.

<sup>21</sup> Megerian, C. (2013). *An Autism Treatment Lost in California's Shift From Healthy Families*. Los Angeles Times.

<sup>22</sup> County Medical Services Program website (2005). Summary CMSP Eligibility.

CMSP programs only provide emergency services to undocumented adults.<sup>23, 24</sup> Only six of the 35 counties with medically indigent services programs serve children,<sup>25</sup> and eligibility in CMSP counties is limited to those over age 21.<sup>26</sup> Healthcare, particularly for children, obtained through the indigent health programs is often intermittent, episodic, and discontinuous.<sup>27</sup> The Healthy Kids program, as described below, was created in part to promote continuous, coordinated care amongst the children served through indigent health systems. Post ACA implementation, the only low-income population that cannot be served by Medi-Cal or Covered California is the undocumented. Thus some counties essentially will have no population to care for and may need to either discontinue services or expand eligibility criteria.

### ***Healthy Kids***

Since 2001, Healthy Kids provides low-cost health insurance to uninsured, Medi-Cal ineligible children up to 300% of FPL regardless of immigration status, through local public/private partnerships.<sup>28, 29</sup> These programs provide comprehensive care, including dental, vision, prescriptions, and mental health benefits, with modest premiums and co-pays. Healthy Kids does not receive any state or federal funding for services rendered, instead relying on philanthropic contributions. In 2006, the Institute for Health Policy Solutions estimated a total enrollment of over 86,000 in 22 counties, but enrollment as of 2011 had declined to less than 39,000.<sup>30, 31</sup>

Despite success in the early and mid 2000s, Healthy Kids programs have faded. Due to limited funding and a lack of a continuous revenue stream, enrollment has been limited in several counties to younger children (0-5) or the programs have shut down completely. As of summer 2013, only 11 counties have active Healthy Kids Programs. In Los Angeles, the Low Income Health Program Healthy Way LA took on responsibility for former Healthy Kids patients when the 6-18 program was discontinued.

### ***Child Health and Disability Prevention (CHDP)***

CHDP is a no-cost preventive program that delivers periodic health assessments and preventive services, such as immunizations, to low-income (0-200% of FPL) children and youth (up to age 21 for Medi-Cal members and up to age 19 for the uninsured), regardless of immigration status, through private physicians, local health departments, community clinics, managed health care plans, and some school districts. CHDP provides services to children enrolled in Medi-Cal and those who are uninsured. CHDP for children ineligible for full-scope Medi-Cal is funded by state

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<sup>23</sup> Taylor, M. (2013). *The 2013-14 Budget: Examining the State and County Roles in the Medi-Cal Expansion*. Legislative Analyst's Office.

<sup>24</sup> Belshé, K., & McConville, S. (2013). *Rethinking the State-Local Relationship: Health Care*. Public Policy Institute of California.

<sup>25</sup> Ibid.

<sup>26</sup> Op cit. Belshé.

<sup>27</sup> Cousineau, M., & Farias, A. (2008). *The Impact of the Los Angeles Healthy Kids Program on County Indigent Care Programs*. Urban Institute.

<sup>28</sup> Children with family incomes up to 400% of FPL are covered in San Mateo County.

<sup>29</sup> Institute for Health Policy Solutions California (2007). *Overview of Local Children's Coverage Expansions*.

<sup>30</sup> Institute for Health Policy Solutions California (2006). *Healthy Kids Enrollment and Waiting Lists – October 2006*.

<sup>31</sup> Op cit. Cousineau 2008.

General Funds; \$1.77 million proposed in FY 2013-14.<sup>32</sup> It serves approximately 45,000 children annually, although utilization is expected to decline to 27,000 in FY 2013-14.<sup>33, 34</sup>

In 2003, CHDP Gateway was created as an interim step to enroll more children in Medi-Cal and Healthy Families. When uninsured children receive services through CHDP Gateway, they are enrolled into Medi-Cal for the period of time during which their eligibility is being assessed, a process known as presumptive eligibility or pre-enrollment.<sup>35</sup> The introduction of the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS), the application system used to make real-time eligibility determinations for Medi-Cal and Covered California, will likely limit the use of the CHDP Gateway, as the time frame for eligibility determinations gets shorter and presumptive eligibility shrinks.

