Affordable health care coverage in Alameda County is undergoing historic changes and expansion. In 2014, many people who were previously ineligible for public health coverage will become eligible for new or different programs.

Alameda County provides this guide for our community-based partners and providers who are assisting Alameda County residents with health care, whether it be through providing enrollment assistance or medical and mental health services.

We recognize that the many health care changes are difficult to understand and explain to clients who look to you, our community partners, to answer their questions. This guide is a resource that outlines the changes to Alameda County health care in 2014 in simple and transparent terms.

At the time of print, many questions about specific programs are still being answered. Although this guide represents the most accurate and current information available to date, many decisions are still being made at the federal and state level that may significantly impact the information provided in this guide. Alameda County will continue to make updates as new information becomes available.

This guide was created through collaboration among the Alameda County Interagency Children’s Policy Council, Social Services Agency, and Health Care Services Agency.

Sarah Yuen
Interagency Children’s Policy Council

Gabriela Tunzi
Social Services Agency

With contributors and editors from Alameda County Health Care Services Agency
Alameda County Social Services Agency
# Table Of Contents

## I. HEALTH CARE COVERAGE IN 2014 ................................................................. 3  
  What This Guide Covers ................................................................................. 4  
  Overview Of The Affordable Care Act (ACA) .................................................. 4  
  Changes To Health Care Coverage Across California .................................... 6  
  Health Care Coverage Options In Alameda County ....................................... 11  
  Determining Eligibility For Health Care Programs ....................................... 12  
  Eligibility Chart | Health Care In Alameda County: 2014 .............................. 13  

## II. COVERAGE, SERVICE ELIGIBILITY, AND PAYMENT ................................. 14  
  Medi-Cal ............................................................................................................ 15  
  Covered California ............................................................................................ 16  
  HealthPAC ........................................................................................................ 17  
  Kaiser Child Health Plan (CHP) ....................................................................... 18  
  Access For Infants And Mothers (AIM) ............................................................ 19  
  Medicare ............................................................................................................ 20  

## III. CONTEXT & INFORMATION ABOUT SPECIFIC POPULATIONS .................. 21  
  Aged Individuals ............................................................................................... 22  
  Children ............................................................................................................ 22  
  Disabled Individuals .......................................................................................... 23  
  Mental/Behavioral Health Consumers .............................................................. 23  
  Immigrants ........................................................................................................ 24  
  Refugees ........................................................................................................... 24  
  Homeless .......................................................................................................... 25  
  Persons With HIV/Aids ................................................................................... 25  
  Pregnant Women ............................................................................................... 25  

## IV. APPENDICES .................................................................................................... 26  
  Appendix A: How To Enroll In Health Coverage In Alameda County .............. 27  
  Appendix B: Individual Mandate Penalty (2014 And Beyond) ......................... 28  
  Appendix C: Contact Alameda County Social Services Agency ....................... 29  
  Appendix D: Healthpac: What Is Covered? ....................................................... 30  
  Appendix E: Kaiser Child Health Plan (CHP) Summary Of Eligibility Requirements, Benefits & Cost .......................................................... 31  
  Appendix F: Health Insurance Identification Cards ......................................... 32  
  Appendix G: Free Preventive Care Benefits ...................................................... 34  

## V. RESEARCH METHODS & COMMUNITY VOICES – BY SARAH YUEN ............ 36  
  Surveying Stakeholders .................................................................................... 36  
  Interviews ......................................................................................................... 38  
  Conclusions From Survey And Interviews ....................................................... 39  

## VI. NOTES & REFERENCE .................................................................................... 40
I. Health Care Coverage In 2014

What This Guide Covers ................................................................. 4
Overview Of The Affordable Care Act (ACA) .................................. 4
Changes To Health Care Coverage Across California ....................... 6
Health Care Coverage Options In Alameda County .............................. 11
Determining Eligibility For Health Care Programs ............................. 12
Eligibility Chart | Health Care In Alameda County: 2014 ................... 13
Minimum Essential Coverage

Beginning in January 2014, all health plans in the United States must cover these 10 essential health benefits:

1) Ambulatory patient services
2) Emergency services
3) Hospitalization
4) Maternity and newborn care
5) Mental health and substance use disorder services, including behavioral health treatment
6) Prescription drugs
7) Rehabilitative and habilitative services and devices
8) Laboratory services
9) Preventive and wellness services and chronic disease management
10) Pediatric services, including oral and vision care.

