

Asset Support Center (ASC) Brief:

Exploring the Health-Wealth Connection: Health Insurance as an Asset Building Strategy

By Lisa Robinson, Consultant/ASC with
Heather McCulloch, Managing Director/ASC and Bobbie Wunsch, Principal/Pacific Health Consulting Group

Executive Summary

This Asset Support Center (ASC – www.assetpolicy.org/asc) briefing paper is intended to build awareness and catalyze discussion among Bay Area asset-building stakeholders about the role of health insurance in helping low-income working families to build their long-term financial security. The release of this paper and a corresponding September 30th, 2009 webinar¹ are taking place at a particularly critical time. A growing body of research indicates that adequate health insurance coverage is a key component of family financial security: 62% of all bankruptcies in 2007 were related to medical debt² and an estimated half of all mortgage foreclosures in the following year were caused by medical debt or illness.³ Families without health insurance, for all family members, are an illness away from asset poverty as medical bills can quickly consume a lifetime of savings.

In spite of the growing body of knowledge about the importance of adequate health insurance coverage, budget cuts in California are wreaking havoc on core public health insurance programs for low-and moderate-income families. At the national level, the Obama Administration is maintaining its focus on healthcare reform, while Congress grapples with several reform proposals. Within this environment of financial crisis at the state level and the possibility of positive change at the national level, an historic opportunity exists for stakeholders across sectors to make the case for health insurance as a lynchpin of family financial security. Asset-building stakeholders have much to gain from – and much to contribute to – this effort.

This paper provides asset-building stakeholders:

- An overview of the core components (historically) of California’s health coverage landscape;
- A summary of efforts underway to expand health insurance coverage at the county and state levels;
- A discussion of emerging opportunities and challenges for asset-building leaders to support health insurance coverage efforts; and
- A county-by-county synopsis of programs and coverage currently available to low-income children and adults (Appendix I);

Asset-building stakeholders can participate in a variety of efforts to expand access to healthcare coverage as a strategy for family financial security. Possible actions include:

- Educating asset-building colleagues about the importance of health insurance coverage as part of a long-term approach to building financial assets;
- Ensuring that clients understand and are accessing the best health insurance coverage options available to them; and

¹ Visit the ASC webpages, www.assetpolicy.org/asc for more information.

² D. Himmelstein, et al. (2009, forthcoming). “Medical Bankruptcy in the United States, 2007: Results of a National Study.” *The American Journal of Medicine*. Accessed 6/18/09 from http://pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf.

³ C. Robertson, et al., (2008). “Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures,” *Health Matrix*, 18: 65-105. Cited in Health Access. 2009. *Protecting Consumers from Medical Debt*. Accessed 5/27/09 from <http://www.health-access.org/files/advocating/Protecting%20Consumers%20From%20Medical%20Debt%20May%202009%20update.pdf>.

- Advocating for public policies that maintain and/or expand health insurance coverage for low- and moderate-income families.

Key state-wide organizations working to expand access to healthcare in California include California Children's Health Initiatives/CCHI (www.cchi4kids.org); Health Access (www.health-access.org/); 100% Campaign (www.100percentcampaign.org); the Insure the Uninsured Project (www.itup.org); and PICO (www.piconetwork.org). Asset building stakeholders can also connect with an infrastructure of local organizations and coalitions in various Bay Area counties working to expand health coverage (highlighted in Section III).

A tremendous opportunity exists for asset-building and health coverage advocates, in the Bay Area and statewide, to forge strategic connections to support low- and moderate-income families. Stakeholders from these arenas have much to gain by better aligning and leveraging their work and building a powerful, shared voice in favor of accessible and affordable healthcare coverage in the 21st century.

Note to Readers:

California's public health coverage programs are undergoing a period of unprecedented instability. Considerations to keep in mind when reading this brief are as follows:

- The health coverage landscape is changing day-to-day.⁴
- The existence of a program does not necessarily mean that qualifying applicants can easily enroll and stay enrolled.
- The fact that a program has a given set of benefits does not necessarily mean that enrollees will be able to access all the services listed, nor will all listed benefits necessarily be available in the future.

For updates and alerts regarding changes in state health coverage programs and their implications, please consult the California Budget Project at <http://www.cbp.org/>; Health Access California at <http://www.health-access.org/>; and the 100% Campaign at <http://www.100percentcampaign.org>.

⁴ For the most updated information on status, coverage and eligibility, please consult the websites and phone numbers provided for the programs described.

I. Introduction

The asset-building field encompasses an array of strategies and supportive public policies aimed at building the long-term economic security of low-income individuals and families by supporting them to save, invest and preserve financial assets. The movement began in the early 1990s with focus on one strategy, Individual Development Accounts (IDAs)—matched savings accounts that enable low-income individuals to save for a home, business or higher education. The asset-building field has since grown to include a range of strategies that expand opportunities for families to:

- Access financial education and affordable financial services;
- Save through a variety of matched savings accounts and other products;
- Invest in homes, businesses and higher education; and
- Preserve hard-earned assets through a range of mechanisms.

Families without health insurance, for all family members, are an illness away from asset poverty as medical bills can quickly consume a lifetime of savings.⁵ While asset-building advocates often include health insurance coverage as an asset preservation strategy – along with foreclosure prevention, curbing payday, predatory mortgage lending and other strategies – to date, healthcare coverage has not been a major focus of the asset-building field.⁶

Public policy researchers and advocates addressing issues of poverty and family economic security are increasingly recognizing the critical role of health insurance as a strategy to help low, moderate-and middle-income families build and preserve assets. For example, a 2008 Urban Institute report *The New Safety Net for Low Income Families* asserts that “health insurance arguably serves as a linchpin for any package of supports for low-income families trying to stay afloat or work themselves into better positions.”⁷ Similarly, in a series of policy papers *By a Thread: the New Experience of America’s Middle Class*, the Institute for Assets and Social Policy at Brandeis University and the national nonprofit Demos identify four key factors essential to financial security. Among the four is “comprehensive, high quality, affordable health care for all family members to ensure that care is available when needed and that financial stability is not eroded in case of serious illness.”⁸

Recent research points to the correlation between adequate health insurance coverage and financial security:

- An estimated half of all mortgage foreclosures in 2008 were caused by medical debt or illness.⁹
- In 2007, 62% of all bankruptcies were related to medical debt.¹⁰

⁵ According to CFED (www.cfed.org), “Asset poverty is a measure of economic security and mobility based on household net worth. Where *net worth* is defined as the total value of all assets, such as a house or a business, minus any liabilities, such as debts, a household is asset poor if it has insufficient net worth to subsist at the federal poverty level for three months in the absence of income. Thus, an asset poor household would not have enough savings or wealth to provide for basic needs during extended periods of economic hardship, such as a sudden job loss or a medical emergency.”

⁶ Participants polled at the 2006 national Assets Learning Conference of the Corporation for Enterprise Development (CFED) indicated that health insurance and protection against asset loss were their top policy priorities. However, a scan of the websites and select interviews and emails with staff of national asset-building intermediaries indicates that there is still a limited focus on health insurance as an asset-building strategy.

⁷ Sheila Zedlewski et al. (2008). *A New Safety Net for Low-Income Families*, p. 9. (Washington DC: Urban Institute). Accessed 4/8/09 from: http://www.urban.org/UploadedPDF/411738_new_safety_net.pdf, p. 9.

⁸ Jennifer Wheary et al. (2007). *By a Thread: The New Experience of America’s Middle Class*. (Demos and Center for Assets and Social Policy at Brandeis University). Accessed 4/8/09 from http://iasp.brandeis.edu/pdfs/byathread_web.pdf.