### **California Children's Services (CCS)**

California Children's Services provides coverage of diagnostic and treatment services, medical case management, and physical/occupational therapy to approximately 165,000 individuals under 21 years old who have specific chronic medical conditions, including cardiovascular diseases, blood disorders, and various genetic conditions.<sup>36</sup> Much like the Genetically Handicapped Persons Program, CCS' counterpart program for adults, CCS provides services for the designated condition, not holistic health, on a fee-for-service basis. Primary care or treatments related to non-CCS conditions are not covered. Although open to all California residents, eligibility is limited by income and insurance status; families must have a maximum income of \$40,000, qualify for Medi-Cal or Healthy Families, or have high out-of-pocket medical expenses.<sup>37</sup>

CCS members can have Medi-Cal coverage, private insurance coverage, or be uninsured; 90% of CCS members have Medi-Cal or Healthy Families coverage, accounting for 97% of expenditures.<sup>38</sup> Annual per patient spending is considerably higher for Medi-Cal/CCS (\$11,000) and Healthy Families/CCS (\$5,700) members than for CCS-only members (\$3,000).<sup>39</sup> Medi-Cal is responsible for the cost of care through CCS for Medi-Cal members on a 50/50 match with the federal government, while the state and counties equally split the cost of coverage for the approximately 20,000 CCS-only children.<sup>40</sup>

CCS is carved out of the managed care plans for Healthy Families and Medi-Cal, which has posed some difficulties in integrating care and services to these children. CCS is conducting five pilot programs to improve care coordination, patient satisfaction, and program effectiveness.

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<sup>32</sup> A small amount of funding for CHDP comes from the Childhood Lead Poisoning Prevention Fund. See State of California, Department of Health Care Services, Fiscal Forecasting and Data Management Branch. *Family Health May 20103, Local Assistance Estimate for FY 2012-13 and 2013-14 – Child Health and Disability Prevention Program*, Report Date: May 2013.

<sup>33</sup> Ibid.

<sup>34</sup> Op cit. Belshé.

<sup>35</sup> State of California Department of Health Care Services. *CHDP Program Overview*. Updated July 2008.

<sup>36</sup> Michael Cousineau et al (2012). *Covering Kids: Children's Health Insurance in California*. California HealthCare Foundation.

<sup>37</sup> California Children's Services website. Retrieved from: [www.dhcs.ca.gov/services/ccs](http://www.dhcs.ca.gov/services/ccs)

<sup>38</sup> Health Management Associates (2009). *Considerations for Redesign of the California Children's Services (CCS) Program*.

<sup>39</sup> Ibid.

<sup>40</sup> Governor's Budget Summary 2014-15.

The results of the pilots are expected in 2017, and could potentially be used to alter the CCS delivery system.<sup>41</sup>

Covered California plans will provide treatment and services for children with these severe medical conditions, but they may not be as comprehensive as CCS benefits, which include case management, durable medical equipment and their upkeep, and transportation to services.<sup>42</sup>

### ***Family Planning, Access, Care, and Treatment (Family PACT)***

Since 1997, the Family Planning, Access, Care and Treatment program has provided no-cost comprehensive family planning services to men, women, and teenagers without coverage for such services. Eligible individuals must be California residents, ineligible for no-cost Medi-Cal, but with family incomes below 200% of FPL. They must also have no other source of health care coverage unless that use of coverage would create a barrier to access because of confidentiality.<sup>43</sup> While initially funded by the state, Family PACT has been federally financed through a §1115 Medicaid Waiver (90/10 match). In FY 2010-11, over 1.83 million people received services through Family PACT, an 11% increase between 2006-07 and 2010-11.<sup>44</sup> Only 7% of clients are under age 18. Family planning services are currently covered by Medi-Cal, private insurance, and Covered California plans. With the Medi-Cal and Covered California expansions, most Family PACT services will move into those two programs.

### ***Access for Infants and Mothers (AIM)***

The Access for Infants and Mothers program provides low-cost health insurance coverage to uninsured pregnant women and infants up to age two, with incomes between 200-300% FPL. Those who do not qualify for pregnancy-only Medi-Cal are eligible, and the program is open to the undocumented if they are residents of California.<sup>45, 46</sup> The program provides comprehensive health care from the effective date of coverage until the last day of the month after 60 days after the pregnancy has ended. Babies born to women enrolled in AIM are eligible for Healthy Families. In 2012 through April 2013, 7,900 women were enrolled in AIM.<sup>47</sup>

The program is funded by General Funds, Proposition 99 tobacco tax revenues, and a 2:1 federal CHIP match for eligible infants and pregnant women, totaling \$128.6 million in FY 2011-12.<sup>48</sup> Women must pay premiums that are 1.5% of adjusted annual household income, including an initial subscriber fee of \$50. In April 2013, there were 6,080 women enrolled; Latinas comprised the largest proportion (37.3%), followed by Caucasians (27.2%) and Asian/Pacific Islanders (25.7%).<sup>49</sup>

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<sup>41</sup> Welfare and Institutions Code Section 14094.3

<sup>42</sup> Health and Safety Code § 123840.