Did You Know?

Young adults can remain on their parents’ health insurance plans until the age of 26, even if they are married or no longer dependent on their parents.

Employers Must Offer Health Coverage

Employers with more than 50 full-time employees must offer employees a health insurance plan that pays for at least 60% of covered health care expenses for a typical population, AND, that isn’t more than 9.5% of the employee’s family income. Smaller employers (less than 50 full-time employees) are exempt, but can receive tax credits for offering health insurance plans to employees.¹

¹ See http://coveredca.com/small_businesses.html for more information on small business health coverage options.
**Individuals Must Obtain Coverage:**
**The “Individual Mandate”**

Beginning in January 2014, every individual, including children, must obtain health insurance with minimum essential coverage of services. There will be a penalty imposed upon individuals who have not obtained health insurance (See Appendix B). The penalty will increase each year and will be withheld from an individual’s federal income tax return.

**Exceptions to the Individual Mandate**

Some individuals may not be fined if they do not have health insurance. These include those who:

- Cannot find insurance that costs less than 8% of their household income
- Are undocumented immigrants
- Are Native Americans
- Object to health insurance on religious grounds
- Are incarcerated
- Have incomes below the threshold for filing a tax return

**New Rights and Protections**

The following new protections from the ACA began rolling out in 2010. All of the protections will be in place on January 1, 2014.²

- A selection of preventive care and women’s services are now free (See Appendix G).
- Group health plans cannot exclude enrollees under age 19 based on pre-existing conditions. For other plans, all pre-existing condition exclusions must be removed beginning in 2014.
- Insurers can no longer cancel coverage due to mistakes in forms, procedure, etc.
- Insurance companies must publicly justify any unreasonable rate increases.
- Insurance companies must spend at least 80% of the cost of consumers’ premiums on health care (not administrative costs).
- Individuals can seek emergency care at a hospital outside of their health plan’s network.
- Consumers have a right to ask their plan to reconsider when it denies payment for specific services.

---

Changes to Health Care Coverage Across California

This section explains how certain ACA requirements, specifically the establishment of a health insurance marketplace (an “exchange”) and related features, will be implemented in California.

The Exchange: Covered California

The ACA mandates that every state create a health insurance marketplace, otherwise known as an “exchange.” Exchanges are places where uninsured consumers can compare selected private health insurance plans in their area. The idea is to make it easier for the public to see the costs, benefits, and quality of each plan before purchasing one. California has decided to run its own exchange; some other states have decided to let the federal government run their exchanges.

Individuals and families eligible for exchange-based plans will enroll and manage their coverage through California’s exchange, known as Covered California. People can shop for plans that meet their needs and level of income using a comparison tool. Insurance companies on Covered California must offer Qualified Health Plans (QHPs) that provide minimum essential coverage. These QHPs vary according to the proportions of total health costs that an average person would pay.3

The levels of coverage for a QHP are Platinum, Gold, Silver, and Bronze.

- Platinum means that the insurance company will pay a greater proportion of health costs relative to other plans while the client pays a higher premium.
- Bronze, on the other hand, means that the insurance company would pay a smaller proportion of health care costs, while the client pays a lower premium.

Many different insurance companies are participating and competing in the marketplace, which keeps premiums and costs low for participants. The Covered California plans in Alameda County are:
- Alameda Alliance for Health
- Anthem Blue Cross
- Blue Shield
- Kaiser Permanente

Did You Know?

The open enrollment period for plans through Covered California is from October 1, 2013 to March 31, 2014.