⁹ C. Robertson, et al., (2008). “Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures,” *Health Matrix*, 18: 65-105. Cited in Health Access. 2009. *Protecting Consumers from Medical Debt*. Accessed 5/27/09 from <http://www.health-access.org/files/advocating/Protecting%20Consumers%20From%20Medical%20Debt%20May%202009%20update.pdf>.

¹⁰ D. Himmelstein, et al. (2009, forthcoming). “Medical Bankruptcy in the United States, 2007: Results of a National Study.” *The American Journal of Medicine*. Accessed 6/18/09 from http://pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf.

- A growing body of research indicates that medical debt resulting from lack of health insurance or from being under-insured can have catastrophic impacts on financial stability. Medical debt researchers Robert W. Seifert and Mark Rukavina summarized a number of recent studies on the problem:
 - Often, families exhaust savings trying to pay off medical debt. One national survey found that 44% of those with medical debt used all or most of their savings to pay outstanding medical bills.
 - Families also trade medical debt off for other types of debt. In the same survey, one in five medical debtors took on large credit card debt or a loan against their home to pay medical bills.
 - People with medical debt are often subject to legal judgments, wage garnishment, attachment of assets including bank accounts, or liens on their homes, which can lead to foreclosure.
 - It is typical for people with medical debt to be contacted by collection agencies, experience employment problems and have difficulties accessing loans or credit.
 - It is clear that even before it pushes some families to the crisis of bankruptcy, medical debt destabilizes the finances of a sizable number of Americans...¹¹
- Medical debt has a particular impact on access to stable and secure housing. Those with medical debt are often unable to qualify for a mortgage; unable to make rent or mortgage payments; and are turned down from renting a home.¹²
- Finally, a study by The Access Project notes: “unlike other types of debt, medical debt is largely involuntary. As such, it is a source of enormous frustration, anger and despair for those who are burdened by it.”¹³

Healthcare Coverage at a Crossroads:

Today, budget cuts in California threaten to erode core public health insurance programs and coverage for low- and moderate-income families with potentially devastating impacts. At the same time, many health care advocates are hopeful that the Obama administration’s commitment to national health care reform will help to mitigate the looming catastrophe for millions of Californians.

The combination of crisis at the state level and the possibility for positive change at the national level translates into a situation that is enormously dynamic. An historic opportunity exists for stakeholders across sectors to make the case for health insurance as a lynchpin of family financial security. Asset-building stakeholders have much to gain from – and much to contribute to – this effort.

Regional Context/Bay Area Asset Support Center:

The Asset Support Center or “ASC” (www.assetpolicy.org/ASC) is a regional initiative, led by San Francisco Bay Area foundations, working to expand opportunities for low- and moderate-income residents of the nine-county region to build financial assets. The initiative supports research, technical assistance and convenings of stakeholders – practitioners, policymakers, funders, financial institutions and advocates – who are working to expand asset-building opportunities for low- and moderate-income individuals and families across the region. This briefing paper is part of the ASC initiative’s efforts to strengthen connections between asset-

¹¹ Robert W. Seifert and Mark Rukavina. (2006). “Bankruptcy Is the Tip of a Medical-Debt Iceberg.” *Health Affairs*, Volume 25, No. 2. Accessed 6/1/09 from <http://content.healthaffairs.org/cgi/content/full/25/2/w89>.

¹² Robert W. Seifert. (2005). “Home Sick: How Medical Debt Undermines Housing Security.” *Medical Benefits*. Accessed 6/1/09 from http://www.accessmylibrary.com/coms2/summary_0286-12206677_ITM.

¹³ The Access Project. (2003). *The Consequence of Medical Debt: Evidence from Three Communities*, p. 22. Accessed 6/1/09 from http://www.accessproject.org/adobe/the_consequences_of_medical_debt.pdf.

building practitioners, advocates and supporters – across the region – in order to maximize opportunities for low- and moderate-income residents to save, invest and preserve financial assets.

The ASC “Continuum of Asset Building Opportunities” includes health insurance coverage as an asset preservation strategy, one that is critical to enabling low- and moderate-income families to move from poverty to long-term economic security.¹⁴ ASC research indicates that asset-building stakeholders – at the local, state and national levels – may recognize health insurance coverage as an important element of family financial security, but they are not necessarily working pro-actively to connect families to health insurance coverage as part of a broader asset-building agenda. Nor are they necessarily advocating for the preservation or expansion of health insurance at the local, state and national levels.

With support from The California Endowment, this briefing paper and September 30, 2009 webinar¹⁵ aim to:

- Catalyze discussion among Bay Area asset-building stakeholders regarding the significance of health insurance an asset-building strategy;
- Give asset-building stakeholders an understanding of the landscape of health insurance programs and advocacy efforts so that they can connect clients to available resources and advocate for health coverage programs at the local, state and national levels;
- Facilitate strategic connections between asset-building and healthcare coverage supporters to better align and leverage efforts to expand and maintain coverage for low- and moderate-income families.

To meet these goals, the paper provides:

- An overview of the core components (historically) of California’s health coverage landscape;
- An summary of efforts underway to expand health insurance coverage at the county and state levels;
- A discussion of emerging opportunities and challenges for asset-building leaders to support health insurance coverage efforts; and
- A county-by-county synopsis of programs and coverage currently available to low-income children and adults (Appendix I);

Note to Readers:

California’s public health coverage programs are undergoing a period of unprecedented instability.

Considerations to keep in mind when reading this brief are as follows:

- The health coverage landscape is changing day-to-day.¹⁶
- The existence of a program does not necessarily mean that qualifying applicants can easily enroll and stay enrolled.
- The fact that a program has a given set of benefits does not necessarily mean that enrollees will be able to access all the services listed, nor will all listed benefits necessarily be available in the future.

For updates and alerts regarding changes in state health coverage programs and their implications, please consult the California Budget Project at <http://www.cbp.org/>; Health Access California at <http://www.health-access.org/>; and the 100% Campaign at <http://www.100percentcampaign.org>.

¹⁴ See “Continuum of Opportunities” graphic visual and ASC glossary at www.assetpolicy.org/asc.

¹⁵ Visit the ASC website, www.assetpolicy.org/asc for more information about the webinar.

¹⁶ For the most updated information on status, coverage and eligibility, please consult the websites and phone numbers provided for the programs described.

II. Understanding the Lay of the Land: Health Insurance Coverage for Low- and Moderate-Income Households

In 2007, 6.7 million Californians were uninsured.¹⁷ Today, the ranks of the state's uninsured are growing as workers lose their jobs along with their employer-sponsored insurance benefits.¹⁸ At the same time, the state's public insurance programs are confronting significant budget cuts; and, even with funds from the federal economic stimulus and recovery packages, resources for the state's health coverage programs are unlikely to be able to meet the rising demand or even to maintain existing coverage levels. Finally, despite the multiplicity of coverage options for low-income Californians outlined in this section, a number of these programs are unlikely to continue as they are described.

California's health coverage landscape is comprised of a shifting patchwork of programs supported by federal, state and local funding streams; efforts funded by public-private-nonprofit partnerships; and several private insurance products. Further complicating the picture, the health insurance coverage available to low- and moderate-income Californians varies significantly by county. The following section gives a general overview of programs available to low- and moderate-income Californians, organized according to those available to children and adults. Appendix I offers a detailed overview of specific programs and services offered in each Bay Area county.

Note:

While Congressional leaders are moving forward on various fronts to craft proposals and draft legislation for federal healthcare reform, the ultimate content of these reform efforts; the process through which they will unfold; and the date by which they will take effect remain unknown at the time of this writing.

For updates, please consult Families USA at <http://www.familiesusa.org/or> Center on Budget and Policy Priorities at <http://www.cbpp.org/research/index.cfm?fa=topic&id=32>.

