California HealthCare Foundation

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Issue Brief

Major Transition with Minor Disruption:
Moving Undocumented Children from Healthy Kids to Full-Scope Medi-Cal

Introduction

Hundreds of thousands of undocumented immigrant children in California are soon to be eligible for comprehensive health coverage, many for the first time, through full-scope Medi-Cal. How well this coverage expansion is implemented will determine how quickly children will get this coverage and ultimately, how many will benefit.

Implementing the expansion will be complicated because, while many undocumented immigrant children have no coverage, many others do have some form of coverage. Some participate in restricted-scope Medi-Cal, which primarily covers emergency services. Others have more comprehensive coverage administered separately from Medi-Cal through programs such as Healthy Kids (HK), other county-level programs, or the Kaiser Permanente Child Health Program (KPCHP). Some children are in restricted-scope Medi-Cal and one of the other programs.

Children with existing coverage are at risk of disruptions in coverage and continuity of care during this shift to full-scope Medi-Cal. The complexity of the transition process, and also the risk of disruption, will vary depending on the program or programs in which the child is currently enrolled.

This paper explores how informed, conscientious, and collaborative implementation of the new coverage option can help maximize the benefits that children and families realize from their new Medi-Cal eligibility and minimize disruption in coverage and care for those already enrolled in comprehensive coverage. The paper primarily focuses on the transition from the 10 county-based Healthy Kids programs to full-scope Medi-Cal managed care. It also provides some information on other coverage programs, as many of the issues discussed are applicable to children transitioning from these programs as well.

Background: Medi-Cal for All Children

In June, California Governor Jerry Brown signed SB 75, authorizing the expansion of full-scope Medi-Cal benefits to all individuals under age 19 who would otherwise be eligible for those benefits but for their immigration status. Prior to this law, undocumented children were eligible only for restricted-scope Medi-Cal, which reimburses providers for certain emergency, pregnancy-related, and long term care services, and operates on a fee-for-service basis. Researchers estimate that 250,000 children may be newly eligible for full-scope Medi-Cal as a result of this coverage expansion.[1]

Subsequently, the governor signed SB 4, which clarifies the terms of implementation of the coverage expansion and provides for increased stakeholder participation in that process.[2] The bill specifies that:

- Implementation can begin no sooner than May 1, 2016.
- All individuals under age 19 who are eligible for full-scope Medi-Cal under the statute shall be eligible for full-scope Medi-Cal as of the date of implementation.
- Individuals under age 19 enrolled in limited-scope Medi-Cal at the time the expansion begins shall be enrolled in full-scope Medi-Cal without needing to file a new application.
- An eligibility and enrollment plan will be developed by the California Department of Health Care Services (DHCS) in consultation with stakeholders including counties, health care plans, and advocates.
- With a limited number of exemptions, children enrolled under the expansion will be required to enroll in Medi-Cal managed care plans.

With this new Medi-Cal expansion, California joins four other states and the District of Columbia in offering full-scope Medicaid to low-income undocumented immigrant children. With the coverage expansion now law, California must develop an implementation plan to ensure that as many children as possible benefit. But aside from specifying an inclusive planning process, the legislation offers limited guidance on implementation and does not acknowledge that many newly eligible children who are currently enrolled in coverage programs other than restricted-scope Medi-Cal will also need to be transitioned to the Medi-Cal managed care program.

Current Planning and Medi-Cal Enrollment Practice

In mid-October 2015, DHCS released an overview and timeline for implementation of the Medi-Cal expansion.[3] The plan calls for all restricted-scope Medi-Cal enrollees under age 19 to be moved to full-scope Medi-Cal through an automatic transfer of information in DHCS's enrollment system from one aid category to another. (Newly eligible children not enrolled in restricted-scope Medi-Cal at the time of the aid code transfer would be enrolled directly in full-scope Medi-Cal when determined to be eligible.)

But because the newly eligible children will receive full-scope Medi-Cal coverage through managed

Goals for a Successful Transition and Implementation Process

Identifying goals should be the first step in developing an effective transition plan. While they may need to be prioritized, goals will set the course for implementation, and can also be used to measure and evaluate progress and take corrective actions when needed. In addition to setting goals, the transition team should also establish a realistic timeline and a plan with specific milestones and remediation processes.

The list, which was developed by the author with feedback from stakeholders, is not exhaustive and focuses on the county-based Healthy Kids programs and the Children's Health Initiatives (CHIs) that operate them.[4] It may, however, be applicable to transitioning children from other coverage programs as well.

Goals for an effective process for transitioning undocumented children from Healthy Kids to full-scope Medi-Cal:

- Maximize children's continuity of care and coverage
- Create a safe, trusting environment for families with concerns about immigration issues
- Minimize the administrative burden on families
- Provide adequate financial, staffing, and technical resources at the state, county, local program, and community levels
- Encourage collaboration and open sharing of information to the greatest degree possible by all entities

care, while restricted-scope is fee-for-service, all newly eligible children will need to select and enroll in Medi-Cal managed care plans. Until the plan enrollment process is completed, children will receive full-scope Medi-Cal benefits through the fee-for-service system. Enrollment in fee-for-service full-scope Medi-Cal prior to enrollment in a Medi-Cal managed care plan is consistent with current practice for enrolling Medi-Cal applicants. This process is designed to ensure that those eligible for Medi-Cal will be able to access needed benefits as soon as possible, without a delay while an applicant selects and is enrolled in a managed care plan.