Otherwise you must wait until the next period or a qualifying life event in order to enroll.

Covered California Eligibility & Enrollment

Covered California is open to all citizens and legal permanent residents who wish to enroll, if they are not already covered by other public, private, or employer-sponsored insurance.

Adults under the age of 30 who do not want to pay higher premiums for plans with more comprehensive coverage can enroll in a catastrophic health plan through Covered California, which will have low monthly premiums but less coverage.

Individuals and families can enroll in QHPs by phone, online, or by visiting a Certified Enrollment Entity, such as an Alameda County Social Services Agency office (see page 9 for full list of eligible entities).

3 Covered California website: www.CoveredCA.com
**Enrollment Online:**
**www.CoveredCA.com**

When a client logs onto the Covered California website and completes their secure identification information, Covered California will then show a selection of customized plans that are available to the client based on age, income, and location.

When an application is completed through Covered California, there may be enough information to determine preliminary eligibility for other assistance programs (i.e., CalFresh or CalWORKs). If an applicant appears eligible for another program, they will be referred to the appropriate county agency for a final eligibility determination and enrollment into those other programs.

**Behind the Scenes: CalHEERS**

Covered California created a new electronic database system to manage enrollment information.

CalHEERS (California Health Eligibility Enrollment and Retention System) maintains all client records for Covered California plan enrollees and communicates with other databases that contain information on client income and eligibility for other programs (e.g., the Internal Revenue Service (IRS) and the Social Security Administration). CalHEERS is designed to utilize information from other county, state, and national databases that contain client identification, tax, and citizenship information.

**Enrollment by Phone:**
**Customer Service Call Center**

One new system to assist in enrolling people in Covered California QHPs is the Covered California Customer Service Call Center. These Centers will field enrollment, eligibility, and case management calls. Covered California will begin enrollment on October 1, 2013. Consumers can contact Covered CA at 1-888-975-1142. Calls will be answered by one of the three new state call centers in California: Concord (Contra Costa), Fresno, and Rancho Cordova (Sacramento).

When Covered California Customer Service Center agents receive a call, they will ask basic questions in order to conduct a “quick sort” for enrollment eligibility:

- Number of people in the family?
- Anyone seeking coverage who is under age 19?
- Anyone seeking coverage who is pregnant?
- Anyone seeking coverage who is elderly or disabled?
- Annual income?

If a caller appears to be potentially eligible for Medi-Cal (California’s low-income health care program; see page 11) through the “quick sort,” the caller will be transferred to a local county-based and county-staffed customer service call center to do a Medi-Cal eligibility determination.

Covered California will also perform case management of those enrolled in Covered California health care plans, including manage callers who are calling about their Advanced Premium Tax Credits (APTC) or Cost-Sharing Reductions.
Advanced Premium Tax Credits (APTC) & the Reconciliation Process

Low- to middle-income individuals and families (between 138% and 400% of the Federal Poverty Level [FPL]) that enroll in plans through Covered California may be eligible for federal subsidies, or Advanced Premium Tax Credits (APTC), for their health care coverage. These tax credits are assessed on an income-based sliding scale when they receive insurance through Covered California. APTC will lower the amount individuals will pay towards their monthly premiums.

Individuals and families have the option of receiving their tax credits upfront each month to pay for the premium, or receiving their credit when they file their taxes at the end of the year. If they choose to take the upfront monthly credit, this money will go directly from the federal government to the health insurer to pay a portion of their premium. If they choose to receive the tax credit at the end of the year, the federal government will send the tax credit to the individual/family in a lump sum, similar to how they send tax refunds.

The upfront monthly tax credit amount will be a projected estimate based on the income documents that the individual provided from the past year.

The estimation of income is based on:

- Current income (from the IRS)
- Expected change in income (must be reported to the Exchange)

At the end of the year, Covered California will conduct a reconciliation process that may require repayment if the subsidy given was based on incorrectly estimated income for that year.