Insurance Programs for Children

The primary public health insurance programs serving children in low- and moderate-income families are the state Medi-Cal and Healthy Families programs. In addition, in some counties, children, regardless of immigration status, may be eligible for Healthy Kids – a public/private insurance product funded locally to cover children who do not qualify for Medi-Cal or Healthy Families. In addition, private insurance products are available in some counties that will cover children who do not qualify for public programs.

Medi-Cal:

Medi-Cal is California's Medicaid program, a state- and federally-funded health coverage program. The income limits for children vary according to their age. Medi-Cal covers:

- Infants less than one year of age with family incomes up to 200% of the federal poverty level (FPL);¹⁹
- Children between the ages of one and six with family incomes up to 133% FPL; and
- Children between 6 and 19 years with family incomes below 100% FPL.

¹⁷ New America Foundation, *The State of State Health*. Accessed on 07/21/09 at <http://statehealth.newamerica.net/node/95>.

¹⁸ At the time of this writing, California's unemployment rate was the highest in the nation at 11.5%.

¹⁹ The 2009 federal poverty level for a family of four is an annual income of \$22,050. Source: Department of Health and Human Services website at <http://aspe.hhs.gov/poverty/09poverty.html>.

To be eligible, children must be U.S. citizens, nationals or “eligible qualified immigrants.”²⁰ Benefits include comprehensive medical, dental, vision and prescription coverage at no or minimal cost. Asset ownership (e.g. cash savings, a home) does not affect a child’s eligibility for coverage.²¹

Healthy Families:

Healthy Families is a state- and federally-funded coverage program for children that provides low-cost medical, dental and vision insurance to children in families with incomes slightly higher than those for Medi-Cal. Children between the ages of 0 and 19 qualify for the program if:

- Their families have incomes at or below 250% FPL;
- They have been without employer-sponsored health insurance for the last three months;
- They are not eligible for no-cost Medi-Cal;
- They are U.S. citizens, nationals or eligible qualified immigrants.

Services are delivered through managed care plans. The monthly premium is determined by family size, family income and the health plan that is chosen.²²

Recent state budget cuts have resulted in significant changes to Healthy Families. In July 2009, because of a \$194 million budget shortfall, the program closed its doors to new enrollment (for the first time in the program’s 12-year history) and instituted a waiting list for eligible applicants. Subsequently, First 5 California²³ approved a contribution of up to \$81.4 million.²⁴ In early September, California lawmakers raised \$97 million to maintain the program through a temporary tax on state-contracted health plans. At the time of this writing, enrollment details remain uncertain; but eligible children are likely to receive coverage, at least until July 2010. As a cost saving measure, monthly premiums will be increased, on a sliding scale based on family income as a percentage of the federal poverty level, beginning November 1st, 2009.

Healthy Kids:

In order to reduce the number of uninsured children, a number of California counties have formed coalitions known as Children’s Health Initiatives (CHIs) and designed locally-funded and operated health insurance programs known as Healthy Kids. Healthy Kids provides coverage for uninsured children who do not qualify for Medi-Cal or Healthy Families because their family income is too high or because of their immigration status. Healthy Kids offers benefits similar to those offered by Healthy Families to children at or below 300-400% FPL (eligible income levels vary by county).

The Healthy Kids landscape is particularly dynamic. Some counties have resorted to enrollment caps because of lack of funds, particularly for children 6-18 years of age. Bay Area Counties that currently offer Healthy Kids programs include San Francisco, Santa Clara, San Mateo, Napa, Solano and Sonoma. All of these counties except San Mateo have waiting lists for coverage of children between the ages of 6 and 18.²⁵

²⁰ See http://www.healthyfamilies.ca.gov/HFProgram/Immigration_Rules.aspx for the state’s definition of this term.

²¹ Medi-Cal applications are available at local county health and social services departments, which determine Medi-Cal eligibility and oversee outreach and enrollment. For further information and updates, see <http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx>, or call 1-800-541-5555.

²² Premiums currently range from \$7-\$17 for each child, up to a maximum of \$51 for all children in a family enrolled. For further information and updates, see <http://www.healthyfamilies.ca.gov/About/> or call 1-800-880-5305.

²³ First 5 California, also known as the California Children and Families Commission, distributes funds raised from Proposition 10 (which added a 50 cent tax to each pack of cigarettes sold) to local communities through the state’s 58 individual counties, all of which have created their own local First 5 County Commissions.

²⁴ Accessed 8/29/09 from <http://www.first5california.com/pdf/press/pr/8-13-09First5CaliforniaHealthyFamiliesPressRelease.pdf>.

²⁵ For up to date information, please go to the California Children’s Health Initiatives website at <http://www.cchi4kids.org/localchis.php>.

Private Insurance:

Two private insurance products may be available in some California counties for children who do not qualify for public coverage:

- CaliforniaKids is a non-profit organization originally created and endowed by Blue Cross/Anthem. Coverage is provided for children at up to 250% FPL whose parents cannot afford the cost of private medical insurance and who do not qualify for state-sponsored programs due to their immigration status. Children enrolled in CaliforniaKids receive outpatient medical, dental, vision and care. No hospitalization is included. Parents contribute a small premium each month. However, because of a lack of funding, no counties are accepting applicants except Marin, which is accepting applications on a limited basis.²⁶
- Kaiser Child Health Plan also offers coverage to uninsured children not qualified for public insurance due to their income or immigration status. The plan is available only in counties where there is a Kaiser facility. To qualify, children must be:
 - Under 19 years of age (birth through age 18) and not currently insured;
 - Ineligible for public health care coverage such as Medi-Cal or Healthy Families;
 - Ineligible for health care coverage that is paid for, in any part, by an employer;
 - In a family with an annualized income between specified ranges.²⁷

Kaiser provides children with medical, dental, vision and prescription coverage at their facilities and charges a monthly premium of either \$8 or \$15 per child, depending on income. (Note: The Kaiser Plan is not available in all Bay Area counties. For information on availability by county, see Appendix I.)

Insurance Programs for Adults

Medi-Cal:

Medi-Cal provides primary, acute and long-term care to senior citizens and people with disabilities who are at 133% FPL. Adults at 107% FPL who are linked to children may also qualify. In addition to income, eligible applicants must fit one or more of the following criteria:

- 65 or older;
- Blind;
- Disabled;
- Pregnant;
- In a skilled nursing or intermediate care home;
- On refugee status for a limited time, depending how long you have been in the United States; or
- A parent or caretaker relative of an eligible applicant.

Medi-Cal benefits include medical, dental for children, mental health, vision for children²⁸ and prescription coverage at no cost or minimal cost. Challenges to obtaining Medi-Cal coverage include the cumbersome

²⁶ For more information call (818) 755-9700.

²⁷ For information on each year's qualifying income levels by family size, see <https://info.kp.org/childhealthplan/eligibility.html>. In 2009, for example, qualifying income for a family of four is between 0 and \$66,150.

²⁸ Vision, an optional benefit, has been eliminated for adults but not children in the state budget.

nature of the enrollment process, including a high volume of paperwork as well as proof of citizenship requirements. In addition, access to specialty care varies widely according to geographic location.²⁹

County Indigent Care Programs:

California's counties are obligated by state law to be the health care providers of last resort for adults who cannot afford health care (i.e. the "medically indigent").³⁰ While the state Medi-Cal program exists to provide low-income residents with coverage, in practice Medi-Cal is generally reserved for children and their low-income parents, low-income seniors and people with disabilities. Thus, counties are left to care for single childless adults, undocumented residents (if the county chooses to) and those who are unable to produce the appropriate documentation for Medi-Cal.³¹ Counties interpret this obligation differently and, in the absence of a statutory definition of eligibility or services to be provided, vary in regards to services and eligibility requirements.³² A number of counties have chosen to exclude those without citizenship or legal residence from indigent care.

