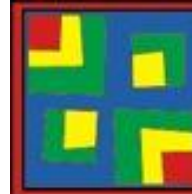


CATALYST
C E N T E R



IMPROVING FINANCING OF CARE
for Children & Youth
WITH SPECIAL HEALTH CARE NEEDS

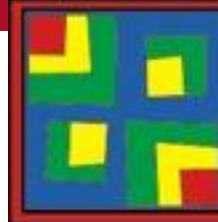


NATIONAL CENTER FOR EASE OF USE
OF COMMUNITY-BASED SERVICES

Today's webinar on *Health Insurance for Children & Youth with Special Health Care Needs from Immigrant Families* will begin shortly...

CATALYST
C E N T E R





NATIONAL CENTER FOR EASE OF USE
OF COMMUNITY-BASED SERVICES

Introductions

Myra Rosen-Reynoso

National Center for Ease of Use of
Community-Based Services





Health Insurance for Children & Youth with Special Health Care Needs from Immigrant Families

A webinar presented by
Beth Dworetzky, Assistant Director
Catalyst Center
June 6, 2013

The Catalyst Center is funded by the Division of Services for Children with Special Health Needs, Maternal & Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, under cooperative agreement #U41MC13618. Marie Mann, MD, MPH, FAAP, MCHB/HRSA Project Officer.



Overview

- Introduction to the Catalyst Center
- Who are immigrant children?
- Pathways to health insurance for children & youth with special health care needs from immigrant families
 - Undocumented
 - Legally residing
- Provisions of the ACA that work to reduce health disparities
 - Medicaid Expansion
 - Navigators
 - National Health Services Act

The Catalyst Center

www.catalystctr.org

Healthy People 2010

Goal: Increase the proportion of territories and states that have service systems for CSHCN

Family participation/
satisfaction

Medical home

Early and continuous screening



Adequate insurance

Community-based services

Transition to adult life

You are here:
Catalyst Center

CATALYST
CENTER





CYSHCN

“those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally”



McPherson M, Arango P, Fox H, et al. “A new definition of children with special health care needs”, *Pediatrics*, 1998; 102: 137-140

Catalyst Center activities include:

- **Providing technical assistance** on health care financing policy and practice
- **Conducting policy research** to identify and evaluate financing innovations
- **Creating resources** (educational products like policy briefs, tutorials, and webinars)
- **Connecting those interested in working together** to address complex financing issues



Catalyst Center activities don't include:

- Individualized benefits counseling

Family Resources

Are you looking for help with your child's health insurance coverage?

We apologize that we cannot offer direct benefits counseling or advocacy to individuals. However, one or more of the organizations and resources listed below may be able to help you.

Click on the state abbreviation to view state resources:

[AL](#) | [AK](#) | [AZ](#) | [AR](#) | [CA](#) | [CO](#) | [CT](#) | [DE](#) | [DC](#) | [FL](#) | [GA](#) | [HI](#) | [ID](#) | [IL](#) | [IN](#) | [IA](#) | [KS](#) | [KY](#) | [LA](#) | [ME](#) | [MD](#) | [MA](#) | [MI](#) | [MN](#) | [MS](#) | [MO](#) | [MT](#) | [NE](#) | [NV](#) | [NH](#) | [NJ](#) | [NM](#) | [NY](#) | [NC](#) | [ND](#) | [OH](#) | [OK](#) | [OR](#) | [PA](#) | [PR](#) | [RI](#) | [SC](#) | [SD](#) | [TN](#) | [TX](#) | [UT](#) | [VT](#) | [VA](#) | [WA](#) | [WV](#) | [WI](#) | [WY](#) | [General resources](#)

<http://www.hdwg.org/catalyst/resources>



Who are Immigrant Children?

- AAP Policy Statement: May 6, 2013
- *“Providing Care for Immigrant, Migrant, and Border Children”*
- Immigrant Children
 - Children who are foreign-born, or
 - Children born in the U.S. who live with at least 1 parent who is foreign-born

<http://pediatrics.aappublications.org/content/131/6/e2028.full.pdf+html>



Demographics

- ~ 18.4 million immigrant children in U.S.
- 89% are U.S. citizens
- 6 million live with at least one non-citizen parent
- Health challenges
 - Language barriers
 - Poverty → impacts physical and mental health
 - Uninsured → no usual source of care
 - Asthma
 - Oral health problems
 - Undiagnosed congenital anomalies

CSHCN in Immigrant Families

- CSHCN in Immigrant families vs non-immigrant families (U.S. born parents)
 - More likely to be uninsured (10.4% vs. 4.8%)
 - More likely to lack a usual source of care
 - Less likely to use ER
 - More likely to be in fair or poor health
- CSHCN in undocumented vs documented families
 - Delay in filling prescriptions
 - No doctor visits in past year
 - poorer health status