Cost-Sharing Reductions

Individuals or families with income between 100% and 250% FPL may also be eligible for cost-sharing reductions, which allow them to enroll in a plan with lower out-of-pocket costs. To access these savings, an eligible individual or family must enroll in a Silver Plan through Covered California. (The lower out-of-pocket costs are reflected in the Silver Plan cost calculators available through Covered California.) The exact amount of out-of-pocket support provided will depend on the income of the individual or family enrolling in the plan.

Individuals and families do not have to keep track of any cost-sharing reductions, or submit paperwork for reimbursement.

Like the premium tax credits, the cost-sharing reductions are paid directly to the health insurance plan by the federal government. However, unlike the premium tax credits, for cost-sharing reductions there is no reconciliation requirement at the end of the tax year, even if individual or family income changes during the year.

---

Certified Enrollment Entities (CEEs)

Certified Enrollment Entities (CEEs) are organizations that provide education, outreach, and enrollment assistance to consumers, and help them apply for and maintain coverage. There are two types of CEE programs – In-Person Assistance (IPA), also called Certified Enrollment Counselors, and the Navigator Program.5

Eligible Covered California Certified Enrollment Entities include but are not limited to:

- American Indian Tribe/Tribal Organizations
- Chambers of Commerce
- City Government Agency
- Community Clinics
- Community Colleges and Universities
- Faith-Based Organizations
- Labor Unions
- Non-Profit Community Organizations
- Ranching and farming organizations
- Resource partners of Small Businesses
- School Districts
- Tax Preparers
- Trade, industry, professional organizations

What does that mean?

Certified Enrollment Entities provide in-person assistance, education, and outreach, as well as developing retention and enrollment strategies to reach people who are uninsured.

Organizations must apply to become certified entities. All entities are trained and registered to provide in-person assistance. Selection will be based on an organization’s strategy for enrolling eligible and currently uninsured individuals in coverage, educating individuals on the types of subsidized and non-subsidized health plans, and encouraging individuals to retain insurance.

Certain CEEs, mostly insurance agents, are compensated through the types of plans that the individuals they assist enroll in. Other entities, such as community clinics, are eligible to receive compensation for enrollment per person enrolled.

Certified Enrollment Counselors and the Navigator Program

There are some key differences between how Certified Enrollment Counselors (also known as IPAs) and the Navigator Program function and receive compensation.

Differences in roles and responsibilities for IPAs and the Navigator Program are:

- Navigators conduct broader public education activities to raise awareness about Covered California, the Qualified Health Plans, and associated policies and opportunities. Navigators are compensated through a grant.
- IPAs are compensated per successful application or per successful renewal.

5 See https://assisters.ccgrantsandassisters.org/ to apply to be a Certified Enrollment Entity through Covered California.
Below are charts outlining the key differences between In-Person Assistance and the Navigator Program

Exhibit A: Differences in Roles & Responsibilities between the In-Person Assistance Program & the Navigator Program

<table>
<thead>
<tr>
<th>Roles &amp; Responsibilities:</th>
<th>In-Person Assistance Program</th>
<th>Navigator Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct public education activities to raise awareness of the availability of Covered California products</td>
<td>...</td>
<td>X</td>
</tr>
<tr>
<td>2. Distribute fair and impartial information concerning enrollment into qualified health plans</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3. Facilitate enrollment into qualified health plan available through Covered California</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. Provide referrals to Consumer Assistance Programs</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5. Provide information that are culturally and linguistically appropriate</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Source: Covered California “Assisters Program: In-Person Assistance And Navigator Stakeholder Webinar” March 14, 2013

Exhibit B: Differences in Funding & Timeline between the In-Person Assistance Program & Navigator Program

