

Health Resources for Special Populations

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Who is eligible for programs in this section?

- Uninsured low- and middle-income pregnant women
- Adults seeking family planning services
- Aged or disabled adults needing support services at home
- Individuals who have genetic handicaps who need help with medical costs
- Veterans or reservists seeking health services
- Los Angeles County residents who are in need of:
 - treatment for HIV or AIDS
 - mental health services
 - drug or alcohol treatment
 - smoking cessation programs
 - need drug or alcohol treatment
- Low-income men diagnosed with prostate cancer

Pregnancy Related Coverage

Medi-Cal for Pregnant Women

Who is this program for?

This program provides pregnant women with medical services during pregnancy and for 60 days postpartum.

What are the eligibility requirements?

Pregnant women who are California residents with family incomes at or below 200% FIG are eligible to receive services at no cost.

How does immigration status affect eligibility?

Satisfactory immigration status or verified U. S. citizenship is not required to receive services.

What benefits are covered?

Women with satisfactory immigration status or verified U. S. citizenship are eligible for comprehensive medical services. Women without satisfactory immigration status or verified U.S. citizenship are eligible for pregnancy-related services only.

A California law signed on October 7, 2005 expanded eligibility for preventive dental benefits to women with pregnancy-only Medi-Cal coverage, including women who are on Presumptive Eligibility Medi-Cal (see page 6-2) or Minor Consent Medi-Cal (see page 5-7). Therefore, all pregnant women are now eligible for preventive dental care regardless of their Medi-Cal aid codes. All pregnant women also qualify for emergency dental services.

The following pregnant women are eligible to receive Medi-Cal for 60 days following birth under the 60-Day Postpartum Program:

- Those who had a share of cost when they were pregnant
- Those who were no longer eligible for benefits when their pregnancies ended
- Those who had no other basis for Medi-Cal eligibility when their pregnancies ended

How are services delivered?

Pregnant women with full-scope Medi-Cal will enroll in managed care health plans and receive services from Medi-Cal providers under those plans. Pregnant women who are eligible for pregnancy-related services only will receive services under fee-for-service Medi-Cal (see page 2-4 for more details on fee-for-service and managed care delivery methods).

What is the cost?

Pregnant women with family incomes at or below 200% FIG can receive services at no cost. Pregnant women with incomes above 200% FIG will have a share of cost under Medi-Cal. Also, if their incomes are between 200% and 300% FIG, they may be eligible for the Access for Infants and Mothers (AIM) program described on page 6-4.

What happens when the baby is born?

Babies born to women under Medi-Cal are automatically deemed eligible and qualify for full-scope Medi-Cal up to their first birthday. If the family does not complete their Annual Redetermination prior to the child's first birthday, the family must fill out the Annual Redetermination paperwork at the child's first birthday to determine whether the child is still eligible for no-cost Medi-Cal. If the family fails to comply with the Annual Redetermination for

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their coverage prior to the child's first birthday

Are there resource limits?

No, resources are not counted to receive pregnancy related only services.

How to apply:

Interested applicants can find district DPSS offices in their areas by looking in their local white pages under County Government to request mail-in applications, apply by phone or make appointments. For a list of local DPSS offices or an application visit: <http://dpss.lacounty.gov>. They may also apply online: <https://www.dpss.lacounty.gov>. In order to avoid delaying care, they may want to locate a Presumptive Eligibility Provider (see Assistor Tips below) or ask about applying for Medi-Cal at the clinics or hospitals where they are seeking care.

Contact Information:

For more information or to receive an application for Medi-Cal, call 1-888-747-1222. Call the Medi-Cal Health and Nutrition hotline at 1-877-597-4777, visit <http://dpss.lacounty.gov> or visit a local Department of Public Social Services office or visit www.medi-cal.ca.gov for more information on Medi-Cal programs.



Assistor Tips!!!

- **Presumptive Eligibility (PE):** PE provides temporary, immediate Medi-Cal coverage to low-income pregnant women who have no health insurance or Medi-Cal coverage. PE providers will provide pregnancy-related care during the month a woman applies for PE through the end of the following month. To continue coverage, the woman must apply for Medi-Cal. Eligibility will continue once she has applied and until Medi-Cal makes an eligibility determination. Women with family income at or below 200% FIG who believe they are pregnant are eligible for PE.