Recognizing that some of the children newly eligible for Medi-Cal are currently enrolled in local county and other health programs, DHCS has expressed an interest in working collaboratively with local programs and others to assist with outreach to the families of these children. To date, DHCS has not provided a plan for a separate transition process for children who are enrolled in comprehensive local county and other health programs, whether they are simultaneously enrolled in restricted-scope Medi-Cal or not.

Current Coverage Programs for Low-Income Undocumented Immigrant Children

Over the years, a number of coverage and coverage-like programs have developed in California to provide broader access to health and dental care for low-income undocumented immigrant children. Such programs include:

- County Children's Health Initiatives' Healthy Kids programs
- Other county-based health care access programs (e.g., My Health LA)
- Kaiser Permanente Child Health Program (KPCHP)

Children in these programs may be simultaneously enrolled in restricted-scope Medi-Cal. The transition for children enrolled in more than one program may be complicated by the multiple transition processes. (See Appendix A, Exhibit A1 for a current enrollment list by county and program.)

The Healthy Kids Programs

There are 10 county-based Healthy Kids programs. Funded through a variety of public and private sources, most offer a comprehensive package of medical, dental, and vision care services to county residents under age 19 in low- to moderate-income families who are not eligible for Medi-Cal. One goal of the Healthy Kids programs is to facilitate children having a regular source of care.[5] Almost all Healthy Kids enrollees are undocumented immigrant children, but all CHIs except Yolo, as well as KPCHP, offer coverage to children in families with incomes above the Medi-Cal eligibility threshold. (These higher-income children will not be eligible to transition to full-scope Medi-Cal.)

Specific eligibility requirements, structure, and current capacity vary by county. For example, in Los Angeles, HK is restricted to children 0 to 5 years old, but My Health LA, a health care access program, provides access to health services at no cost for people age 6 and up in families with income up to 138% of the federal poverty level (FPL) who are not eligible for Medi-Cal. Several other HK programs limit enrollment of new enrollees but continue coverage for established eligible enrollees. The Santa Barbara and San Bernardino/Riverside HK programs have capped enrollment of 6- to 18-year-olds but maintain waiting lists of potential future enrollees in that age range.

Healthy Kids programs contract with local Medi-Cal managed care plans to provide medical services to enrollees (Appendix A, Exhibit A2). In some counties, the Medi-Cal managed care organization offers the HK plan as a separate product. All Healthy Kids programs provide dental and vision services, but some contract with non-Medi-Cal plans for those services. In five counties with Healthy Kids programs (San Mateo, Santa Barbara, Santa Cruz, Solano, and Yolo), Medi-Cal is delivered through a County Organized Health System (COHS), with each county using a single Medi-Cal managed care plan countywide. In these counties, all Healthy Kids enrollees are enrolled in the same plan as children receiving full-scope Medi-Cal. In the other Healthy Kid counties, Medi-Cal enrollees have a choice of two health plans, one of which is the Local Initiative Plan that also serves Healthy Kids enrollees.

Enrolling and Renewing

Each CHI developed its own procedure for enrolling children in its HK program, including collecting information on family characteristics, certifying income, and documenting county residency. The information used to determine eligibility for HK is similar to the

information used to determine eligibility for Medi-Cal but may differ in some cases in the definitions used and documentation required. (None of these programs uses the same system the state does for Medi-Cal enrollment and eligibility.) Four programs use One-e-App, an online application tool. Most of the other programs use homegrown enrollment systems. All counties store enrollees' eligibility information in electronic databases and use that information to generate renewal notices.

All Healthy Kids participants are asked to renew annually on the anniversary of the child's enrollment date. (See Appendix A, Exhibit A3 for selected characteristics of Healthy Kids programs by county.)

Funding

Most HK programs receive funding from their local First Five Commissions to provide coverage for children age 0 to 5. Funding for children age 6 to 18 comes from a variety of sources that vary by county. In some counties, funding is time-limited and needs to be renewed periodically. In others, HK programs receive a steady stream of public funds. For example, Santa Clara County's HK program is funded by a county sales tax increase passed in 2012.

Simultaneous Enrollment in Restricted-Scope Medi-Cal

HK is considered comprehensive coverage, so most HK programs do not attempt to enroll children in restricted-scope Medi-Cal when they are enrolled in Healthy Kids. In fact, enrollment counselors report that some immigrant families balk at enrolling in restricted-scope Medi-Cal because of misperceptions that enrollment would lead them to be deemed a public charge and block them from obtaining legal status (a "green card") in the future. Nonetheless, CHIs report that HK enrollees are sometimes also enrolled in restricted-scope Medi-Cal, but the number of these enrollees is unknown.