<table>
<thead>
<tr>
<th></th>
<th>In-Person Assistance Program</th>
<th>Navigator Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Source</td>
<td>Level 2 - Initial Application Operating Costs/Self-Sustainability Funds - Renewals</td>
<td>Operating Costs (e.g., self-sustainability funds)</td>
</tr>
<tr>
<td>Compensation</td>
<td>Fee-for-enrollment program providing application assistance payment for application resulting in successful Covered California initial enrollment or renewal</td>
<td>Grant-based program performance-based block funding based on grantees’ Covered California QHP enrollment targets</td>
</tr>
<tr>
<td>Payment Method</td>
<td>“Flat Fee Basis” Per Successful Application ($58) Per Successful Annual Renewal ($25)</td>
<td>Grant Program</td>
</tr>
<tr>
<td>Implementation Timeline</td>
<td>Occurs Before Open Enrollment (pre-October 2013)</td>
<td>Occurs After Open Enrollment (December 2013) *</td>
</tr>
</tbody>
</table>

* The Navigator Program has been delayed until June 2014.

Source: Covered California “Assisters Program: In-Person Assistance And Navigator Stakeholder Webinar” March 14, 2013
Health Care Coverage Options in Alameda County

There will be many changes to health care and publicly subsidized health care programs in 2014. This section explains the eligibility changes to existing Alameda County programs as well as new eligibility rules under health care reform.

Medi-Cal

Medi-Cal is California’s federally funded low-income health program. Beginning in January 2014, Medi-Cal will be expanded to include income-eligible childless, non-disabled adults. Eligibility for Medi-Cal will be calculated in two ways, but the program will remain the same:

1. **Modified Adjusted Gross Income (MAGI)** is a method of calculating income based on IRS tax records. Using the MAGI method eliminates a separate asset test. Populations evaluated under this methodology include:
   - Low-income children, ages 0-19, NOT considered eligible for Medi-Cal through participation in foster care, adoption assistance, CalWORKS, and Supplemental Security Income (SSI) programs.
   - Childless, non-disabled adults, ages 19-64, up to 138% FPL.
   - Parents or adult caretakers of a child who qualifies for Medi-Cal.
   - Pregnant women (women up to 138% FPL receive full-scope, no-cost Medi-Cal, while those between 138% FPL and 200% FPL are eligible for pregnancy services).

2. Populations not using the MAGI methodology include those who qualify for Medi-Cal automatically through enrollment in other programs such as: foster care, adoption assistance, CalWORKS, and SSI. These programs, with the exception of foster care and adoption assistance, require an asset test. The income guidelines are usually below 133% FPL.

HealthPAC

HealthPAC, the Health Program of Alameda County, provides affordable health care to low-income, uninsured people living in Alameda County, through an approved network of local health care clinics and facilities. In 2014, this program will still be available to Alameda County residents under 200% FPL who will not be eligible for health care after the ACA expansions go into effect.

---

6 The asset test looks at family resources, such as checking accounts, savings accounts, and other property. The asset limits are $2000 for an individual and $3000 for a couple.
7 Income limits are up to 138% FPL; families with incomes higher than this may have a Share of Cost. Families with incomes higher than 250% are ineligible for certain Medi-Cal Programs. See [Footnote 4 for 2013 FPL Guidelines](http://www.acgov.org/health/documents/HealthPACbrochure-en.pdf).
8 California is still debating if pregnant women above 138% FPL can receive full-scope coverage through Covered California, with state assistance. Details to be determined.
9 Updated as of September 11, 2013.
Determining Eligibility for Health Care Programs

Eligibility for public health care programs is generally based on income, age, residency status, family size, and other situations such as pregnancy and disability.

Alameda County has created a comprehensive chart that shows eligibility for health care plans and programs in 2014. Use this tool to determine which plans clients are eligible for.

How to Use This Chart

The 2014 Eligibility Chart for health care programs in Alameda County is intended to make it easier to determine client eligibility for various programs. Begin by looking at the age of the client, and if he/she has any special status (e.g., disabled, pregnant). Next, look at their residency status and then estimate the household/family income. Use this information to determine which health care program the individual is likely to be eligible for.