Insurance Status of Immigrant Children

- Overall
 - 6.6% of citizen children with citizen parents are uninsured
 - 13.5% of citizen children with at least one non-citizen parent are uninsured
- Employer-sponsored Insurance (ESI)
 - 53.1% of citizen children have ESI
 - 26.5% of non-citizen children have ESI
- Individual Private Health Plans



Medicaid & CHIP

- Medicaid/CHIP enrollment for eligible children
 - 86% of citizen children with citizen parents
 - 83% of citizen children with non-citizen parent(s)
 - 76% of non-citizen children with non-citizen parent(s)



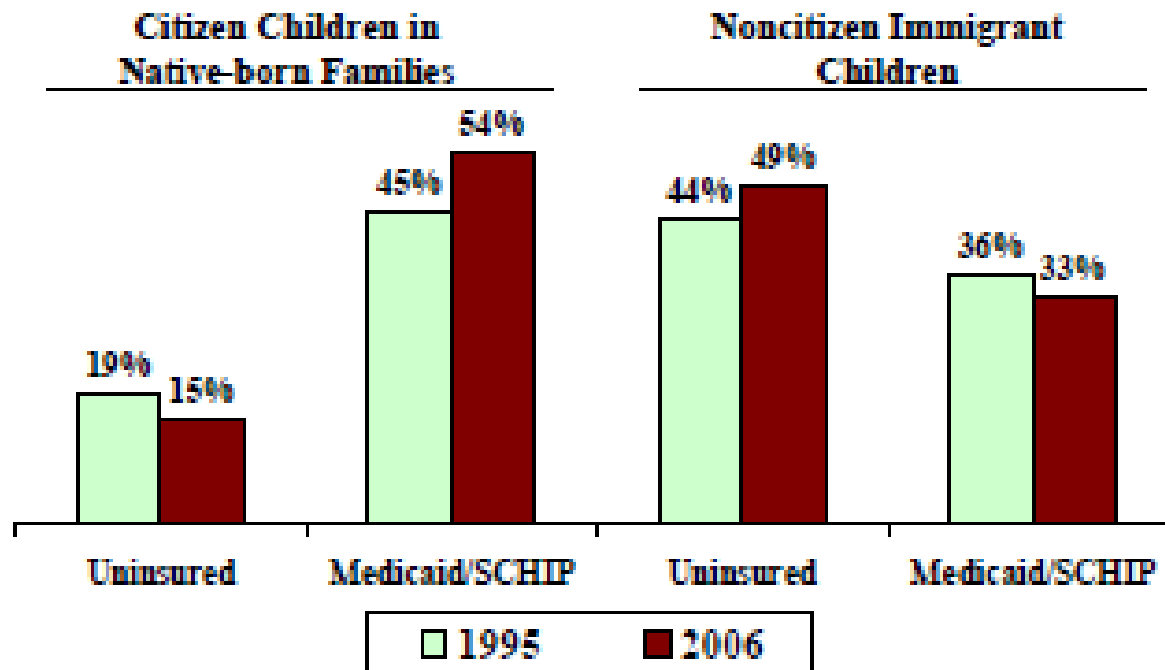
Eligible but Unenrolled

- Public Charge – issue for parents on path to citizenship
- Public benefits exempt from “public charge”
 - Medicaid
 - CHIP
- If undocumented, fear of deportation



PRWORA

Figure 2: Low-income Citizen Children Gained Health Coverage, While Immigrant Children Lost Ground



Source: Analyses of Current Population Survey

http://sphhs.gwu.edu/departments/healthpolicy/CHPR/downloads/SCHIP-MedicaidDoc_01-14-2009.pdf

ICHIA

- Immigrant Children's Health Improvement Act (ICHIA)
- Lifted 5 year ban for Medicaid & CHIP for non-citizen children & pregnant women who are lawfully residing in the U.S.
 - Lawful permanent residents (LPRs) – green card
 - Refugees
 - Persons granted asylum
 - Persons granted withholding of deportation
 - Cuban/Haitian entrants
 - Persons paroled into the United States for at least one year
 - Certain battered spouses and children
 - Victims of severe form of trafficking

ICHIA

- State option to provide Medicaid and/or CHIP
 - Just to children (0 – 21 for Medicaid; 0 – 19 for CHIP)
 - Just to pregnant women
 - To both
- Must meet state residency requirements
- Must meet state's income eligibility
- Continues to exclude immigrants who are undocumented
- <http://ccf.georgetown.edu/facts-statistics/medicaid-chip-programs/>