As noted above, undocumented children are enrolled in other coverage programs, including over 9,000 children in county-based access programs, such as My Health LA, and over 73,000 in the Kaiser Permanente Child Health Program. For more on these programs, as well as the Child Health and Disability Prevention Program (CHDP) Gateway and California Children's Services (CCS), see Appendix B.

Steps to a Smooth Transition

Present-day transition planning is primarily focused on moving children from restricted- to full-scope Medi-Cal, the only transition explicitly mentioned in the legislation. For children enrolled in HK and similar programs, however, a transition route through restricted-scope Medi-Cal can be complex and burdensome. For many families, especially those with limited English proficiency and who are new to Medi-Cal, enrolling in Medi-Cal and choosing a health plan may be intimidating and confusing, particularly if consideration is not given to linguistic and cultural orientation and concerns about immigration issues. Moving immigrant children through so many different health care delivery models may put those children at increased risk of discontinuity of coverage and care. In addition, children enrolled in HK and similar programs who enroll directly into full-scope fee-for-service Medi-Cal after the coverage expansion is implemented will face similar challenges, though perhaps at a reduced level. For both groups, failure to take advantage of available information about them may place an unnecessary administrative burden on existing eligibility operations at the state and county levels.

Is It Better to Transition HK Enrollees Through Restricted- or Full-Scope Medi-Cal?

Once the Medi-Cal eligibility system rule changes have been made, not only will restricted-scope enrollees be transitioned to full-scope Medi-Cal, but new applicants will be enrolled into full-scope Medi-Cal directly. This raises questions about the value of enrolling children who are in Healthy Kids into restricted-scope Medi-Cal rather than enrolling them directly into full-scope Medi-Cal once the Medi-Cal eligibility system has been modified. Children in families with incomes above 160% FPL are required to pay the same monthly premiums for restricted-scope as they would for full-scope Medi-Cal, which could be a burden and a disincentive to enroll. Developing procedures to enroll Healthy Kids participants directly into the same Medi-Cal managed care plan that they were enrolled in before the transition would also be a reason for waiting and enrolling children after the eligibility systems have been reprogrammed. As more detailed information becomes available about specific plans for rolling out the Medi-Cal expansion, it should be possible to make a more informed decision about which course of action is preferred for which children.

CHIs, their HK programs, health plans and community partners, county social service offices, and DHCS can each play a role in smoothing the transition, reducing the disruption to coverage and care, and creating a welcoming environment in which to build further gains in coverage.

What CHIs Can Do

Children's Health Initiatives (CHIs) can take the lead in enrolling Healthy Kids participants in Medi-Cal. This work is consistent with their mission. In addition, the CHIs are uniquely positioned to undertake the activity:

- CHIs have information on an identified population of children who are most likely eligible for the both restricted- and full-scope Medi-Cal.
- CHIs have earned the trust of immigrant families in their communities and partnered over time with trusted community-based organizations, county agencies, and health plans.
- CHIs have developed and tested linguistically and culturally relevant outreach and enrollment materials and procedures.

CHIs would inform current enrollees of the new coverage option and the opportunity to enroll in Medi-Cal. CHIs and their community-based partners could assist families with completing Medi-Cal applications and case manage the families throughout the enrollment process. CHIs might be able to facilitate the process by using information on file to prepopulate Medi-Cal applications, and identify and assist families with missing data, required documentation, and consents. With a change in state policy and the enrollee family's consent, the updated information and documentation could be used to enroll Healthy Kids participants directly into Medi-Cal.

CHIs may also educate enrollees who are simultaneously enrolled in restricted-scope Medi-Cal about the changes underway and how they will be affected. It will be important for enrollees to understand the value of maintaining enrollment in both the local Healthy Kids program and restricted-scope Medi-Cal until the transition to full-scope Medi-Cal is complete. With sufficient resources and in cooperation with county social service offices, CHIs and their partners could take an active role in facilitating renewals in both programs.

CHIs could revise their renewal procedures to facilitate the transition to Medi-Cal by suspending current renewal processes and extending enrollment in HK until the transition to full-scope Medi-Cal is complete. The renewal occasion could also be used to help enroll children in restricted-scope Medi-Cal and renew enrollment in Healthy Kids at the same time.

Learning from Past Plans and Transitions

In 2009, the now-closed Managed Risk Medical Insurance Board (MRMIB) released a high-level plan for transitioning children in the HK programs to Medi-Cal and the now-closed Healthy Families Program (HFP).[6] The plan focused on mitigating the burden on families and maximizing continuity of care and coverage during the process of transitioning children from the HK programs.

Although the 2009 plan was not implemented, the transition of adults from county Low Income Health Programs (LIHPs) to Medi-Cal in 2014 followed a similar plan and successfully transitioned more than 680,000 adults from over 50 different county-based programs to Medi-Cal.[7] Both transition plans underscored maintenance of provider continuity, as did the 2012 plan to transition children from Healthy Families to Medi-Cal, which sought to match children to Medi-Cal health plans based on their Healthy Families health plan.