Many Medi-Cal providers are also PE providers. A pregnant woman may contact Medi-Cal providers to determine if they are PE providers or to get a referral to a PE provider in her area. Whether or not the woman's Medi-Cal application is approved, providers are reimbursed for services provided. However, PE does not pay for labor and delivery.

The following are some services covered under PE:	The following are not covered by PE:
<ul style="list-style-type: none">➤ Specific ambulatory walk-in prenatal care➤ Prescription drugs for conditions related to pregnancy➤ Outpatient abortion procedures➤ Limited preventive dental services	<ul style="list-style-type: none">➤ Labor and delivery➤ Inpatient care (i.e. hospitalization)➤ Family planning services

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Comprehensive Perinatal Services Program (CPSP)

Who is this program for?

This program is for low-income pregnant women on Medi-Cal who need prenatal care and support services to help ensure positive pregnancy outcomes and healthy babies.

What are the eligibility requirements?

CPSP is available to all pregnant women enrolled in Medi-Cal.

How does immigration status affect eligibility?

Individuals without satisfactory immigration status are eligible to receive services.

What benefits are covered?

CPSP provides comprehensive prenatal care, health services, and parenting and nutritional education. If needed, other optional services such as psycho-social assessment and referral, child birth education, Big Brother/Big Sister Program, CPR, case coordination and other support services are also available. Services are provided up to 60 days after the baby is born.

How are services delivered?

Services are provided by CPSP-certified obstetrical Medi-Cal providers who include CPSP services in their practices.

What is the cost?

There is no cost for this program.

Contact information:

Call 213-639-6419 to obtain a list of CPSP providers.

For additional information, visit <http://www.cdph.ca.gov/programs/CPSP/Pages/default.aspx>.

Additional resources for pregnant women:

211 LA County: For information and referrals related to prenatal health care and social services, call 2-1-1 or visit: www.211LACounty.org.

WIC: WIC is the Special Supplemental Nutrition Program for Women, Infants and Children that offers health care services and nutritional education for high-risk, low-income pregnant women (up to 185% FIG). WIC can also provide vouchers for food for infants and help eligible women find health care providers. For more information please call 1-888-942-9675.

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Access for Infants & Mothers (AIM)

Who is this program for?

This program covers low-income pregnant women whose family incomes are too high to qualify for no-cost Medi-Cal.

What are the eligibility requirements?

In order to qualify for AIM, pregnant women must have monthly family incomes between 200 and 300% FIG. At the time of application, they must be no more than 30 weeks pregnant. Women who are uninsured for their pregnancies, have insurance that does not cover pregnancy-related care, or have high maternity deductibles (over \$500), may be eligible for this program.

How does immigration status affect eligibility?

Immigration status does not matter.

What benefits are covered?

- AIM provides coverage for medically necessary care from the date of enrollment until 60 days after the end of the pregnancy. AIM will pay for pregnancy-related expenses up to \$125 incurred up to 40 days before the enrollment date as long as the request for payment was made within 90 days of the date the application was received.
- AIM does not provide dental coverage.

How are services delivered?

The choice of health plans varies by county. Plans available to Los Angeles County women (except Catalina Island) are Health Net HMO and Blue Cross HMO.

What is the cost?

The cost for the program is 1.5% of annual family income after program deductions. There are no co-payments or deductibles. Payments can be made on a monthly basis or up-front when submitting the application.

Do resources count?

Resources do not count for this program.

What happens after the baby is born?

Babies born to AIM mothers may be eligible for the Healthy Families Program until their 2nd birthdays. Women on AIM receive an Infant Registration Form 1-3 months prior to their expected due date to enroll the newborn into the Healthy Families Program. Families will be required to pay separate monthly premiums for the newborn's coverage through the Healthy Families Program. The amount of the monthly premium depends on the family's income, Family size, and health plan in which the newborn will be enrolled. The monthly premium will be between \$4 and \$24 for each child. The maximum monthly premium cost for a family ranges from \$8 to \$72. The coverage for the newborn is good for one year. After one year, the family will receive Annual Eligibility Review paperwork that will use the AIM income guidelines (200% - 300% FIG) to determine whether the baby is still eligible for Healthy Families. At the

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baby's second Annual Eligibility Review, the Healthy Families Program income guidelines will be used to determine eligibility (200%-250% FIG).

How to apply:

Application is by mail and applications are available in English, Spanish or Chinese. Visit the MRMIB website for an application and for more information: <http://www.mrmib.ca.gov>.