Counties employ one of two general models for meeting their obligation to serve the medically indigent:

- *Centralized County Medical Services Program (CMSP)*
Many of the state's smaller counties participate in the centrally-administered County Medical Services Program (CMSP). CMSP provides health coverage for low-income, indigent adults including medical, dental and vision benefits. Those eligible for CMSP-provided county services include individuals ages 21 to 64 who are county residents, have incomes at or below 200% FPL and who are not eligible for Medi-Cal benefits. Citizenship or legal immigration status is required to receive full benefits.³³ Bay Area Counties that participate in the CMSP include Marin, Napa, Sonoma and Solano.
- *Bay Area Counties with their own Indigent Care Programs*
Many of the larger counties organize and pay for indigent medical care services directly, creating their own programs, eligibility criteria and service delivery strategies. Bay Area counties that run their own indigent care programs include Alameda, Contra Costa, San Mateo, Santa Clara and San Francisco. These counties provide services through county-owned and operated clinics and hospitals or through contracts with community health centers, hospitals and private providers. County indigent programs go by a variety of names, and eligibility and coverage varies. Some counties offer coverage similar to basic Medi-Cal benefits while others cover additional services such as family planning and dialysis. Appendix I provides a county-by-county synopsis of programs, coverage and eligibility.

A further component of the county indigent care landscape is the Health Care Coverage Initiative, a federally-funded pilot project initiated in 2007 to expand coverage to uninsured adults.³⁴ Bay Area counties operating

²⁹ County health and social services departments conduct eligibility determination and oversee enrollment and recertification. For updated information on Medi-Cal benefits, please see <http://www.dhcs.ca.gov/Pages/ChangeinCaliforniaStateLawforMedi-CalBenefits.aspx>.

³⁰ California Welfare and Institutions Code Section 17000.

³¹ Minicucci Associates (2006). *County Programs for the Medically Indigent*. (Oakland, CA: California HealthCare Foundation) Original version accessed on 07/21/09 at <http://www.chcf.org/topics/view.cfm?itemID=123106>; unpublished, updated version provided to author.

³² Deborah Reidy Kelch. (2004). *The Crucial Role of Counties in the Health of Californians: An Overview*. (Oakland, CA: California HealthCare Foundation). Accessed 4/3/09 from <http://www.chcf.org/documents/policy/RoleCountiesInHealthOfCalifornians.pdf>.

³³ For further information and updates, see <http://www.cmsspcounties.org/>.

³⁴ The Health Care Coverage Initiative demonstration project is implemented under California's Section 1115 waiver of the federal *Social Security Act*. Senate Bill 1448 provides the statutory framework for the Coverage Initiative. This demonstration authorizes the State of California to create a Health Care Coverage Initiative in ten selected counties during Fiscal Year (FY) 2007-08 through FY 2009-10 to expand health care coverage for eligible low-income, uninsured individuals using an annual allotment of federal funds from the Safety Net Care Pool (SNCP). These funds are provided as a match to county spending on health care services. For more information, please see the UCLA Center for Health Policy Research website at <https://www.coverageinitiative.org/ci/sh?file=about-ci.html>.

their own indigent care programs are participating in this demonstration, which ends in August 2010. (It is not known at this time if additional funds will be approved to continue these programs beyond August 2010.) Coverage Initiative programs assign patients to a “medical home” as a means of reducing more expensive episodic care (often delivered in emergency rooms) and implement a coordinated system of care.³⁵ Coverage Initiative funds can only be used for certain populations, namely 19 to 64 year-old, documented citizens, earning less than 200% of the FPL.

COBRA:

Health insurance under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) may be an option for recently unemployed workers, and the American Recovery and Reinvestment Act of 2009 (ARRA) has recently expanded COBRA benefits. Provisions dating from 1985 give workers who leave employment (voluntarily or not) sixty days to elect to maintain employer coverage for themselves and their families at their own expense. COBRA coverage lasts 18 months as long as premiums are paid. When COBRA eligibility ends, coverage on the individual market is assured without the need for health plan medical review.³⁶ It should be noted that paying for coverage under COBRA can be a costly option; and, in many cases, those eligible may opt for more affordable coverage if it is available from other sources. In addition, while COBRA laws guarantee that subsequent coverage on the private market will not be denied, they do not limit how much health plans can charge for premiums and co-pays.

With the expanded benefits under ARRA, eligible individuals pay only 35% of their COBRA premiums and the remaining 65% is reimbursed to the coverage provider through a tax credit.³⁷ The premium reduction lasts for up to nine months. Individuals eligible for the premium reduction must meet the following requirements:

- Is eligible for COBRA continuation coverage at any time during the period from September 1, 2008 through December 31, 2009;
- Elects COBRA coverage (when first offered or during the additional election period provided by ARRA); and
- The COBRA election opportunity relates to an involuntary termination of employment that occurred at some time from September 1, 2008 through December 31, 2009.³⁸

³⁵ Minicucci Associates/California HealthCare Foundation (2006). *County Programs for the Medically Indigent*. Original version available at <http://www.chcf.org/topics/view.cfm?itemID=123106>; unpublished, updated version provided to author.

³⁶ (2009). *Health Coverage Options, Answers and Resources for Unemployed Workers*. Accessed 4/3/09 from <http://www.chcf.org/topics/view.cfm?itemID=105692>.

³⁷ Certain income restrictions apply. If annual income is more than \$125,000 (or \$250,000 for married couples filing a joint federal income tax return), all or part of the premium reduction may have to be repaid through an increase in income tax liability for the year. For more information, please see the URL above or the Internal Revenue Service website regarding ARRA at <http://www.irs.gov/newsroom/article/0,id=204335,00.html>.

³⁸ Accessed 6/1/09 from <http://www.dol.gov/ebsa/faqs/faq-cobra-premiumreductionEE.html>.

SUMMARY TABLE: MAJOR HEALTH COVERAGE PROGRAMS³⁹

(See Appendix I for county-by-county programs)

CHILDREN’S PROGRAMS	INCOME ELIGIBILITY AND OTHER REQUIREMENTS⁴⁰
<p>Medi-Cal</p> <p><i>For more information:</i> 1-800-541-5555 http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx</p>	<p>Infants: less than 200% FPL Age 1 to 5: less than 133% FPL Age 6 – 19: less than 100% FPL Children under 21 in foster care: up to 107% FPL Residency/citizenship required</p>
<p>Healthy Families</p> <p><i>For more information:</i> (800) 880-5305 http://www.healthyfamilies.ca.gov/</p>	<p>Age 18 and under Less than 250% FPL Uninsured previous 3 months, ineligible for Medi-Cal, residency/citizenship required Note: Due to state budget cuts enrollment for this program was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing (9/6/09).</p>
<p>Healthy Kids</p> <p><i>For more information:</i> http://www.cchi4kids.org/localchis.php</p>	<p>Age 18 and under Less than 300% -400% FPL (depending on county) Currently uninsured, not eligible for public insurance</p>
<p>Kaiser Child Health Plan</p> <p><i>For more information:</i> (818) 755-9700 http://info.kp.org/childhealthplan/</p>	<p>200 – 275% FPL Not eligible for public insurance, and no employer contribution towards health insurance</p>
ADULT PROGRAMS	INCOME ELIGIBILITY AND OTHER REQUIREMENTS⁴¹
<p>Medi-Cal</p> <p><i>For more information:</i> (800)541-5555 http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx</p>	<p>Seniors and people with disabilities: up to 133% FPL Parents of children on Medi-Cal: up to 107% FPL Residency/citizenship required</p>
<p>County Medical Services Program (State-centralized indigent care program offered in Marin, Solano, Napa and Sonoma counties)</p> <p><i>For more information:</i> http://www.cmsspcounties.org</p>	<p>Adults ages 21 to 64 up to 200% FPL Residency/citizenship required for full services</p>
<p>County-run Indigent Care Programs Offered in San Francisco, Alameda, Contra Costa, Santa Clara, San Mateo counties) <i>For more information: County health departments</i></p>	<p>Income eligibility and other requirements vary by county</p>

³⁹ This table includes major programs for adults and children. It does not include programs targeted to populations with specific medical conditions, or programs only available in specific counties. For information on programs in each Bay Area county, please see Appendix I.