The MRMIB plan called for:

- The electronic transfer of enrollment and health plan data from the local programs to the state
- Legislation to be enacted to enable Medi-Cal (and HFP) to accept the local programs' income verification documentation to determine eligibility for the state programs
- Children currently enrolled in HK programs to be initially enrolled in the same health plan in Medi-Cal and HFP (with the option to subsequently switch plans) to ensure continuity of care and facilitate the termination of local coverage and initiation of state coverage

While certain elements of the 2009 plan, such as electronic transfer of data, may be challenging to implement given the limitations of current systems, options for streamlining data sharing and eligibility verification and for maintaining continuity of care should be considered for the current transition.

In addition, the HK waiting lists maintained in several counties could be used for outreach for the new full-scope Medi-Cal program.

Maintaining Continuity of Care: All Stakeholders Have a Role

Keeping children enrolled in HK until they are enrolled in full-scope Medi-Cal managed care to prevent disruption in care will be costly. Most HK programs indicated that they could sustain the cost of the current levels of enrollment in their programs through June 2016. (See Appendix A, Exhibit A4 for HK funding timelines.) Beyond this date, some programs would need to raise funds to sustain their HK enrollments until the transition is complete (a situation they would have faced in the absence of the Medi-Cal expansion as well).

Each stakeholder can play a role in ensuring continuity of care for children eligible for the transition:

- DHCS can provide local programs with a clear picture of the timing of the transition process, including the time needed to complete and not just start the process. This information would help local programs assess their funding requirements and if needed, undertake additional fundraising.
- If local CHIs continue to provide full-scope HK services until a child is enrolled into full-scope Medi-Cal managed care, Medi-Cal health plans can alert the local program when the transition is complete so that HK can disenroll the child at that time but not before.
- Where possible and with their consent, children in HK managed care plans should be enrolled, without interruption, into the same managed care plan in Medi-Cal.
  - In COHS counties, with a change of state policy and cooperation of the CHIs and health plans, children in HK who are eligible for full-scope Medi-Cal could be enrolled directly into the COHS health plan without interruption.
  - In plan-choice counties, maintaining continuity of care would also require a change of state policy, as well as the current managed care plan selection process. With families' consent, CHIs could work with their HK health plan to enroll children directly into the same Medi-Cal plan, leaving families with the option to switch plans at a later date.
- County social services offices could work with families to complete the plan selection process at the time of application for Medi-Cal. For example, when families come into social services offices to apply for Medi-Cal, they could, at the same time, meet with a staff member of Health Care Options, the vendor that manages plan selection, to select a plan. The Medi-Cal application and health plan selection information would be submitted at the same time, and eligible children could be enrolled directly into the managed care plan of choice. This would represent a change of practice and may require approval from DHCS.

What Else DHCS Can Do

DHCS can establish an inclusive process when planning for and implementing the coverage expansion. To date, DHCS has used the twice-monthly meeting of the AB 1296 Subgroup: Immigration Workgroup as the means to inform stakeholders of its intentions and to answer questions but not primarily as a forum for soliciting input from stakeholders. The department has also announced future webinars on the implementation plan for stakeholders. However, given the complexities of the implementation and the wide range of stakeholders, DHCS can develop

Expediting the Transition in Three Bay Area Counties

Healthy Kids programs in San Francisco, San Mateo, and Santa Clara Counties have almost 10,000 enrollees and account for 75% of all HK enrollees. These HK programs are unique in that they structured their HK eligibility and enrollment systems to be identical to that of Healthy Families, the now-closed CHIP program, to draw down federal CHIP matching funds to help finance coverage for eligible higher-income children. Accordingly, these CHIs collect all of the information that was needed in the pre-ACA world to transition their enrollees into either HFP or Medi-Cal.

Although these CHIs have not updated their eligibility systems to conform with MAGI (modified adjusted gross income) rules, they have expressed an interest in working with DHCS to do so if that would expedite the direct transition of their HK enrollees into full-scope Medi-Cal managed care in a LIHP-like process. This option may be worth investigating, given the size and capacity of the three programs. Work on such a transition process may also provide some insights into how to expedite the transition of the over 73,000 children in KPCHP.

a more robust process that provides ample opportunity for engagement and exchange of ideas and information

DHCS will need to develop a communications plan to share details of the transition plan with all those affected. These communications should be accurate, clear, and timely. The communications plan should involve a media campaign to ensure accurate coverage of the changes and to encourage coverage by ethnic media outlets. Since those affected by the changes are immigrant families, all communications must be linguistically and culturally appropriate.

DHCS can work with other entities to inform families who are not enrolled in restricted-scope Medi-Cal of the new policies. DHCS should work with the CHIs, KPCHP, and the local health care access plans to inform the families of children enrolled in their programs, and to make sure these communications are consistent with DHCS's own communications. To reach families with children not connected to any coverage source, DHCS can engage schools and local community-based organizations, including those working in immigrant communities but not on health care specifically. DHCS could also consider regional stakeholder meetings, an approach that was highly valued during the LIHP transition.[8]

What Else County Social Services Offices Can Do

County social services offices have a history of working with local CHIs, and they may be able to help with case managing the transition of HK enrollees by facilitating the tracking of transitioning children through the Medi-Cal enrollment process and alerting the certified enrollment counselors and certified application assisters who work with the local programs when applicants need assistance with providing documentation or additional information. This coordination may best be implemented by designating specific staff in the county offices to work with the local programs. Such liaison staff might also receive special training so that they are knowledgeable about the issues transitioning families might encounter and how to resolve them.

