MEDICAL COVERAGE, GATEWAY TO BETTER HEALTHCARE
For Transition-Aged Youth with Special Healthcare Needs
HANDOUT

Age 17
PREPARE – Turning 18 will affect all health plan types

• Might have to start researching for a New PCP* at 17 years of age because:
  o At 18 you will need to switch from a Pediatrician* to one of the following types of doctors: Internal Medicine*, Family Medicine (FM*) or General Practice (GP*)
  Good News: if you are already assigned to an FM or GP there is no need for a PCP change
• All HMO* insurance types will encourage you to make the switch, this includes: Covered CA*, Private Commercial Insurance (through work), Medi-Cal (HMO)*, and Medicare Advantage* (if applicable)
• PPO* & EPO* Plans
  o Will also need to start researching for a New PCP before 18
  o From a Pediatrician to Internal Medicine, Family Medicine, General Medicine

Transition between Ages 17 and 18
The possible consequences of having a Pediatrician as the PCP after turning 18 are:
• Cancellation or rescheduling of an appointment that may have taken many months to setup
• Wasted time from work and/or school
• Postponement of healthcare services or referrals to certain specialists

Age 18
Parents no longer have authority over their children’s healthcare decisions.
Two primary types of young patients with special healthcare needs are:

• Patients with Complex Disabilities (who continue to need their parents to advocate and be their voice), you may want to consider...
  o Conservatorship* – In the area of Healthcare
  o Affidavit of Health – Known as an Authorizations for PHI*
• Patients with Special Needs (that live independent lives)
  o Are able to manage health on their own
    ▪ Might need minimal support from family or friends
    ▪ Might receive help through an ILS or SLS provider, typically funded by regional center

Social service agencies do not share paperwork with one-another

• Make sure you provide copy of conservatorship or affidavit to each agency you are a part of:
  o SSA*
  o DPSS*(Medi-Cal Department)
  o Medi-Cal HMO Plan such as: LA Care, HealthNet, Kaiser, Anthem Blue Cross, Blue Shield CA Promise (formerly Care1st) or Molina

Disability-based benefits through SSA could be lost (benefits are for medically needy/ Non-MAGI)

• At age 18, SSA will re-evaluate young adults who receive SSI* funds
  o If SSI benefits are terminated, Medi-Cal benefits will terminate as well
  o To prepare yourself and avoid the termination of Medi-Cal services contact the local OCRA* office for free legal guidance and information

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Age 19

**MAGI** is a tool that is used to find out if one qualifies for **Medi-Cal (Full-Scope)** – It is based on family income and the number of people living in the home

- **CHANGE THAT OCCURS AT 19** *(notice the great differences between children and adults)*
  - CHILDREN under 19 years of age are eligible up to **266% FPL** *(2018)*
    - Household of two people need to earn less than $3649/month
    - Household of three people need to earn less than $4607/month
    - Household of four people need to earn less than $5564/month
  - ADULTS 19-64 years old are eligible up to **138% FPL 2018** *(only lawfully present residents & US citizens may apply)*
    - Household of single person needs to earn less than $1397/month
    - Household of two people need to earn less than $1893/month
    - Household of three people need to earn less than $2390/month

- Medi-Cal (Full-Scope) coverage for people with disabilities
  - Individual needs to earn less than $600
  - Only for lawfully present residents & citizens

- Coverage for undocumented individuals
  - **MHLA**
    - **Medi-Cal (Restricted-Scope)** – a.k.a., Emergency Medi-Cal

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Age 21

**California Children’s Services**

- **CCS** coverage ends at 21 years of age
- Prior to age 21 start researching for a new PCP and medical specialists (orthopedic, neurologic, etc.)
- Make sure these providers take your insurance because CCS will no longer be available

**LA Care Behavioral Health Service Department / Autism Program**

- **ABA** service through LA Care health plan end at 21 (only LA Care through Medi-Cal HMO)
- Contact: 213-694-1250, Ext. 5631