Medical Assistance Programs for Immigrants in Various States

| | |
|----------------------|--|
| Iowa | Lawfully residing children. ¹ |
| Louisiana | Prenatal care is available regardless of status. ² |
| Maine | Lawfully residing children and pregnant women. ¹ |
| Maryland | Lawfully residing immigrant children and pregnant women. ¹ |
| Massachusetts | <p>“Qualified” or PRUCOL seniors and persons with disabilities up to 100% fpl (excludes long-term care). “Qualified” or PRUCOL immigrant children are eligible up to 300% fpl.¹ “Qualified” or PRUCOL pregnant women get full-scope services.¹</p> <p>All children, regardless of immigration status or income, are eligible for primary and preventive care through the Children's Medical Security Plan.</p> <p>Prenatal care is available regardless of immigration status.²</p> <p>“Qualified” immigrants and PRUCOLs not described above, earning up to 300% fpl, are eligible for Commonwealth Care, which provides comprehensive coverage comparable to private insurance but without long term nursing home care.</p> |

National Immigration Law Center

www.nilc.org/document.html?id=159

States Expansion of Coverage

| State | Did the state cover some categories of legally residing individuals with state-only funds before CHIPRA was enacted? ¹ | | Is the state covering legally residing immigrants under the new option? | | Effective Date of Coverage under The New Option |
|----------------------|---|-----------------------------------|---|--------------------------------------|---|
| | Children | Pregnant Women | Children | Pregnant Women | |
| Alaska | Yes | Yes | No | No | |
| Arkansas | No | Yes (CHIP unborn child option) | No | No | |
| California | Yes | Yes (CHIP unborn child option) | Yes (Medicaid and CHIP); approved | Yes (Medicaid and CHIP); approved | April 1, 2009 |
| Colorado | No | Yes | Yes ² | Yes ² | |
| Connecticut | Yes | Yes | Yes (Medicaid and CHIP); approved | Yes (Medicaid); approved | April 1, 2009 |
| Delaware | Yes | Yes | No | No | |
| District of Columbia | Yes | Yes | Yes (Medicaid); awaiting approval | Yes (Medicaid); awaiting approval | July 1, 2009 |

<http://familiesusa2.org/assets/pdfs/chipra/immigrant-coverage.pdf>



Medicaid Expansion

| | Children 6 – 19 | Childless Adults 19 - 64 |
|----------------------|--------------------|-----------------------------|
| Mandatory | Yes | No |
| Federal Match | FMAP or eFMAP | 100% → 90% |
| Benefits | Medicaid | Benchmark |



Medicaid Eligibility (%FPL): Separate CHIP Programs

| State/Age | 1-5 | 6 – 19 |
|-----------|-----|--------|
| AL | 133 | 100 |
| AZ | 133 | 100 |
| CO | 133 | 133 |
| GA | 133 | 100 |
| KS | 133 | 100 |
| MS | 133 | 100 |
| NV | 133 | 100 |
| OR | 133 | 100 |
| PA | 133 | 100 |
| TX | 133 | 100 |
| UT | 133 | 100 |
| WV | 133 | 100 |
| WY | 133 | 100 |



Medicaid Expansion for CYSHCN

- Research shows:
 - 17 – 25% of CHIP kids have SHCN
 - Excellent access to primary care
 - Difficulty obtaining therapies, mental health services, home health care
- Implications for CYSHCN, 6 - 19
 - Medicaid/EPSDT benefit
 - Unifies coverage options for families with children younger than 5 and older than 6
 - Reduces cost-sharing

Alternate Pathways to Medicaid for CYSHCN

| | Waiver | TEFRA | FOA |
|---------------|---|---------------|----------------|
| Level of care | Institutional | Institutional | SSI disability |
| Income level | Maybe | None | 300% FPL |
| Benefits | Medicaid + case mgmt, respite, home modifications | Medicaid | Medicaid |
| Authority | Waiver | State Plan | State Plan |
| Premiums | Optional/none | None | Generally Yes |
| Entitlement | No | Yes | Yes |

Adult Medicaid Expansion

- 19 -64, childless, non-disabled, not pregnant
- Lawfully residing in U.S. for at least 5 years
- Meet state residency requirements
- Income < 138% FPL
- Note: If born in the U.S.A. or naturalized, not subject to 5 year ban