Women can also request an application and additional information by calling toll free 1-800-433-2611.

Child Delivery Plan

The Child Delivery Plan covers labor and delivery at a hospital operated by Los Angeles County for pregnant women living in Los Angeles County. Under this plan the woman must pay \$2,000 within seven (7) days after leaving the hospital. The woman does not have to apply for Medi-Cal; however, each mother must apply for Medi-Cal for her baby. The epidural injection is covered by the plan.

To qualify for this plan, women must be unable to pay for the full cost of their medical care and have charges that Medi-Cal, Medicare or private insurance will not cover.

If a woman is less than 30 weeks pregnant, she should find out whether she is eligible for no-cost Medi-Cal or AIM for her pregnancy care. If she is over 30 weeks pregnant, the Child Delivery Plan may assist her in paying for her labor and delivery.

Contact information

Low-income pregnant women can contact their local Los Angeles County operated hospital for additional information or call the toll free information line at 1-800-378-9919.

Family Planning, Access, Care and Treatment Program (Family PACT)

Who is this program for?

Family PACT is a federal and state funded program offering family planning and related services to low-income California men and women and teens for the purpose of preventing unplanned pregnancy and promoting reproductive health.

What are the eligibility requirements?

This program is for low-income men under age 60 and low-income women under age 55 able to become pregnant or cause a pregnancy. Gross family income must be at or below 200% FIG. Coverage is good for one year, but applicants need to confirm eligibility at each visit by verifying information such as income and family size.

How does immigration status affect eligibility?

Satisfactory immigration status is not required.

What benefits are covered?

Services include family planning education and counseling, sexually transmitted disease screening and treatment, contraception including sterilization and emergency contraception, pregnancy testing, limited infertility services, cervical cancer screening and HIV testing.

How are services delivered?

Family PACT providers confirm eligibility by sending applications to the State. The applicants receive Health Access Program Cards from their providers to use at Family PACT visits. The cards can also be used with the Breast Cancer Early Detection Program (BCEDP) and some other health programs.

What is the cost?

There is no cost for those who qualify.

Do resources count?

Resources do not count for this program.

What about other insurance?

The program is for adults who are not covered by Medi-Cal or Medicare. Adults are not eligible for Family PACT if they have other insurance that covers family planning unless they have high out-of-pocket expenses in the form of deductibles or co-payments. If an adult has other health insurance but a barrier to access exists, this person may be eligible for Family PACT services. A barrier to access is when a client's insurance does not assure provision of services to a client without his or her spouse, partner or parents being notified or informed.

How to apply?

Interested men and women can make appointments with Family PACT providers in their areas.

Contact information: Call 1-800-942-1054 for the names and locations of local providers. For more information about the program, visit www.familypact.org.

In-Home Supportive Services (IHSS)

Who is this program for?

This program can help blind, aged or disabled individuals pay for in-home services such as shopping, cooking, and personal care, thus helping individuals remain in their homes.

What are the eligibility requirements?

The need for services is evaluated at a home interview conducted by a county social worker. State guidelines determine the types of services to be provided. Family, friends and health providers can offer supporting information. Income requirements are the same as those for the Supplemental Security Income program (SSI).

IHSS cases are funded by one of three programs in California: Personal Care Services Program (PCSP), IHSS Residual Program or IHSS Plus Waiver. PCSP covers those who are eligible for full-scope Medi-Cal, while the other programs cover individuals who meet IHSS eligibility requirements but who are not eligible for full-scope Medi-Cal.

If approved, the disabled individual will receive notification on the types of services and number of hours authorized for those services. They could include personal care, household tasks and certain paramedical services.

How are services delivered?

Individuals must hire someone to provide the approved services. These persons can be friends or family members or the individual may choose to have services provided by county contracted IHSS providers. The State issues checks for all individual provider payments.

What is the cost?

Those who meet SSI income requirements do not pay for IHSS services. Those who meet resource limits but whose incomes are over the SSI limits will pay for a portion of their IHSS services, depending on income.

Do resources count?

Yes, resources count for this program.

How to apply?

Interested individuals need to schedule in-home interviews.

Contact information:

Call the local DPSS office for scheduling. For questions, call 1-888-678-4477. For assistance and applications, call 1-888-944-4477.

Note: Make certain that clients and providers fill out the required timesheets each month. If the clients are using county-contracted IHSS providers, they should contact their social workers to find out the hourly rate charged.