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Age 26

Adult children who turn 26 will no longer be covered under their parents’ health insurance

- Adult children will need to find health coverage for themselves
  - Medi-Cal
  - Covered CA plan
  - Private Commercial insurance (through work)

Once coverage is in place, select a PCP

- Internal Medicine, Family Medicine or General Practice

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**Assistance to the Community**

Whether you are a patient or not, The Achievable Foundation Health Center can help you with questions about health insurance such as Medi-Cal (Full-Scope), Medi-Cal (HMO), Medicare, **Medicare Advantage**, **Medi-Medi**, Covered CA, **Private Commercial Health Insurance** *(HMO vs. PPO)*, MHLA and Medi-Cal (Restricted-Scope)

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health plans: LA Care, HealthNet, Anth

Effective health care through managed care delivery systems. In L

Women, and low income people with specific diseases such as tubercul

Community (services)

Other professionals in the IPA (medical group)

To provide health care. The IPA's job is to care for patients. This work is done by the doctors, nurses, therapists and

Subspecialists and

Waitin

Health care providers

Health insuranc

Patient Protection and Affordable Care Act (ACA), the exchange enables individuals & small businesses to purchase

Health insurance at federally subsidized rates

Department of Developmental Services

Applied Behavior Analysis

Supports to individuals with developmental disabilities. These disabilities include intellectual disability, cerebral palsy, epilepsy, autism and related conditions.

EPO

Exclusive Provider Organization health insurance plan is similar to an HMO but with some PPO features.

Family Medicine

The branch of medicine designed to provide basic healthcare to all the members of a family.

FPL

Federal Poverty Level, a measure of income used by the U.S. government to determine who is eligible for subsidies, programs, and benefits (amounts change yearly in April).

GP

General Practice, General Practitioner or General Physician, doctor who does not specialize but has a medical practice (general practice) in which he or she deals with all illnesses, informal name: family doctor

HIPAA

Health Insurance Portability and Accountability Act, a U.S. law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers

HMO

Health Maintenance Organization, managed care plan. It contracts the cost of care ahead of time, instead of waiting until you find a doctor and then sending a bill. HMOs typically require members to select a PCP

ILS

Independent Living Services are provided to adults with developmental disabilities that through the IPP process and offers functional skills training necessary to secure a self-sustaining, independent living situation in the community and/or may provide the support necessary to maintain those skills

Internal Medicine or Internists (doctors who complete an internal medicine residency) can be generalists or subspecialists and encompasses the care of all adults, healthy and sick; patients with multiple problems and medications would typically be seen by an internist

In-Network

Refers to providers or health care facilities that are part of a health plan's network of providers (medical group or independent physician association/IPA) with which it has negotiated a discount

IPA

Independent Physician Association (also known as Medical Groups) health plans contract with groups of doctors to provide health care. The IPA's job is to care for patients. This work is done by the doctors, nurses, therapists and other professionals in the IPA (medical group)

IPP

Individual Program Plan, an agreement and contract between the Regional Center (RC) and client (recipient of RC services) and written in a way the client can understand. It is an action plan that talks about the assistance needed to live the way a client wants; identifies goals, services, and supports to be more independent and participate in the community

MAGI

Modified Adjusted Gross Income, line 37 on the annual tax return. Represents your adjusted gross income (AGI), with the addition of certain deductions. AGI is the gross income less any allowable deductions, such as for retirement-plan contributions, student loan interest & health insurance premiums paid by self-employed individuals

Medi-Cal (Full-Scope)

California’s Medicaid program also known as “Straight” Medi-Cal or “Fee-for-Service” Medi-Cal is for low-income individuals including families with children, seniors, persons with disabilities, foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS

Medi-Cal (HMO)

State program also known as “Medi-Cal Managed Care” provides high quality, accessible, and cost-effective health care through managed care delivery systems. In L.A. County, Medi-Cal contracts with the following health plans: LA Care, HealthNet, Anthem Blue Cross, Blue Shield California Promise (formerly Care1st) & Molina

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Medi-Cal (Restricted-Scope) state program also known as Emergency Medi-Cal strictly of an emergency nature, such as treatment in an emergency room, or treatment in a critical care unit or intensive care unit, meets this requirement. Limited to Long-Term Care (LTC), Pregnancy and Emergencies. Undocumented people have access to this service.