<sup>43</sup> Welfare and Institutions Code Section 24003

<sup>44</sup> State of California, Department of Public Health – Office of Family Planning Bixby Center for Global Reproductive Health. *Family PACT Program Report, Fiscal Year 2010-2011*. University of California San Francisco.

<sup>45</sup> 10 CCR § 2699.200.

<sup>46</sup> Insurance Code § 12698.

<sup>47</sup> State of California, Managed Risk Medical Insurance Board. *AIM Subscriber and Health Plan Data: April 2013 Summary*.

<sup>48</sup> Op cit. Belshé.

<sup>49</sup> State of California, Managed Risk Medical Insurance Board, AIM Subscriber and Health Plan Data: April 2013 Summary, May 29, 2014.

In 2014, maternity and newborn care must be covered by all Covered California plans, including catastrophic plans. All women currently eligible for AIM are now eligible for premium subsidies, except the undocumented. It is unclear how many women who would have been covered by AIM will move into the Exchange. There are no statistics available about the portion of AIM members who are undocumented and thus cannot purchase coverage in the Exchange. It is also unclear how many women will fail to purchase Covered California plans despite eligibility, continuing to rely on AIM as a back up for treatment. Over time, most AIM enrollees will move into Covered California, leaving it as a back up for the remaining uninsured within its narrow frame of eligibility. The Governor's proposed 2014-15 budget would move AIM into the Department of Health Care Services and move Medi-Cal pregnancy-only coverage into Covered California with premium assistance and supplemental benefits at the woman's option. This could provide greater continuity of care and treatment for women eligible for this option.

### ***Kaiser Permanente Child Health Plan***

Since 1998, Kaiser Permanente has offered health care coverage to low-income children for \$8-15 per month per child through the nonprofit Kaiser Permanente Child Health Plan.<sup>50, 51</sup> Children up to age 19 in households with incomes up to 300% FPL may enroll in the Kaiser Permanente Child Health Plan only if they have no access to other coverage.<sup>52</sup> There are no immigration requirements, but children must reside in a Kaiser Permanente Service Area. The plan covers primary and specialty care, prescription drugs, hospitalizations, as well as dental and vision care. Children are enrolled for a two-year period and have the option to be recertified for renewed coverage. Kaiser Permanente sets a membership capacity limit and can implement a waiting list when the cap is met. The program had over 80,000 children enrolled as of November 2013.<sup>53</sup>

In 2014, Kaiser Permanente will be restructuring this program to meet the requirements of the ACA. Low-income children who meet the eligibility requirements for the new Kaiser Permanente Child Health Program will be provided with a Kaiser Permanente premium subsidy for enrollment in Kaiser Permanente's standard off exchange platinum-level plan and enrollment in a pediatric dental plan. In addition, these members will be provided with a Medical Financial Assistance award to reduce cost sharing for services at KP facilities. The eligibility criteria for financial assistance will remain the same as under the original program.

### ***CaliforniaKids***

The CaliforniaKids Healthcare Foundation offers insurance to children ages 2 to 8 who are ineligible for Medi-Cal, at a cost of \$82 per child, per month through partnerships with schools, healthcare providers, and community organizations in areas without Healthy Kids programs.<sup>54</sup> Benefits are limited to outpatient services, but include behavioral health, dental, prescription drug coverage. The program had less than 2,000 children enrolled in January 2011, but it has

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<sup>50</sup> Kaiser Permanente website. *Child Health Plan Overview*.

<sup>51</sup> Dana Hughes et al (2002). *Analyses of the Child Health Plan and Other Kaiser Permanente Services for Publicly and Privately Insured Children*. Center for Children's Access to Health Care, Institute for Health Policy Studies, University of California, San Francisco.

<sup>52</sup> Kaiser Foundation Health Plan, Inc. *Kaiser Permanente Child Health Plan: Individual Plan Membership Agreement and Disclosure Form and Evidence of Coverage, April 1, 2013 through March 31, 2014*.