In addition, county agencies might designate eligibility workers who have the linguistic skills and cultural sensitivity to work with undocumented immigrant families during the transition. Some families may be concerned about repercussions arising from their immigration status. Eligibility workers should be trained in how to work with families who have these concerns.

What Else Health Plans Can Do

In some counties, in addition to health care services, the health plan provides administrative support for the local CHI. These plans may need to enhance their administrative support during the transition period.

Real-Time Learning Opportunities for Organizations Involved in the Transition

The efforts of the CHIs, counties, health plans, and community-based organizations to successfully transition newly eligible immigrant children from existing programs, most particularly the local county programs, to full-scope Medi-Cal could be greatly facilitated by the creation of a learning community to share information. Such a program would not only provide easy access to information on the processes and procedures implemented by DHCS, but perhaps more importantly, facilitate real-time learning and problem solving among the many participants.

Since 1997, the National Academy for State Health Policy (NASHP) has supported the development of the CHIP program across the 50 states. More recently, NASHP used some of the tools proven effective in its CHIP work to support the implementation of the ACA. Some of NASHP's proven technical assistance tools that could be quickly adapted at low cost to support the current implementation effort in California include:

- **An invitation-only listserv that can be used to share sensitive information in real time within a networking group.** The listserv provides a venue for participants to share questions, information, ideas, and to problem solve together in privacy.
- **An online platform, such as a website or cloud-based file-sharing system, for organizations to share their written and other materials.** Fully developed concepts from the listserv could be migrated to the site to facilitate sharing among a larger community.
- **For the short term, fast information-sharing conference calls to surface issues, answer questions, and brainstorm ideas.** These calls could also be used to flesh out a menu of useful technical assistance (TA) activities with input from the users of TA.

This network could serve as a model for information sharing during California's transition.

Exhibit 1. What Stakeholders Can Do to Help Smooth the Transition

GOAL	CHIS	DHCS	MEDI-CAL HEALTH PLANS	COUNTY SOCIAL SERVICES OFFICES	PHILANTHROPY
Make sure caregivers of eligible children are aware of opportunity to enroll in Med-Cal.	➤ Inform current enrollees, as well as those on waiting lists.	➤ Develop a clear communications plan to share transition details to all those affected; work with other entities to inform families who are not enrolled in restricted-scope Medi-Cal.	➤ Provide financial support to local programs for outreach efforts.		➤ Provide financial support to local programs for outreach efforts.
Make Medi-Cal enrollment as easy as possible.	➤ Provide case management to families throughout enrollment process. Use information on file to prepopulate Medi-Cal applications, possibly to enroll directly into Medi-Cal (with enrollee consent and modification of state policy).	➤ Consider options for streamlining verification and eligibility information sharing. ➤ Prioritize HK counties where enrollee consent for information sharing already exists.	➤ If providing administrative support to CHIs, augment that support during the transition.	➤ Designate staff with sufficient training, language skills, and cultural competency to work with newly eligible families. ➤ Designate staff to act as a liaison to local programs, assisting in case management.	➤ Provide financial support to local programs for enrollment efforts and/or technical assistance as needed to streamline information transfers.
Prevent disruption in care.	➤ Suspend current renewal process; extend enrollment in HK until transition to full-scope Medi-Cal is complete. ➤ Educate HK families about the need to maintain HK coverage until the transition is complete.	➤ Provide local programs with a clear picture of the timing of the transition process. ➤ Enroll HK enrollees directly into managed care in COHS counties. ➤ In two-plan counties, with enrollee consent, enroll HK enrollees directly into the Local Initiative Plan and allow them to switch plans later.	➤ Alert local program when the transition is complete so that HK can disenroll child at that time but not before.	➤ Facilitate completion of plan selection process (with vendor) at time of enrollment.	➤ Provide financial support to local programs to sustain enrollment in current programs until transition is complete.
Coordinate efforts among all stakeholders.		➤ Establish an inclusive and robust planning and implementation process that involves all stakeholders. ➤ Include development of a transition plan for HK enrollees, addressing continuity-of-care concerns.			➤ Provide support for stakeholder engagement and information sharing, as well as real-time learning networks.

Health plans may also be able to provide financial support needed by local programs to mount an effective outreach and enrollment effort to enroll HK enrollees in Medi-Cal.

Health plans may also be able to facilitate the continuity of provider relationships and medical treatment plans during the transition to Medi-Cal and provide targeted orientation services for families transitioning from the HK program.