Medicare federal health insurance program for: People who are 65 or older, certain younger people with disabilities, and/or people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or transplant)

Medicare Advantage also known as Medicare Part C and is a type of health plan offered by a private company that contracts with Medicare and include plans such as: HMO’s, Special Needs Plans (SNP) and more

Medi-Medi people who qualify for both Medicare and full-scope Medi-Cal are known as “dual eligibles” or “Medi-Medi. There are a few versions of Medi-Medi such as Straight Medi-Medi, Medicare Advantage Special Needs Plans (SNP), and Cal MediConnect

Medical Group (also known as IPA, Independent Physician Association) Health plans contract with groups of doctors to provide health care. The medical group (IPA’s) job is to care for patients. This work is done by the doctors, nurses, therapists and other professionals in the medical group (IPA)

MHLA (My Health LA) is a no-cost health care program for people who live in Los Angeles County. MHLA is free to individuals and families who do not have and cannot get health insurance, such as Medi-Cal (Full-Scope)

Non-MAGI Non-Modified Adjusted Gross Income includes the elderly, disabled, long-term care, and individuals deemed eligible for Medi-Cal as a result of other programs such as CalWORKs or Foster Care. Non-MAGI are still subject to the asset test

OCRA Office of Clients’ Rights Advocacy (is part of Disability Rights CA), if you are a client of the regional center you can call for free resources and information; and possibly legal counsel, advice or representation

Out-of-Network provider is one which has not contracted with your insurance company for reimbursement at a negotiated rate. Some health plans, like HMOs, do not reimburse out-of-network providers at all, which means that as the patient, you would be responsible for the full amount charged by your doctor

PCP Primary Care Provider directly provides and coordinates member’s care

Pediatrician a medical practitioner specializing in children and their diseases

PHI Protected Health Information, the HIPAA Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information

PPO Preferred Provider Organization. It is a health insurance plan that contracts with participating doctors and hospitals to create a network, does not contract with a Medical Group (IPA) and no need to be assigned to a PCP

Private Practice the work of a professional practitioner such as a doctor or lawyer who is self-employed

Private Commercial Health Insurance private companies or nongovernmental organizations issue commercial health insurance. Premiums and coverage amounts are designed to create a profit for the insurance company, if your healthcare policy is not part of one of a government program, it is a commercial health insurance policy

RC Regional Centers are nonprofit private corporations that contract with the Department of Developmental Services (DDS) to provide or coordinate services and supports for individuals with developmental disabilities

SB75 (Senate Bill 75) is a new law in CA giving Medi-Cal (Full-Scope) to children under the age of 19 and immigration status does not matter. Still have to meet all other Medi-Cal rules; this law became effective on May 1, 2016

SLS Supported Living Services consist of a broad range of services to adults with developmental disabilities who, through the IPP process, choose to live in homes they themselves own or lease in the community

SNP Special Needs Plans are a type of Medicare Advantage Plan, they limit membership to people with specific diseases or characteristics. Tailor their benefits, provider choices, and drug formularies to best meet the specific needs of the groups they serve

SSA Social Security Administration, an independent agency of the U.S. federal government that administers Social Security, a social insurance program consisting of retirement, disability, and survivors’ benefits

SSI Supplemental Security Income, SSA pays monthly benefits to people with limited income and resources who are: disabled, blind, or age 65 or older. Blind or disabled children may also get SSI