⁴⁰ Information provided does not represent an exhaustive list of eligibility requirements. Consult the contact information provided for details and updates.

⁴¹ Not an exhaustive list of eligibility requirements. Consult the contact information provided for details and updates.

III. Expanding Health Coverage: Infrastructure and Options

Bay Area asset-building practitioners interested in connecting clients to coverage and advocates seeking to join local and statewide efforts to expand access to care and health coverage have several options available to them. In each community – and at the state level – organizations and coalitions are working to help low-income residents access health insurance and advocate for expanded coverage. Local and state efforts are intertwined in a number of ways. County groups and coalitions are working closely with statewide organizations to build a stronger statewide voice for health care access and coverage. Statewide organizations count on the support of local efforts and the benefits of local relationships with policymakers to advance policies to improve access and coverage. In addition, both local and statewide efforts are working to inform federal conversations about health care reform.

Making local connections –

In each county, efforts are underway to ensure that clients have the information and knowledge they need to obtain health coverage and access to care. Those efforts are different in each county and generally revolve around several groups (see footnotes for contact information):

- *Health access coalitions* – Health access coalitions are often coordinated through the county. For example, the Health Access Coalition in Contra Costa is coordinated by Contra Costa Health Services Agency. In other cases, community-based organizations lead the effort: the Health Access Committee of the Solano Coalition for Better Health, in Solano County, and Health Action in Sonoma County (with a subcommittee focused on primary care) are examples. In Alameda County, the Access to Care Collaborative brings together the county, community clinics and other advocates to focus on these issues.⁴²
- *Children’s Health Initiatives* – Children’s Health Initiative (CHI) coalitions exist in all Bay Area counties except Contra Costa and Alameda. CHIs bring together diverse stakeholders working to expand health insurance coverage and access for children, promoting enrollment in Medi-Cal, Healthy Families, Healthy Kids and California Kids products with their local Medi-Cal managed care plans.⁴³
- *Faith-based coalitions* – Many Bay Area counties also have faith-based coalitions (like PICO affiliates) or other organizing projects (like ACORN) that work on health access and coverage issues. For example, organizing efforts are led by Berkeley Organizing Congregations for Action (BOCA), Oakland Community Organizations (OCO) and Congregations Organizing for Renewal (COR) in Alameda County; in Contra Costa, Contra Costa Interfaith Supporting Community Organization (CCISCO) is the leading faith-based health access coalition; in Marin, the Marin Organizing Project focuses on mental health services; in San Francisco, the San Francisco Organizing Project is in the lead. The Peninsula Interfaith Action (PIA) leads efforts in San Mateo and People Acting in Communities Together (PACT) – in Santa Clara County.⁴⁴ All of these local coalitions are connected

⁴² Please consult the following websites for further information: Contra Costa Health Access Coalition at http://cchealth.org/groups/health_access/; Solano Health Access Coalition at http://www.solanocoalition.org/health_access/; Sonoma Health Action at <http://www.sonomahealthaction.org/>; and Communities in Charge (which provides staffing for the Alameda County Access to Care Collaborative) at <http://www.communitiesincharge.org/Documents/PhaseII%20PressRelease/Oakland.htm>.

⁴³ For information on Children’s Health Initiatives in specific Bay Area Counties, please visit <http://www.cchi4kids.org/localchis.php>.

⁴⁴ Please consult the following websites for further information: Berkeley Organizing Congregations for Action (BOCA) at <http://www.berkeleyboca.org/>; Oakland Community Organizations (OCO) at <http://www.oaklandcommunity.org/>; Congregations Organizing for Renewal at <http://www.idealists.org/if/i/en/av/Org/93105-97/c>; CCISCO at <http://www.ccisco.org/>; San Francisco Organizing Project at <http://www.sfop.org/>; and Peninsula Interfaith Action at <http://www.piapico.org/>. For further information about PACT, call (408) 998-8001 or email matthammer@pactsj.org.

to their statewide organizations which coordinate statewide activities, information and advocacy efforts on behalf of the local organizations.

- *Community clinic association* – In each of the Bay Area counties, local community clinics meet regularly to assess improvements to access to care. For example, in San Francisco the group is the San Francisco Community Clinic Consortium; in Contra Costa and Solano Counties, it is the Contra Costa-Solano Community Clinic Consortium; and in Alameda, the Alameda Health Consortium. In Santa Clara and San Mateo, the Community Health Partnership is the community clinic association; and for the counties of Sonoma, Marin and Napa, it is the Redwood Community Health Coalition.⁴⁵

Making Statewide Connections –

At a statewide level, there are numerous organizations working to expand coverage opportunities for low-income residents. Many of these statewide organizations have local affiliates; some do not.

- *PICO* (www.piconetwork.org) – PICO is a statewide coalition of faith-based organizations with local affiliates in Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara counties.
- *California Children's Health Initiatives/ CCHI* (www.cchi4kids.org) – CCHI is a new statewide organization of the 29 county coalitions building connections between enrollment in Medi-Cal, Healthy Families and local Healthy Kids programs and advocating on a statewide level for expansion of health coverage for children.
- *Health Access* (www.health-access.org/) – Health Access was founded in 1987 to represent the voice of consumer organizations statewide on these issues.
- *100% Campaign* (www.100percentcampaign.org) – The 100% Campaign was created as a joint effort of the Children's Defense Fund, Children Now and Children's Partnership to focus on issues impacting children's health access. All three groups are working diligently on a statewide and national level to expand health insurance.⁴⁶
- *The Insure the Uninsured Project* (www.itup.org) provides up-to-date information on the status of health reform efforts statewide and nationally. ITUP also holds annual, regional convenings throughout the state to keep local advocates informed.

Various roles for asset-building practitioners and advocates –

Bay Area asset-building practitioners and advocates could consider playing various roles to advance health insurance coverage as an asset-building strategy including: educating asset-building stakeholders about the importance of health insurance coverage as part of a long-term approach to building financial security; ensuring that clients understand and are accessing the best health insurance coverage options available to them; advocating for public policies that maintain and/or expand health insurance coverage for low- and moderate-income families.

⁴⁵ Please consult the following websites for further information: San Francisco Community Clinic Consortium at <http://www.sfccc.org/>; Contra Costa-Solano Community Clinic Consortium at <http://www.clinicconsortium.org/>; Alameda Health Consortium at <http://www.alamedahealthconsortium.org/>; Community Health Partnership at <http://www.chpscc.org/>; and Redwood Community Health Coalition at <http://www.rchc.net/>.

⁴⁶ See their websites and blogs for daily up-to-date information and advocacy tips.

Educating asset-building stakeholders about the importance of health insurance coverage as part of a long-term approach to building financial security

- Bay Area asset-building practitioners, funders and advocates could work together to host local and regional conversations – with health access organizations – about the critical role of health insurance as part of a comprehensive approach to enabling families to build their long-term financial security. The goal of these discussions could be to build awareness of and support for health access and coverage for low- and moderate-income families, as well as to build stakeholders awareness of state and federal policy discussions and related advocacy efforts.

Ensuring that clients understand and are accessing the best health insurance coverage options available to them

- Staff of asset-building organizations working directly with low- and moderate-income families on a particular strategy – e.g. individual development accounts, financial coaching, foreclosure prevention – could use the resources provided in Appendix I to connect their clients to appropriate health insurance programs, products and services. Alternatively, asset-building organizations and coalitions could develop working partnerships with health access organizations and coalitions to ensure clients have access to the information they need to understand and access appropriate products and services.