What Philanthropy Can Do

Philanthropic support can help facilitate a smooth implementation of the Medi-Cal expansion. Financial and technical support for CHIs and their community-based partners may be needed if they are to play an important role in transitioning children into full-scope Medi-Cal managed care. Some programs may need additional funds if they are to sustain enrollment in their programs until children are completely transitioned to a Medi-Cal managed care plan. DHCS may also need support to boost stakeholder engagement and information sharing. Philanthropy might also support real-time learning networks for organizations involved in the transition.

Conclusion

The recent expansion of full-scope Medi-Cal coverage to undocumented children will provide comprehensive health coverage to hundreds of thousands of children. The development of plans to implement the Medi-Cal expansion provides an opportunity to reflect on past experiences in transitioning large populations from one program to another and to engage stakeholders in the process.

The coverage expansion process won't be easy. Some families may not understand the benefit of transitioning to Medi-Cal, and many immigrant families are fearful of government entities. Many undocumented immigrant children are already enrolled in some form of coverage, complicating the transition process. And there is a real risk of disrupting coverage and care for children currently enrolled in coverage. This paper offers suggestions for mitigating these risks and implementing a smooth transition process (see Exhibit 1 on the previous page).

In addition to reducing the burden of this major change on vulnerable families and the risks to their children, an inclusive implementation process that fosters a learning community among all participants can help set the stage for further progress toward extending coverage to all Californians.

Methods

To inform this paper, the author reviewed relevant published and unpublished literature, as well as surveys of local Children's Health Initiatives (CHIs) that administer Healthy Kids programs. Surveys were developed with input from the author and performed by California Coverage and Health Initiatives, the statewide association of CHIs. The author also conducted key informant interviews via email, conference calls, and in-person meetings with experts and stakeholders in August and September 2015. California has considered coverage for undocumented children before, and key insights and suggestions from a 2009 report on implementing such an expansion are reprised in this paper.[9]

Appendix A. Characteristics of Main Coverage Programs for Undocumented Children

Exhibit A1. Current Enrollment in Restricted-Scope Medi-Cal, Healthy Kids, and Kaiser Permanente Child Health Program (KPCHP), by County

	MEDI-CAL (August 2015)	HEALTHY KIDS* (September 2015)	KPCHP* (April 2015)
Alameda‡	4,279	0	5,256
Amador	24	0	43
Butte	181	0	7
Calaveras	25	0	5
Colusa	95	0	4
Contra Costa‡	2,664	0	3,579
Del Norte	8	0	0
El Dorado	190	0	366
Fresno	3,673	0	2,818
Glenn	116	0	3
Humboldt	128	0	1
Imperial	223	0	0
Inyo	54	0	0
Kern	3,884	0	771
Kings	599	0	75
Lake	161	0	7
Lassen	16	0	1
Los Angeles‡§	41,144	442	16,011
Madera	756	0	389
Marin	550	0	844
Mariposa	11	0	2
Mendocino	332	0	2
Merced	1,491	0	21
Modoc	14	0	0
Mono	68	0	0
Monterey	2,629	0	18
Napa	316	0	1,307
Nevada	76	0	4
Orange	9,807	0	6,667
Placer	216	0	1,347
Plumas	15	0	0
Riverside	6,126	908	1,787
Sacramento	3,266	0	6,093
San Benito	161	0	7
San Bernardino	5,571	29	1,804
San Diego	5,811	0	4,351
San Francisco	1,837	1,980	441
San Joaquin	2,067	0	4,599
San Luis Obispo	627	0	1
San Mateo	2,726	3,200	984
Santa Barbara	2,166	780	2
Santa Clara	5,041	4,559	3,047
Santa Cruz	684	726	5
Shasta	79	0	0
Sierra	2	0	0
Siskiyou	35	0	0
Solano	850	447	1,561
Sonoma	988	0	3,334
Stanislaus‡	2,004	0	4,142
Sutter	259	0	15
Tehama	188	0	3
Tulare	3,070	0	43
Tuolumne	19	0	4
Unknown	50	0	0
Ventura†‡	2,900	0	738
Yolo	541	40	906
Yuba	149	0	48
Totals	**120,962**	**13,111**	**73,463**

*Includes a small number of children with family income above the Medi-Cal eligibility level who will not be eligible for Medi-Cal.

†Includes 486 children enrolled in ACE for Kids, Ventura County Health Care Agency.

‡In addition to Los Angeles and Ventura, other counties including Alameda, Contra Costa, and Stanislaus offer health care access programs to undocumented children, but the number of programs and their total enrollment was not known when this paper was written.

§In addition, approximately 9,000 children age 6 to 18 are enrolled in My Health LA, a county-based health care access program.

Note: Children may be enrolled in more than one program.

Source: *Beneficiaries Under the Age of 19 in Restricted Scope Aid Codes by County,* DHCS, www.dhcs.ca.gov (PDF); *Survey of County Children's Health Initiatives,* California Coverage and Health Initiatives, September 2015; *Enrollment in Kaiser Permanente Child Health Program,* Kaiser Permanente Data Services, April 2015.