Note: Legal Permanent Residents (LPRs) with less than 5 years residency may be treated differently in 2014. Previously, LPRs with less than 5 years residency were eligible for state-only funded Medi-Cal if they met all other eligibility requirements for the program. Beginning in January 2014, this will change.

- LPRs with less than 5 years residency and **without Medi-Cal eligible children** are eligible for Covered California if they do not have private insurance, even if they are below 138% FPL. The state will pay their premium costs and cost-sharing reductions, as well as for any Medi-Cal benefits not offered through their Covered California plan. State-only Medi-Cal benefits will be available to recent legal immigrants who cannot enroll in Covered California because it is outside of open enrollment.

- Recent legal immigrants **with Medi-Cal eligible children** will continue to remain eligible for state-only Medi-Cal benefits. This information is subject to change as specific rules come forward.

Expanded Program & Population Information

For more information on health care plans, including information on enrollment, coverage, payment, contact, and follow-up, see **Section II: Coverage, Service Eligibility, and Payment**.

For more information on specific populations and a description of the programs related to health and health access that clients may be eligible for, see **Section III: Context and Information for Specific Populations**.
## Eligibility Chart | Health Care in Alameda County: 2014

**Version as of September 11, 2013**

For Provider Enrollment Questions, Contact healthreform@acgov.org

### Status

**Child** Age 0-18

<table>
<thead>
<tr>
<th>Residency</th>
<th>Income</th>
<th>Healthcare Eligibility in 2014</th>
<th>What Will I Have to Pay for Covered Services?</th>
<th>Who Do I Contact for Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizen/LPR &gt;5 years*</td>
<td>Linked to CalWORKS, SSI, or Adoptions</td>
<td>Medi-Cal</td>
<td>No cost Medi-Cal</td>
<td>HealthPAC</td>
</tr>
<tr>
<td>0 - 250% FPL</td>
<td>Medi-Cal</td>
<td>0 - 138% FPL: no cost &gt;138 – 250%: costs depend on age of children and income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;250-300% FPL</td>
<td>Medi-Cal for Access for Infants and Mothers (AIM) linked infants, ages 0-2</td>
<td>No cost Medi-Cal for these AIM-linked infants, ages 0-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 250% FPL</td>
<td>Exchange or Private/Employer Health Insurance</td>
<td>Exchange/Private Premium &amp; Plan Rates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 300% FPL</td>
<td>Kaiser Child Health Plan (CHP) may be available if child is denied full-scope (no-cost) Medi-Cal. May be available to undocumented children.</td>
<td>May be $8 or $15 per child, per month - depends on income.</td>
<td>Kaiser Permanent.</td>
<td></td>
</tr>
</tbody>
</table>

**County Resident (Undocumented)** 0 - 200% FPL

- HealthPAC & Emergency/Restricted Medi-Cal 1

- HealthPAC co-pays depend on income

- Emergency/Restricted Medi-Cal eligibility depends on age of children and income. Details for 2014 eligibility still TBD.

**Foster Child/Youth** Age 0-26 Citizen/LPR >5 years*

<table>
<thead>
<tr>
<th>Residency</th>
<th>Income</th>
<th>Healthcare Eligibility in 2014</th>
<th>What Will I Have to Pay for Covered Services?</th>
<th>Who Do I Contact for Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linked to Foster Care</td>
<td>Linked to Foster Care</td>
<td>Medi-Cal</td>
<td>0 - 138% FPL: no cost &gt;138 – 250%: costs depend on age of children and income</td>
<td>HealthPAC</td>
</tr>
</tbody>
</table>