Advocating for public policies that maintain and/or expand health insurance coverage for low- and moderate-income families.

- Asset-building practitioners and advocates could learn about, connect with and support health access and coverage advocacy efforts by working with the state advocacy organizations, described above. Asset-building and health care advocates could explore ways to leverage their separate sets of resources – client networks, funders, elected officials, public agency partners – to develop and advocate for a common policy agenda.

Asset-building stakeholders have much to contribute to local and state discussions about maximizing health insurance coverage for low- and moderate-income families. They have the capacity to frame the issue of coverage as part of a broader discussion about family economic security. They have direct relationships with families who can speak directly to legislators about how they are impacted by the absence – or loss – of coverage. And they bring connections to networks of other asset-building stakeholders who may not yet be proactively engaged in efforts to maximize coverage.

Conclusion

California's healthcare crisis presents a critical opportunity for Bay Area asset-building stakeholders to focus on health insurance as a key component of family economic security. Asset-building practitioners committed to connecting their clients to the best health coverage available and advocates interested in supporting efforts to expand healthcare access have a number of opportunities to get involved. They can connect with a multiplicity of local coalitions working to coordinate and expand access to health coverage as well as join statewide efforts focusing on issues of health access and coverage for low- and moderate-income children and adults. Tremendous potential exists for asset-building and healthcare coverage supporters in the Bay Area to forge strategic connections in their efforts to support low- and moderate-income families. Stakeholders from each arena have much to gain from better aligning and leveraging their work and building a powerful common voice in favor of accessible and affordable healthcare coverage in the 21st century.

**COUNTY-BY-COUNTY MATRIX ON HEALTH COVERAGE
FOR LOW- AND MODERATE-INCOME RESIDENTS**

ALAMEDA COUNTY

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program) Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program) Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>Alameda County Medically Indigent Services Program Contact: 510-667-7713</p>	<p>Up to 200% FPL Any age Ineligible for Medi-Cal County resident Citizenship or legal residence not required Assets considered when determining eligibility</p>	<p>Services similar to Medi-Cal coverage</p>
<p>Alameda County for Excellence Program – ACE Contact: 510-667-7713</p>	<p>Up to 200 percent FPL Ages 19 – 64 Additional inclusion criteria: a qualifying chronic condition such as diabetes, congestive heart failure, hypertension Must be citizen or legal immigrant</p>	<p>Mirrors Medi-Cal coverage with emphasis on chronic disease management through preventive primary care at a designated medical home.</p>
<p>Kaiser Child Health Plan (private insurance) Contact phone: 800-464-4000 Program URL: https://info.kp.org/childhealthplan/overview.html</p>	<p>Under 19 years of age and not currently insured Ineligible for public health care coverage such as Medi-Cal or Healthy Families, due to income or immigration status Ineligible for health care coverage that is paid for, in any part, by an employer Are in a family with an annualized income between 0 and \$66,150 for a family of four (or the equivalent) Citizenship or legal residence not required</p>	<p>Coverage includes: Doctor office visits, prescriptions, urgent care, emergency visits, hospital care, hearing and vision tests, laboratory and x-ray services, mental health care, eyeglasses and dental care. Some services have no co-payments, others range from \$5 to \$35, with a co-payment maximum of \$250 per child per year or \$500 per family.</p>

CONTRA COSTA COUNTY

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program)</p> <p>Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/med-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program)</p> <p>Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>Contra Costa County Basic Health Care - BHC (County indigent care program)</p> <p>Contact: 925-370-5570 Program URL: http://www.cchealth.org/insurance/adults.php#basic</p>	<p>Up to 300% FPL All ages Ineligible for Medi-Cal County resident Citizenship or legal residence required</p>	<p>Low-cost health, dental, vision and prescription coverage.</p>
<p>Contra Costa Health Care Coverage Initiative (HCI) program</p> <p>Contact phone: 800-771-4270</p>	<p>Up to 200 percent of the FPL Ages 19 – 64 County resident Citizenship or legal residence required Assets not considered in determining eligibility</p>	<p>Benefit package is similar to the Medi-Cal program with a prevention component. Assignment to a primary care provider.</p>
<p>Kaiser Child Health Plan (private insurance)</p> <p>Contact phone: 800-464-4000 Program URL: https://info.kp.org/childhealthplan/overview.html</p>	<p>Under 19 years of age and not currently insured Ineligible for public health care coverage such as Medi-Cal or Healthy Families, due to income or immigration status Ineligible for health care coverage that is paid for, in any part, by an employer Are in a family with an annualized income between 0 and \$66,150 for a family of four (or the equivalent) Citizenship or legal residence not required</p>	<p>Coverage includes: Doctor office visits, prescriptions, urgent care, emergency visits, hospital care, hearing and vision tests, laboratory and x-ray services, mental health care, eyeglasses and dental care. Some services have no co-payments, others range from \$5 to \$35, with a co-payment maximum of \$250 per child per year or \$500 per family.</p>

CITY AND COUNTY OF SAN FRANCISCO

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program)</p> <p>Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program)</p> <p>Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>San Francisco County Community Health Network Sliding Scale Program (County indigent care program) http://www.sfdph.org/reports/hlthcareaccess1200/HlthCareAccess1200p20.pdf Contact phone: 415-206-3063</p>	<p>Up to 500% FPL Any age County resident. ineligible for Medi-Cal Citizenship or legal residency not required. Assets considered when determining eligibility</p>	<p>County indigent program providing low-cost health, dental and prescription coverage. This program is transitioning eligible members into the Healthy San Francisco (see below)</p>
<p>Healthy San Francisco</p> <p>Contact phone: 415-615-4500 Program URL: http://www.healthysanfrancisco.org</p>	<p>Up to 500% FPL Ages 18 – 64 County resident Citizenship or legal residency not required Assets are considered when determining eligibility</p>	<p>Low-cost health, vision and prescription coverage through provider network comprised of public, non-profit and private providers. (HSF is San Francisco's universal health coverage initiative and restructures existing safety net services into an integrated system.)</p>
<p>San Francisco Healthy Kids</p> <p>Contact phone: 415-777-9992 http://www.sfhp.org/visitors/programs/healthy_kids/</p>	<p>Uninsured children with income up to 300% FPL Ineligible for Medi-Cal and Healthy Families Citizenship or legal residence not required.</p>	<p>Medical, dental vision; prescriptions, and mental health benefits. \$48 - \$126/year depending on income.</p>
<p>Kaiser Child Health Plan (private insurance)</p> <p>Contact phone: 800-464-4000 Program URL: https://info.kp.org/childhealthplan/overview.html</p>	<p>Under 19 years of age and not currently insured Ineligible for public health care coverage due to income or immigration status Ineligible for health care coverage that is paid for, in any part, by an employer; In family with an annualized income between 0 -\$66,150 for a family of four (or the equivalent) Citizenship or legal residence not required</p>	<p>Coverage includes: Doctor office visits, prescriptions, urgent care, emergency visits, hospital care, hearing and vision tests, laboratory and x-ray services, mental health care, eyeglasses and dental care. Some services have no co-payments, others range from \$5-35, with a co-payment maximum of \$250 per child per year or \$500 per family.</p>