Exhibit A2. Health Plans Participating in Healthy Kids and Medi-Cal Managed Care, by County

	HEALTHY KIDS	MEDI-CAL MANAGED CARE	
		COHS / Local Initiative	Commercial
Los Angeles	L.A. Care Health Plan		Health Net Community Solutions
Riverside/San Bernardino	Inland Empire Health Plan		Molina Healthcare Partner Plan
San Francisco	San Francisco Health Plan		Anthem Blue Cross Partnership Plan
San Mateo	Health Plan of San Mateo		
Santa Barbara	CenCal Health		
Santa Clara	Santa Clara Family Health Plan		Anthem Blue Cross Partnership Plan
Santa Cruz	Central California Alliance for Health		
Solano	Partnership Health Plan of California		
Yolo	Partnership Health Plan of California		

Exhibit A3. Selected Characteristics of Healthy Kids Programs, by County

	ENROLLMENT	AGE OF ENROLLEES	APPLICATIONS	ANNUAL RENEWALS
Los Angeles*	442	0-5	Own online	Administrative
Riverside/San Bernardino†	937	0-18 (waitlist 6-18)	Paper and phone	Administrative
San Francisco	1,980	0-18	Paper and One-e-App	Administrative+
San Mateo	3,200	0-18	One-e-App	Administrative+
Santa Barbara	780	0-18 (waitlist 6-18)	Own online	Administrative+
Santa Clara	4,559	0-18	One-e-App	Administrative+
Santa Cruz	726	0-18	One-e-App	Administrative+
Solano	447	0-18 (closed to new enrollees 6-18)	Paper	Administrative+
Yolo‡	40	0-18 (closed to new enrollees)	Paper	Administrative

*An additional 9,000 6- to 18-year-olds formerly enrolled in LA Healthy Kids are enrolled in My Health LA.

†Enrollment is closed in San Bernardino due to lack of funding. As of September 2015, 29 children were enrolled in HK in San Bernardino County, while 908 were enrolled in Riverside County.

‡Most former Yolo Healthy Kids enrollees have been transferred to KPCHP. The children in Yolo remaining in HK are those for whom KPCHP is not available because they do not reside in a KP service area.

Notes: *Administrative renewal* refers to a process in which parents are asked to verify that information on file is correct to renew enrollment for another year. *Administrative+* indicates that another step is required if the parent indicates a change has occurred.

Exhibit A4. Healthy Kids Funding Timelines, by County

	DURATION OF FUNDING
Santa Cruz	Up to June 2016
Santa Barbara, Solano, and Yolo	June 2016
Los Angeles and Riverside/San Bernardino	September 2016
San Francisco, San Mateo, and Santa Clara	N/A

Note: *N/A* indicates that the program has a source of government funding that does not automatically sunset.

Appendix B. Other Programs for Undocumented Children

Kaiser Permanente Child Health Program

For more than a decade Kaiser Permanente offered the heavily subsidized Kaiser Permanente Child Health Plan for children under age 19 who are in families with an annual income up to 300% FPL and who are not eligible for full-scope Medi-Cal or employer-sponsored coverage. In 2014, the Kaiser Permanente Child Health Plan was altered to bring it into compliance with the Affordable Care Act and renamed the Kaiser Permanente Child Health Program (KPCHP).

The revised program has two components: (1) the KP Individual and Family (KPIF) California platinum-tier health plan (the most comprehensive health plan KP offers through Covered California) and (2) a separately administered community benefit subsidy program which substantially lowers premiums for the KPIF platinum plan and reduces copays to zero at KP facilities. Monthly premiums are based on family income, and the KP community benefit subsidy also provides comprehensive pediatric dental care with no separate premium.

Paper applications are used for KPCHP, and two applications are required: one for the health plan and one for the subsidy. In addition, proof of income must be submitted with the subsidy form. The applications are submitted at the same time. Children are enrolled in KPCHP during regular open enrollment periods. Changes in family circumstances, however, may trigger special enrollment periods for specific children. Enrollment is for one year and is open to all eligible children in Kaiser Permanente service areas.

The newly ACA-compliant KPCHP became effective on March 1, 2014. Children enrolled in Kaiser Permanente Child Health Plan were transferred to KPCHP at that time. Children enrolled in KPCHP in 2014 were re-enrolled for 2015 during the 2015 open enrollment period (November 15, 2014 through February 12, 2015). Kaiser Permanente uses a mix of community partners (e.g., child health advocates, immigrant organizations, some public agencies, and schools) to do outreach for KPCHP and to assist in the preparation of applications for the program. KP provides training and on-call assistance from KP staff for local partners.

KPCHP is offered only in Kaiser service areas, which do not cover all of California and do not consistently overlap with county-based Medi-Cal managed care service areas. Enrollees in KPCHP are not simultaneously enrolled in restricted-scope Medi-Cal, and the number of children enrolled in both programs is unknown.

County Health Care Access Programs

Although county health care access programs are typically designed for indigent adults, at least five counties offer them to children who are not eligible for full-scope Medi-Cal. The programs are not insurance but typically offer access to a range of health care services at little or no cost in networks of county-operated or county-contracted clinics and hospitals. The number of and enrollments in these programs are unknown at this time; however, the programs in Ventura and Los Angeles Counties are described below, and the numbers of enrollees in these programs are included in Appendix A, Exhibit A1.