Genetically Handicapped Persons Program (GHPP)

Who is this program for?

GHPP is a state-funded program that can help individuals with genetic diseases pay for medical costs, including equipment and medication.

What are the eligibility requirements?

The program is open to California residents 21 years of age or older. Persons under 21 may be eligible for California Children's Services (CCS). If a specific condition is not covered under CCS, an individual under 21 can apply to GHPP. Examples of genetic handicaps are cystic fibrosis, sickle cell disease and hemophilia. All applicants must complete an application.

How does immigration status affect eligibility?

Satisfactory immigration status is not required.

What benefits are covered?

GHPP covers a variety of services, including hospital inpatient and outpatient, pharmaceutical and dental, physical therapy, medical equipment and certain home health services.

How are services delivered?

Services are provided through GHPP approved hospitals, specialists and community physicians who work with a Special Care Center that includes medical, nursing, social work and other health professionals who specialize in treating GHPP eligible conditions.

What is the cost?

There are no income eligibility requirements, but families with adjusted gross incomes above 200% FIG pay an enrollment fee and treatment costs based on a sliding scale according to family size and income.

Do resources count?

Resources do not count for this program.

What about other insurance?

Applicants may be required to apply for Medi-Cal if they appear to be eligible. If clients have Medi-Cal, Medicare or private insurance, those providers must be billed first and GHPP will pay only for services not covered by those plans. Those with Medi-Cal managed care need to first obtain approval for medical services through their plans. GHPP pays for case management, referrals to specialists and other services often not covered by other insurance.

How to apply

Call 1-800-639-0597 or 1-916-327-0470 or visit:

<http://www.dhcs.ca.gov/services/ghpp/Pages/Apply.aspx>.

You can also write to:

Genetically Handicapped Persons Program
MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413

Contact information:

An informational brochure is available on the website: www.dhs.ca.gov/pcfh/cms/ghpp.

Veteran Services

The Department of Veteran Affairs (VA) provides an enhanced healthcare benefits plan to all veterans regardless of income.

Who is eligible?

Eligibility is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WWII), and that the veterans were discharged under honorable conditions. Reservist and National Guard members called to active duty may also qualify for VA health care benefits. Certain veterans must have completed 24 continuous months of service to be eligible.

What benefits are covered?

Comprehensive preventative and primary care, outpatient and inpatient services are covered. Mental health services including screening and treatment are also available to eligible veterans.

What about benefits for family members?

The Civilian Health and Medical Program of VA (CHAMPVA) provides reimbursement for most medical expenses of eligible family members.

What does it cost?

Depending on income levels, some services may be provided at no cost. Enrollment fees and co-payments may apply in some cases.

For more information about CHAMPVA visit:

<http://www.va.gov/hac/forbeneficiaries/champva/champva.asp>.

Contact information:

For more information on participating healthcare facilities in your area, call 1-877-222-8387. The Veterans Administration also runs an ambulatory care hotline: 1-877-251-6733.

Information on health care benefits for veterans is available through Veterans Health Administration website at <http://www.va.gov/health/default.asp>.

HIV/AIDS Services

The Los Angeles County Public Health Department's Office of AIDS Programs and Policy offers several no- or low-cost health care services to individuals with AIDS and HIV diagnoses.

Who is eligible?

Eligibility requirements vary by program and service provider. An HIV-positive diagnosis or AIDS diagnosis may be required to receive services. Formal assessment is based on the State Office of AIDS guidelines and determines what types of services clients may be eligible for. Most programs offered in Los Angeles County require participants to be Los Angeles County residents. Some programs and provider clinics require that clients be residents of specific geographical areas within Los Angeles County.

How does immigration status affect eligibility?

For most services, satisfactory immigration status is not required.

What benefits are covered?

A wide range of services are offered depending on need. Services may include: screening, testing, treatment, service coordination, case management, psychological counseling, respite care, and crisis intervention.

How are services delivered?

HIV and AIDS services fall under the direction of the Los Angeles County Department of Public Health Office of AIDS Programs and Policy. There are many organizations that offer services throughout Los Angeles County (see contact information below).

What is the cost?

Fees may apply for services depending on the provider. Some programs are offered at no cost for those who cannot afford to pay.

What about other insurance?