**Adult** Age 19-65

<table>
<thead>
<tr>
<th>Residency</th>
<th>Income</th>
<th>Healthcare Eligibility in 2014</th>
<th>What Will I Have to Pay for Covered Services?</th>
<th>Who Do I Contact for Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizen/LPR &gt;5 years*</td>
<td>Linked to CalWORKS, SSI, or Adoptions</td>
<td>Medi-Cal (parents &amp; non-parents)</td>
<td>No cost Medi-Cal</td>
<td>HealthPAC</td>
</tr>
<tr>
<td>0 - 138% FPL</td>
<td>Medi-Cal</td>
<td>0 - 138% FPL: no cost &gt;138 – 250%: costs depend on age of children and income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;138 - 400% FPL</td>
<td>Exchange with subsidy (sliding scale by need) or private/employer health insurance</td>
<td>Exchange Plan Rates with Tax Credit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;400% FPL</td>
<td>Exchange or Private/Employer Health Insurance</td>
<td>Exchange/Private Premium &amp; Plan Rates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**County Resident (Undocumented)** 0 - 138% FPL

- HealthPAC & Emergency/Restricted Medi-Cal 1

- HealthPAC co-pays depend on income

**Pregnant**

<table>
<thead>
<tr>
<th>Residency</th>
<th>Income</th>
<th>Healthcare Eligibility in 2014</th>
<th>What Will I Have to Pay for Covered Services?</th>
<th>Who Do I Contact for Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizen/LPR &gt;5 years*</td>
<td>Linked to CalWORKS, SSI, or Adoptions</td>
<td>Medi-Cal</td>
<td>No cost Medi-Cal</td>
<td>HealthPAC</td>
</tr>
<tr>
<td>0 - 138% FPL</td>
<td>Medi-Cal</td>
<td>0 - 138% FPL: no cost &gt;138 – 250%: costs depend on age of children and income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;138 - 200% FPL</td>
<td>No cost Medi-Cal for Pregnancy Services Only</td>
<td>TBD if eligible for full-scope coverage on the Exchange</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;200% - ~300% FPL</td>
<td>AIM (for Mothers)</td>
<td>~1.5% of household income</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disabled** Age 19-65

<table>
<thead>
<tr>
<th>Residency</th>
<th>Income</th>
<th>Healthcare Eligibility in 2014</th>
<th>What Will I Have to Pay for Covered Services?</th>
<th>Who Do I Contact for Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizen/LPR &gt;5 years*</td>
<td>Linked to CalWORKS, SSI, or Adoptions</td>
<td>Medi-Cal</td>
<td>No cost Medi-Cal</td>
<td>HealthPAC</td>
</tr>
<tr>
<td>0-100+ % FPL</td>
<td>Medicare (if on SSDI for 2 years) &amp; Medi-Cal</td>
<td>Depends on income; Possible Share of Cost if over 100% FPL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Aged** Age 65+

<table>
<thead>
<tr>
<th>Residency</th>
<th>Income</th>
<th>Healthcare Eligibility in 2014</th>
<th>What Will I Have to Pay for Covered Services?</th>
<th>Who Do I Contact for Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizen/LPR &gt;5 years*</td>
<td>Linked to CalWORKS, SSI, or Adoptions</td>
<td>Medicare only</td>
<td>Medicare - depends on earnings</td>
<td></td>
</tr>
<tr>
<td>0-100+ % FPL</td>
<td>Medicare &amp; Medi-Cal (Dual)</td>
<td>Depends on income; Share of Cost if over 100% FPL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SS/SSP</td>
<td>Medicare only</td>
<td>Medicare - depends on earnings</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Legal Permanent Residents (LPRs) with Less than 5 years Residency**

<table>
<thead>
<tr>
<th>Residency</th>
<th>Income</th>
<th>Healthcare Eligibility in 2014</th>
<th>What Will I Have to Pay for Covered Services?</th>
<th>Who Do I Contact for Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-138% FPL</td>
<td>* As of legislation passed in June 2013, recent legal immigrants (LPRs with &lt; 5 years residency) without children who are otherwise eligible for Medi-Cal will instead enroll in a Covered California plan and the state will cover their premium costs, cost-sharing, and any Medi-Cal benefits not offered through their plan. If a recent immigrant without children misses the open-enrollment, they will be eligible for state-only Medi-Cal. Recent legal immigrants with Medi-Cal eligible children will still be eligible for state-only Medi-Cal (same as current policy). This information is subject to change as additional rules become available.</td>
<td>No cost Medi-Cal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;138% - 250+ % FPL</td>
<td>Medi-Cal</td>
<td>No cost Medi-Cal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Refugee**