SANTA CLARA COUNTY

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program)</p> <p>Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/med-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program)</p> <p>Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>Santa Clara County Ability to Pay Determination Program (County Indigent Care Program)</p> <p>Contact phone: 408-885-7470 http://www.sccgov.org/portal/site/hhs under construction</p>	<p>Up to 350% FPL Any age County resident Ineligible for Medi-cal Citizenship or legal residency not required</p>	<p>Offers low-cost health, dental vision and prescription coverage</p>
<p>Valley Care Coverage Initiative</p> <p>Contact phone: 888-363-3394 Program URL: http://www.sccgov.org/portal/site/scvmc/agencychp?path=%2Fv7%2FSanta%20Clara%20Valley%20Medical%20Center%20-%20SCVMC%20(DEP)%2FPrograms%20%26%20Services%2FValley%20Care</p>	<p>200% FPL Ages 19 – 64 Ineligible for Medi-Cal or Access for Infants and Mothers (AIM) County resident No health insurance in last 90 days Citizenship or legal residence required No asset test</p>	<p>Offers comprehensive primary and preventive health care; all clients assigned to a primary health provider. A waiting list has been established for eligible individuals (5/09)</p>
<p>Santa Clara Healthy Kids</p> <p>Contact phone: 1-800-260-2055 Program URL: http://www.chikids.org</p>	<p>Uninsured children with income up to 300% FPL Ineligible for Medi-Cal and Healthy Families Citizenship or legal residence not required</p>	<p>Medical, dental, vision, prescriptions, and mental health benefits. Monthly premiums range from \$4 per child to a maximum of \$36 per family.</p>

SAN MATEO COUNTY

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program)</p> <p>Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program)</p> <p>Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant.</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>San Mateo Access and Care for Everyone (ACE) Program (County indigent care program)</p> <p>Contact phone: 650-573-3595</p>	<p>Up to 200% FPL San Mateo County residents who are Legal Permanent Residents (5+ years), U.S. Citizens or Nationals who are not eligible for coverage through Medicare, full-scope or share-of-cost Medi-Cal, private insurance or other third-party payers may be eligible for the ACE Program. Enrollees in the ACE Program must meet established income levels. There is no asset limit.</p>	<p>Provides include low cost health, dental, vision and prescription coverage with clients assigned to a medical home.</p> <p>This program represents the merging of the San Mateo County WELL Program and the Coverage Initiative Program.</p>
<p>San Mateo Healthy Kids</p> <p>Contact phone: 650-573-3595 Program URL: www.smcchi.org</p>	<p>Uninsured children with family income up to 400% FPL Ineligible for Medi-Cal or healthy Families Citizenship or legal residence not required</p>	<p>Comp. medical, dental vision; prescriptions, and mental health benefits</p>
<p>Kaiser Child Health Plan (private insurance)</p> <p>Contact phone: 800-464-4000 Program URL: https://info.kp.org/childhealthplan/overview.html</p>	<p>Under 19 years of age and not currently insured Ineligible for public health care coverage such as Medi-Cal or Healthy Families, due to income or immigration status Ineligible for health care coverage that is paid for, in any part, by an employer Are in a family with an annualized income between 0 and \$66,150 for a family of four (or the equivalent) Citizenship or legal residence not required.</p>	<p>Coverage includes: Doctor office visits, prescriptions, urgent care, emergency visits, hospital care, hearing and vision tests, laboratory and x-ray services, mental health care, eyeglasses and dental care. Some services have no co-payments, others range from \$5 to \$35, with a co-payment maximum of \$250 per child per year or \$500 per family.</p>

SOLANO COUNTY

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program)</p> <p>Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/med-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program)</p> <p>Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant.</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>County Medical Services Program (State indigent care program)</p> <p>Contact phone: Fairfield (707) 784-8050; Vacaville (707) 469-4500; Vallejo (707) 553-5786 or (707) 553-5787 Program URL: http://www.cmस्पcounties.org</p>	<p>Up to 200% FPL Ages 21 – 64 Citizenship or legal residence necessary for full services (Two month emergency services available regardless of immigration status.) Assets considered when determining eligibility</p>	<p>Provides services similar to Medi-Cal coverage.</p>
<p>Solano Healthy Kids</p> <p>Contact phone: 800-978-7547</p>	<p>Uninsured children with income up to 300% FPL Ineligible for Medi-Cal and Healthy Families Citizenship or legal residence not required.</p>	<p>Low-cost health, dental, vision care. Co-pay required for some services; maximum co-pays are \$250.00 per family per benefit year.</p>
<p>Kaiser Child Health Plan (private insurance)</p> <p>Contact phone: 800-464-4000 Program URL: https://info.kp.org/childhealthplan/overview.html</p>	<p>Under 19 years of age and not currently insured Ineligible for public health care coverage such as Medi-Cal or Healthy Families, due to income or immigration status Ineligible for health care coverage that is paid for, in any part, by an employer Are in a family with an annualized income between 0 and \$66,150 for a family of four (or the equivalent) Citizenship or legal residence not required</p>	<p>Coverage includes: Doctor office visits, prescriptions, urgent care, emergency visits, hospital care, hearing and vision tests, laboratory and x-ray services, mental health care, eyeglasses and dental care. Some services have no co-payments, others range from \$5 to \$35, with a co-payment maximum of \$250 per child per year or \$500 per family.</p>

SONOMA COUNTY

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program)</p> <p>Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program)</p> <p>Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>County Medical Services Program (State indigent care program)</p> <p>Contact phone: 877-699-6868 Program URL: http://www.cmsspcounties.org</p>	<p>Up to 200% FPL Ages 21 – 64 Citizenship or legal residence necessary for full services (Two month emergency services available regardless of immigration status.) Assets considered when determining eligibility</p>	<p>Provides services similar to Medi-Cal coverage.</p>
<p>Sonoma Healthy Kids</p> <p>Contact phone: 707-565-4419 Program URL: www.healthykidssonomacounty.org</p>	<p>Uninsured children with income up to 300% FPL, Ineligible for Medi-Cal and Healthy Families Citizenship or legal residence not required.</p>	<p>Offers low-cost health, dental and vision care Co-pay required for some services; maximum co-pays are \$250.00 per family per benefit year.</p>

MARIN COUNTY

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program)</p> <p>Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program)</p> <p>Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>County Medical Services Program (State indigent care program)</p> <p>Contact phone: 415-473-3400 Program URL: http://www.cmspcounties.org</p>	<p>Up to 200% FPL Ages 21 – 64 Citizenship or legal residence necessary for full services (Two month emergency services available regardless of immigration status.) Assets considered when determining eligibility</p>	<p>Provides services similar to Medi-Cal coverage</p>
<p>Kaiser Child Health Plan (private insurance)</p> <p>Contact phone: 800-464-4000 Program URL: https://info.kp.org/childhealthplan/overview.html</p>	<p>Under 19 years of age and not currently insured Ineligible for public health care coverage such as Medi-Cal or Healthy Families, due to income or immigration status Ineligible for health care coverage that is paid for, in any part, by an employer Are in a family with an annualized income between 0 and \$66,150 for a family of four (or the equivalent) Citizenship or legal residence not required.</p>	<p>Coverage includes: Doctor office visits, prescriptions, urgent care, emergency visits, hospital care, hearing and vision tests, laboratory and x-ray services, mental health care, eyeglasses and dental care. Some services have no co-payments, others range from \$5 to \$35, with a co-payment maximum of \$250 per child per year or \$500 per family.</p>
<p>CaliforniaKids (private insurance)</p> <p>Contact phone: (818) 755-9700 Program URL: http://www.californiakids.org/</p>	<p>Uninsured children ages 2 – 18 Ineligible for government-sponsored health care programs because of immigration status Citizenship or legal residence not required.</p>	<p>Medical, dental, vision, and behavioral health care. Total annual cost per child is \$624 plus co-pays. <i>No open enrollment in any counties; accepting applications on a limited basis solely in Marin.</i></p>