Most providers accept Medi-Cal patients or patients with private insurance. Patients enrolled in a managed care plan must receive pre-authorization before being seen. Upon authorization, the managed care plans will be billed for services rendered.

Contact information:

To receive more information on services for HIV/AIDS:

- Visit HIV L.A.'s website: <http://www.hivla.org>. This website allows the user to view the various types of services offered and lists service providers by geographical location.
- Visit California HIV/AIDS Service Referrals website: <http://cdcnpin.org/ca/>. This site is designed to help users find HIV testing, prevention, care & treatment, and support services in their local area.
- Contact the AIDS Drug Assistance Program (ADAP) by calling 1-888-575-2327 or visit <http://www.dhs.ca.gov/ps/ooa/Programs/CARE/adap.htm>

Mental Health Services

The California Department of Mental Health provides free mental health treatment for Medi-Cal recipients. Other individuals may also be eligible for services. The Los Angeles County Department of Mental Health also provides clients with case management and support services to assist them in living within their communities.

What is the cost?

Medi-Cal recipients may be eligible for services at no cost. Other eligible participants may be charged based upon a sliding scale, depending on income or ability to pay. Mental health providers and therapists can request a fee waiver if it would cause the participant hardship.

Contact Information:

For referrals to outpatient health programs in a specific area, call 1-800-854-7771. For more information visit the County of Los Angeles Department of Mental Health website at <http://dmh.lacounty.gov>.

Other Programs:

Adults, as well as children, who are disabled with developmental delays, autism, cerebral palsy, or epilepsy, may qualify for health care services and case management through California's Regional Centers. California residents who are undocumented may also be eligible for services.

There are seven Regional Centers in Los Angeles County. Referral information for these centers can be found at <http://www.arcanet.org/locations.html>.

Drug and Alcohol Treatment and Tobacco Control

Programs and costs for drug and alcohol treatment vary by program in Los Angeles County. Some programs offer outpatient services and others are residential programs. There is also outpatient treatment for homeless clients. Individuals with Medi-Cal or CalWORKs can ask their social workers for referrals.

The Resource Center at the California Department of Alcohol and Drug Programs maintains a comprehensive collection of alcohol, tobacco, and other drug prevention and treatment information. This information is provided to all California residents at no cost through a Clearinghouse, a full-service Library, Internet communication links, and a telephone information and referral system. These services can be accessed by letter, fax, Internet, e-mail, telephone, or in person during the business hours of 8:00 a.m. to 4:30 p.m., Monday through Friday, excluding state holidays. Contact information for the Resource Center can be found at http://www.adp.state.ca.us/RC/rc_sub.shtml.

Contact Information:

Call the Alcohol and Drug Program Administration at 1-800-564-6600 to obtain a list of community assessment centers and services.

Many hospitals, HMOs, clinics and health departments offer smoking cessation programs. Call 213-351-7890 for information about locations that offer stop smoking services in Los Angeles County or visit <http://www.lapublichealth.org/tob/>.

The California Smokers' Help line offers one-on-one telephone counseling at 1-800-NO-BUTTS. Help is available in English, Spanish, Mandarin and Cantonese, Vietnamese and Korean.

Improving Access, Counseling & Treatment (IMPACT)

Who is this program for?

IMPACT provides high quality prostate cancer treatment to low-income California men with little or no health insurance. IMPACT is operated under contract by the University of California, Los Angeles.

What are the eligibility requirements?

Men may be able to access services if they meet the following requirements:

- 18 years of age or older
- California resident
- Have a diagnosis of prostate cancer
- Income at or below 200% of the FIG
- Underinsured and have NO insurance coverage for cancer treatment; or NO medical insurance, and do not qualify for Medicare or Medi-Cal

What benefits are covered?

Cancer treatment for up to 12 months includes; chemotherapy, hormone therapy, brachytherapy, radical prostatectomy, external beam radiation therapy and nurse case manager services and short-term individual and joint counseling services.

What is the cost?

Men who are eligible can receive services at no cost.

How are services provided?

Men must call the number below to be pre-screened for the program; if eligible, IMPACT will pay for prostate cancer treatment for up to 12 months for qualified individuals. Treatment is available throughout California. If you qualify, you will be referred to participating doctors in your neighborhood.

How to apply/contact information:

To obtain more information and to be pre-screened for eligibility, please call **IMPACT** at 1-800-409-8252 to speak with an eligibility specialist. You can also obtain more information by visiting: www.california-impact.org.