<sup>53</sup> Kaiser Foundation Health Plan, Inc. Charitable Care and Coverage.

<sup>54</sup> CaliforniaKids website.



insured over 70,000 children since 1992.<sup>55, 56</sup> A 2006 brief reported that nearly all members of CaliforniaKids are undocumented.<sup>57</sup> The program is funded through charitable contributions and premiums paid by members.

**Thank you to the Lucile Packard Foundation for Children’s Health for funding this project.**



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<sup>55</sup> Op cit. Cousineau, *Covering Kids: Children’s Health Insurance in California*.

<sup>56</sup> Op cit. CaliforniaKids website.

<sup>57</sup> CaliforniaKids Healthcare Foundation. *Our History, Our Experience, and Our Future July 1992 – March 2006*.

## Appendix 1: Summary of Children’s Health Programs in California

Children's Health Programs in California						
Program	Run By	Benefits	Income Eligibility Criteria	Residency Criteria	Child Population	Premiums
Medi-Cal	State	Comprehensive care including dental and vision	Under 250% FPL	Restricted coverage for the undocumented	4,870,000	\$13/child for higher income families, none for lower income families
Covered California	State	Comprehensive care including dental and vision	100-400% FPL receive premium subsidies	Limited to legal residents	512,000 (estimated for 2019)	Unsubsidized plans start around \$100/child
County Mental Health	Counties	Services for severe and/or chronic mental illness	Varies by county	Undocumented limited to emergency services in some counties	205,412	None
County Indigent Health	Counties	Varies by county, some only emergency services	Varies by county	Undocumented limited to emergency services in some counties, no services in others	Not Available	None
Healthy Kids	Counties	Comprehensive care including dental and vision	Ineligible for Medi-Cal, up to 300% FPL	Open to all statuses	39,000	\$0-\$15/child
CHDP	Counties	Preventative care, routine screenings	Up to 200% FPL	Open to all statuses	45,000	None
CCS	State / County Partnership	Treatment for specific chronic conditions	Have	Open to all statuses	165,000	None
Family PACT	State	Reproductive health services	No source of coverage, up to 200% FPL	Open to all statuses	128,100	None
AIM	State	Prenatal and infant care	200-300% FPL	Open to all statuses	7,900 (includes pregnant women)	1.5% of household income
Kaiser Permanente Child Health Plan	Nonprofit	Comprehensive care including dental and vision	No access to other coverage, up to 300% FPL	Open to all statuses	80,000	\$8-\$15/child
California Kids	Nonprofit	Outpatient care, limited emergency	Ineligible for Medi-Cal	Open to all statuses	2,000	\$82/child

## Appendix 2: Data on Children’s Health Insurance Coverage in California

	<b>California Health Interview Survey</b>	<b>Current Population Survey</b>	<b>Medi-Cal &amp; Healthy Families Statistics</b>
<b>Type of measurement</b>	Point in time	At some time during the year	Point in time
<b>Year</b>	2011-2012	2011	2012
<b>Employer</b>	45.90%	49%	-
<b>Medi-Cal &amp; Healthy Families</b>	42.80%	38%	50%
<b>Privately Purchased</b>	4.70%	7%	
<b>Uninsured</b>	5.10%	11%	-
<b>Other Public Insurance</b>	1.60%	3%	-

Sources: California Health Interview Survey 2011-2012.

Michael Cousineau et al (2012). *Covering Kids: Children’s Health Insurance in California*. California HealthCare Foundation.

California Department of Health Care Services (2012). *Medi-Cal Program Population Distribution by Age/Gender, January 2012*.

California Department of Health Care Services (2012). *Healthy Families Transition to Medi-Cal Strategic Plan/Phase 1 Implementation Plan*.

### Appendix 3: Healthy Kids Programs, 2013

<b>County</b>	<b>Ages 0 - 5</b>	<b>Ages 6 - 18</b>
Los Angeles	Open	Closed
Marin	Open	Closed
Riverside/San Bernardino	Open	Open
San Francisco	Open	Open
San Mateo	Open	Open
Santa Barbara	Open	Open
Santa Clara	Open	Open
Santa Cruz	Open	Open
Solano	Open	Open
Sonoma	Open	Closed
Yolo	Closed for new enrollment	Closed for new enrollment

Source: California Coverage & Health Initiatives.