Ventura County's ACE for Kids program provides primary care, including emergency room and urgent care and generic prescription drugs, at reduced costs to children age 1 day through 18 years. Services are provided only in county facilities. To participate, children must enroll in the program, be enrolled in school, and not be eligible for other sources of coverage. Their family income must be below 300% FPL. Children must enroll or be enrolled in restricted-scope Medi-Cal to participate in ACE for Kids.

My Health LA (MHLA) offers medical services to residents of Los Angeles County age 6 and up whose family income is less than 138% FPL and who do not have access to health insurance. There are no costs of any kind, but services are only provided by contracted Federally Qualified Health Centers (FQHCs) or FQHC look-alike clinics (for primary care) or by county-run facilities (for specialty, emergency, and inpatient care). Applicants must apply at a participating clinic, which becomes the applicant's "medical home." If a clinic is not accepting new patients, applicants must apply to a clinic that is. In 2013, when funding for Healthy Kids coverage for 6- to 18-year olds ended, these Healthy Kids enrollees were referred to several other sources of care, including Los Angeles County's health care access program (then called Healthy Way LA "unmatched"), which was reorganized as My Health LA in October 2014. An unknown number of children who are enrolled in MHLA are also enrolled in restricted-scope Medi-Cal. (Children and families are referred to restricted-scope Medi-Cal when they apply for MHLA, but enrollment in restricted-scope Medi-Cal is not a condition of participation in MHLA.)

The CHDP Gateway

The Child Health and Disability Prevention Program (CHDP) provides free early detection and preventive services to low-income children in California. The program also offers referrals for further diagnosis and treatment, if necessary.

Since 2003, CHDP has used an automated pre-enrollment process, the CHDP Gateway, to facilitate the enrollment of children into full-scope Medi-Cal by providing children, regardless of immigration status, full-scope fee-for-service Medi-Cal for up to two months each time they return for a periodic CHDP visit. Children who do not complete the Medi-Cal enrollment process during the period of "presumptive" eligibility are disenrolled but may re-enroll with their next CHDP visit. However, children with unsatisfactory immigration status who enroll in Medi-Cal during the presumptive eligibility period are placed in restricted scope Medi-Cal and may not use the Gateway again to temporarily access full scope Medi-Cal. This would discourage immigrant families from enrolling in Medi-Cal through the CHDP Gateway.

There were approximately 93,000 children in the CHDP Gateway in May 2015. How many of these children are undocumented and eligible for coverage under SB 4 is unknown.[10]

Programs for Children with Special Needs

Some undocumented children are enrolled in state programs for children with special health care needs. The largest of these is the California Children's Services (CCS) program, which provides condition-specific services for children with conditions that fall into certain diagnostic categories. Children in CCS and other special needs programs will remain eligible for those programs after transitioning to full-scope Medi-Cal and will most likely be placed in fee-for-service Medi-Cal for care not provided by the special program. Because of their medical conditions and special health care needs, particular attention will need to be paid to maintaining coverage and continuity of care for these children when they are enrolled in full-scope Medi-Cal.

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About the Foundation

The California HealthCare Foundation (CHCF) is leading the way to better health care for all Californians, particularly those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit www.chcf.org.

Endnotes

1. Laurel Lucia, K. Jacobs, D. Roby, and G. Kominski, *Transitioning Undocumented Children to Full-Scope Medi-Cal — Lessons from the Low Income Health Program Transition,* memo to Richard Thomason, Blue Shield of California Foundation, October 1, 2015, www.blueshieldcafoundation.org.
2. SB 4, Chapter 709, Statutes of 2015, leginfo.legislature.ca.gov.
3. *SB 75 - Full Scope Medi-Cal Coverage for All Children, High-level Timeline,* California Department of Health Care Services, October 2, 2015, www.dhcs.ca.gov (PDF) and *Full Scope Medi-Cal for All Children, Implementation Overview,* California Department of Health Care Services, October 13, 2015, www.dhcs.ca.gov (PDF).
4. Responsibility for the list rests solely with the author.
5. Christopher Trenholm et al., *The Santa Clara County Healthy Kids Program: Impacts on Children's Medical, Dental, and Vision Care,* Mathematica Policy Research, July 2005, www.mathematica-mpr.com (PDF). This evaluation of the first years of implementation of the Santa Clara Healthy Kids program found that the program dramatically increased the proportion of children with a usual source of care (from 49% without HK to 89% with HK). In addition, the proportion of children who saw the same provider when they went for care, an indicator of a medical home, more than doubled to 62% with HK.
6. Sarah Soto-Taylor et al., *Local Children's Health Care Coverage Programs Transition to The Healthy Families Program and Medi-Cal,* Managed Risk Medical Insurance Board, August 2009, www.mrmib.ca.gov (PDF).
7. See endnote 1.
8. Ibid.
9. See endnote 6.
10. *Medi-Cal Certified Eligibles, Children Between the Ages of 0 and 18, May 2015 Month of Enrollment,* California Department of Health Care Services, www.dhcs.ca.gov (PDF).