NAPA COUNTY

PROGRAM	ELIGIBILITY	SYNOPSIS
<p>Medi-Cal (California's Medicaid program)</p> <p>Contact phone: 1-800-541-5555 Program URL: http://www.dhcs.ca.gov/services/medi-cal/Pages/MCIndividual.aspx</p>	<p>< age 1: up to 200% FPL Ages 1 – 5: up to 133% FPL Ages 6 – 18: Up to 100% FPL Children under 21 in foster care, parents: up to 107% FPL Elderly or disabled: up to 133% FPL Must be citizen or legal immigrant</p>	<p>Health, dental, vision, and prescription coverage at no cost or minimal cost.</p>
<p>Healthy Families (California's SCHIP program)</p> <p>Contact phone: 1-800-880-5305 Program URL: http://www.healthyfamilies.ca.gov/</p>	<p>Age <1: 200% - 250% FPL Ages 1 – 5: 133% - 250% FPL Ages 6 – 18: 100% - 250% FPL Must be ineligible for no-cost Medi-Cal or employer-based coverage. Must be citizen or legal immigrant</p>	<p>Low-cost health, dental and vision care through contracts with selected insurance plans Monthly fees of \$7 - \$17 per child, with maximum of \$51 per family. \$5 co-payment for some services. <i>Note: Due to state budget cuts, enrollment was temporarily frozen in July 2009; details on reinitiating the enrollment process have not been released as of this writing, but premiums will increase (9/6/09).</i></p>
<p>County Medical Services Program (State indigent care program)</p> <p>Contact phone: 707-253-4511 Program URL: http://www.cmcounties.org</p>	<p>Up to 200% FPL Ages 21 – 64 Citizenship or legal residence necessary for full services (Two month emergency services available regardless of immigration status.) Assets considered when determining eligibility</p>	<p>Provides services similar to Medi-Cal coverage</p>
<p>Napa Healthy Kids</p> <p>Contact phone: 707-227-0830</p>	<p>Serves uninsured children 0 – 18 up to 300% FPL Ineligible for Medi-Cal and Health Families Citizenship or legal residence not required.</p>	<p>Mirrors Healthy Families Co-pay required for some services; maximum co-pays are \$250.00 per family per benefit year.</p>

BIBLIOGRAPHY

- 100% Campaign. (2009). *What the State Budget's Healthy Families Cut Really Means for Children's Coverage*. Fact sheet provided to author 8/6/09.
- Access Project. (2003). *The Consequence of Medical Debt: Evidence from Three Communities*, p. 22. Retrieved 6/1/09 from http://www.accessproject.org/adobe/the_consequences_of_medical_debt.pdf.
- California Association of Public Hospitals and Health Systems. (2009). *California Public Hospitals and the Health Care Coverage Initiatives: A Model for Health Care Reform*. Retrieved 5/27/09 from http://www.caph.org/policybriefs/CAPH_CoverageInitiativePolicyBrief4_2009.pdf.
- California Budget Project. (2009). *More Than 1.9 Million Californians Could Lose Access to Health Coverage under the Governor's May Revision*. Retrieved 5/30/09 from http://cbp.org/pdfs/2009/090521_Health_Cuts_Statewide_Fact_Sheet.pdf.
- California HealthCare Foundation. (2006). *Children's Health Insurance Programs: Facts and Figures*. Retrieved 5/27/09 from <http://www.chcf.org/documents/policy/ChildrensHealthInsuranceProgramsFactsFigures.pdf>.
- California Healthcare Foundation. (2009). *Health Coverage Options, Answers and Resources for Unemployed Workers*. Retrieved 4/3/09 from <http://www.chcf.org/topics/view.cfm?itemID=105692>
- California HealthCare Foundation. (2006). *Healthy Families Facts and Figures: Coverage for Low-Income Children in California*. Retrieved 4/3/09 from <http://www.chcf.org/documents/policy/HealthyFamiliesFactsAndFigures2006.pdf>.
- California HealthCare Foundation. (2007). *Medi-Cal Facts and Figures: A Look at California's Medicaid Program*. Retrieved 4/3/09 from <http://www.chcf.org/topics/medi-cal/index.cfm?itemID=21659>.
- First 5 California. (2009). *First 5 California Approves \$81.4 Million Contribution To Help Restore Healthy Families Program's Viability*. Retrieved 8/29/09 from <http://www.first5california.com/pdf/press/pr/8-13-09First5CaliforniaHealthyFamiliesPressRelease.pdf>.
- Health Access. (2009). *Budget Update May 27, 2009*. Retrieved 5/30/09 from <http://health-access.org/files/preserving/Budget%20May%20Revision%20Fact%20Sheet%2005-28-09.pdf>.
- Health Access. (2009). *Protecting Consumers from Medical Debt*, Retrieved 5/27/09 from <http://www.health-access.org/files/advocating/Protecting%20Consumers%20From%20Medical%20Debt%20May%202009%20update.pdf>.
- Health Access. (2009). *Resuscitating an Ailing Economy: Investing in Health Care*. Retrieved 5/27/09 from: <http://health-access.org/files/expanding/Resuscitating%205-6-09.pdf>.

Himmelstein, D. et al. (2009, forthcoming). "Medical Bankruptcy in the United States, 2007: Results of a National Study," *The American Journal of Medicine*. Retrieved 6/18/09 from http://pnhp.org/new_bankruptcy_study/Bankruptcy-2009.pdf.

Institute for Health Policy Solutions. (2007). *Overview of Local Children's Coverage Expansions*. Retrieved 5/27/09 from http://www.ihps-ca.org/localcovsol/pdfs/WebsiteTableDocument_040607.pdf.

Kelch, Deborah Reidy. (2004). *The Crucial Role of Counties in the Health of Californians: An Overview*. (Oakland, CA: California HealthCare Foundation). Retrieved 4/3/09 from <http://www.chcf.org/documents/policy/RoleCountiesInHealthOfCalifornians.pdf>.

Minicucci Associates/California (2006). *County Programs for the Medically Indigent*. (Oakland, CA: California HealthCare Foundation). Retrieved 07/21/09 at <http://www.chcf.org/topics/view.cfm?itemID=123106>; updated version provided to author.

New America Foundation, *The State of State Health*. Retrieved 07/21/09 at <http://statehealth.newamerica.net/node/95>.

Pizzatola, Rebecca, *California's Coverage Initiative: Year One Challenges and Successes and a Forecast for Year Two*, Insure the Uninsured Project, December 2008.

Robertson, C. et al. (2008). "Get Sick, Get Out: The Medical Causes of Home Mortgage Foreclosures" in *Health Matrix*, Issue # 18. Cited in Health Access. (2009). *Protecting Consumers from Medical Debt*. Retrieved 5/27/09 from <http://www.health-access.org/files/advocating/Protecting%20Consumers%20From%20Medical%20Debt%20May%202009%20update.pdf>.

"Despite First 5 Funds, Healthy Families Expected to Roll Back Coverage." *Sacramento Bee*. August 13, 2009. Retrieved 8/29/09 from <http://www.100percentcampaign.org/modules/article/list/release.php?pi=xknmshbxalxug0&1&id=y7ii9x4k9dly2z&done=http%3A%2F%2Fwww.100percentcampaign.org%2Fmodules%2Farticle%2Flist%2Findex.php%3Fpi%3Dxknmshbxalxug0%261%26chunkSize%3D10%26search%3D%26chunkNum%3D0>.

Seifert, Robert W. and Mark Rukavina. (2006). "Bankruptcy Is the Tip of a Medical-Debt Iceberg" in *Health Affairs*, Volume 25, No. 2. Retrieved 6/1/09 from <http://content.healthaffairs.org/cgi/content/full/25/2/w82>.

Seifert, Robert W. (2005). "Home Sick: How Medical Debt Undermines Housing Security" in *Medical Benefits*. Retrieved 6/1/09 from http://www.accessmylibrary.com/coms2/summary_0286-12206677_ITM.