Medicaid Expansion Decision (newly eligible) Young Adults with Special Health Care Needs

| | |
|---------------------------|--|
| Moving Forward | AR, CA, CO, CT, DE, D.C., HI, IL, IA, KT, MD, MA, MN, NV, NJ, NM, NY, ND, OR, RI, VT, WA, WV |
| Not Moving Forward | AL, AK, FL, GA, ID, KS, LA, MS, MO, MT, NE, NC, OK, SC, SD, TX, UT, VA, WI, WY |
| Debating | AZ, IN, ME, OH, PA, TN |

As of May 30, 2013

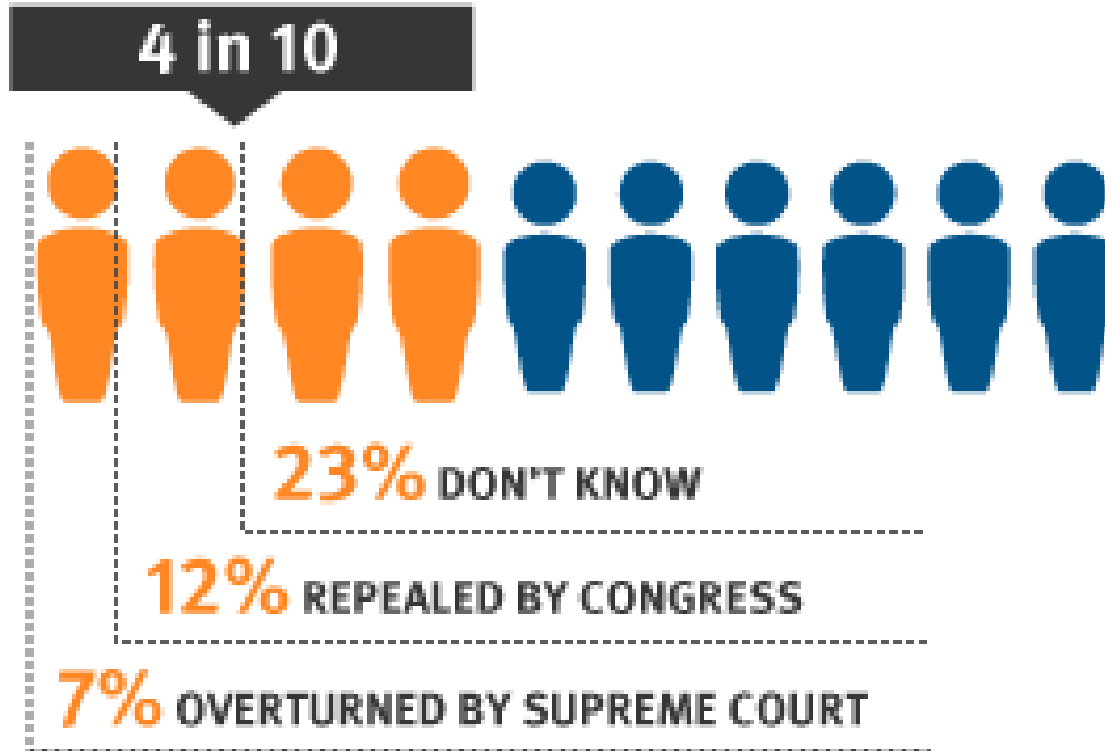
<http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/>

Marketplace Coverage

- Born in the U.S.A. or naturalized, and income $> 138\%$ FPL, and no option of affordable employer coverage
 - Income 100 – 400% FPL \rightarrow tax credits
 - Income 100 – 250% FPL \rightarrow cost-sharing subsidies and OOP limits in silver plan
- Lawfully present immigrants in U.S. < 5 yrs
 - Can purchase Marketplace coverage
 - Can receive tax credits and cost-sharing subsidies
- Undocumented
 - Prohibited from purchasing marketplace coverage, even if can pay full cost out-of-pocket



Kaiser Health Tracking Poll: April 2013



Marketplace Coverage for Immigrants

- ~ 7% of immigrants will purchase insurance in Marketplaces because they are in 5 year waiting period for Medicaid
- ~25% speak language other than English
- Essential to have culturally and linguistically competence materials in plain language to explain options
- <http://www.apiahf.org/policy-and-advocacy/health-care-reform-resource-center/in-language-resources>
- [http://www.apiahf.org/sites/default/files/ACATurns3%20Toolkit 0.pdf](http://www.apiahf.org/sites/default/files/ACATurns3%20Toolkit%200.pdf)

Types of Assistance

| | Navigators | In-person assistance personnel | Certified application counselor | Agents and Brokers |
|--|-------------------|---------------------------------------|--|----------------------------|
| State-based Marketplace | Yes | Optional for states | Yes | Optional for states |
| State Partnership Marketplace | Yes | Yes | Yes | Yes, if a state permits it |
| Federally-facilitated Marketplace | Yes | No | Yes | Yes, if a state permits it |



Health Insurance Marketplaces

| Type | States |
|--------------------|--|
| State-based | CA, CO, CT, D.C., HI, ID, KY, MD, MA, MN, NV, NM, NY, OR, RI, VT, WA |
| Partnership | AR, DE, IL, IA, MI, NH, WV |
| Federal | AL, AK, AZ, FL, GA, IN, KS, LA, ME, MS, MO, MT, NE, NJ, NC, ND, OH, OK, PA, SC, SD, TN, TX, UT, VA, WI, WY |

As of May 30, 2013

<http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/>

Deferred Action for Childhood Arrivals (DACA)

- Signed by President Obama 6/15/12
- Applies to young people in removal proceedings and those who are not
- Provides a “stay of deportation” without a pathway to lawful permanent residence
- Can be revoked at any time
- Not eligible for Medicaid, CHIP, or Marketplace coverage



Emergency Medicaid

- Created in 1986 as part of Emergency Medical Treatment and Labor Act
- Provides Medicaid for sudden, critical, acute medical emergencies - **regardless of citizenship or documentation status** – for uninsured with low income
- Does not cover chronic conditions
 - Example: won't pay for prenatal care, but does pay for delivery of baby
- Scope of services vary by state
 - Examples: NY covers chemo & radiation; NY, CA, NC provide outpatient dialysis



FQHCs

- Federally Qualified Health Centers provide:
 - Well care
 - Treatment when you're sick
 - Complete care for pregnant women
 - Immunizations and checkups for children
 - Dental care
 - Prescription drugs for your family
 - Mental health and substance abuse care if you need it
 - http://findahealthcenter.hrsa.gov/Search_HCC.aspx
- Regardless of ability to pay or immigration status



National Health Services Corps

- Funded through the Affordable Care Act (ACA)
- Goal – to strengthen & expand primary care workforce
- Increase access to primary care in health professional shortage areas
- nhsc.hrsa.gov



Safety Net Hospitals

- Provide care to individuals who
- Low income
- Uninsured
- Vulnerable populations



Guide to Immigrant Eligibility for ACA and Key Federal Means-tested Programs

| PROGRAM | LAWFUL PERMANENT RESIDENTS (age 18 and over) | LAWFUL PERMANENT RESIDENTS (under age 18) | LAWFUL PERMANENT RESIDENTS (pregnant women) | REFUGEES, ASYLEES, VICTIMS OF TRAFFICKING, OTHERS ¹ | LAWFULLY PRESENT INDIVIDUALS | UNDOCUMENTED IMMIGRANTS (including children and pregnant women) |
|--|---|---|---|--|--|--|
| | If entered the U.S. on or after August 22, 1996: | | | | | |
| ACA – Health Care Reform Subsidies (premium tax credits and cost-sharing reductions) | Eligible | Eligible | Eligible | Eligible | Eligible | Not eligible Also not eligible for full-priced health insurance in the Exchange marketplace |
| MEDICAID | Not eligible until after 5-year waiting period ² | State option ³ to provide without a 5-year waiting period ² | State option to provide without a 5-year waiting period ² | Eligible ⁴ | State option for children under 21 and pregnant women only | Eligible only for emergency Medicaid |
| CHIP | Not eligible until after 5-year waiting period | State option to provide without a 5-year waiting period | State option to provide without a 5-year waiting period | Eligible | State option for children under 21 and pregnant women | Not eligible |
| SSI | Not eligible until after 5-year waiting period <i>and</i> have credit for 40 quarters of work or meet another exception | Not eligible until after 5-year waiting period <i>and</i> have credit for 40 quarters of work or meet another exception | Not eligible until after 5-year waiting period <i>and</i> have credit for 40 quarters of work | Only eligible during first 7 years after status is granted | Not eligible | Not eligible |

January 29, 2013

www.nilc.org/document.html?id=844

What can you do to stay informed?

(The shameless plug portion of the presentation....)

- Sign up for Catalyst Center e-news
 - *Quarterly*, a quarterly e-newsletter
 - *Coverage*, bi-weekly roundup of news related to financing of care for CYSHCN
- Read our policy briefs, participate in webinars, etc.
- Ask us TA questions!
- Partner with advocacy/consumer groups – lend your voice and expertise to theirs
- Like us on Facebook





Acknowledgements

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Questions?

**Please type any questions or comments you have in
the question/comment box**

What did you think?

Thank you for participating in this webinar!
Your feedback is very valuable. Please take
a moment to complete this brief [survey](#)!



 Catalyst Center-
How can we help?

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