<table>
<thead>
<tr>
<th>Residency</th>
<th>Income</th>
<th>Healthcare Eligibility in 2014</th>
<th>What Will I Have to Pay for Covered Services?</th>
<th>Who Do I Contact for Enrollment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any</td>
<td>Linked to Foster Care</td>
<td>Medi-Cal</td>
<td>No cost Medi-Cal</td>
<td>HealthPAC</td>
</tr>
</tbody>
</table>

## Contact Information

**Alameda County Social Services**
- Walk-in, Call, or Online

**Covered CA / Exchange**
- Call or Online

**HealthPAC**
- HealthPAC

**Kaiser Child Health Plan**
- Call for screening info

**AIM**
- Call, Mail, or Online

**Medicare**
- Walk-in, Call, or Online
II. Coverage, Service Eligibility, and Payment

This section provides additional information on each of the health insurance programs listed in the Eligibility Chart: Health Care in Alameda County, 2014 (page 13). Each program has its own page that can be a quick resource for community partners to get basic information. The sections briefly describe how and where to go to enroll, what services are provided under the program, what to expect after applying, and general cost information.

Medi-Cal ................................................................. 15
Covered California ......................................................... 16
HealthPAC .................................................................. 17
Kaiser Child Health Plan (CHP) ......................................... 18
Access For Infants And Mothers (AIM) ............................... 19
Medicare .................................................................. 20
**Medi-Cal**

Medi-Cal is California’s public health insurance program for low-income individuals who are not covered under private or employer-sponsored insurance plans. Alameda County Medi-Cal recipients have a choice between two Medi-Cal Managed Care plans: Alameda Alliance for Health or Blue Cross.

### How & Where To Apply

- Apply in-person at an Alameda County Social Services Agency Office. See Appendix C: Contact Alameda County Social Services Agency.
- Call 510-COVER-US to request that a Medi-Cal application be mailed to you at home, or to start an application over the phone.
- Check your eligibility and/or apply though Benefits CalWIN at: www.mybenefitscalwin.org
- Apply at a community-based health clinic or other community-based Certified Enrollment Entity (locations to be provided when known).
- Call Health Care Services’ Health Insurance Technician Unit at 1-800-422-9495 for enrollment assistance and to find an enrollment location.
- Mental Health clients may call the Behavioral Health Care Health Insurance Technician Help Desk at 1-888-346-0605 to find a county mental health clinic, or visit the Alameda County Healthcare website at: www.achealthcare.org
- Log in online to Covered California at: www.CoveredCA.com
- Foster youth, adoption assistance recipients, SSI recipients, and other Medi-Cal linked program participants, should contact their case worker in order to enroll or verify enrollment in Medi-Cal.

### What You’re Eligible For

- Doctor Services
- Hospital Care
- Emergency Services
- Lab Work
- Approved Prescriptions
- Dental Care
- Vision and Hearing Care
- Mental Health
- Preventive Care, CHDP Examinations, and Vaccinations
- Pregnancy Care
- Family Planning
- STD Tests and Treatment

### What to Expect After Applying

After applying, you will be able to choose one of two Managed Care Health Plans through Health Care Options: Alameda Alliance for Health or Blue Cross, then choose a doctor or location as your Primary Care Provider. After April 2014, you will be able to choose a Managed Care plan as a part of the application process.

When you apply, if you are approved for Medi-Cal and you have not received Medi-Cal in the past, the Department of Health Care Services will mail you a temporary Medi-Cal Beneficiary Identification Card (BIC). If you are approved and had Medi-Cal in the past, your BIC will be reactivated. You may discard the temporary Medi-Cal card upon receiving a permanent card from the managed care plan.

### What You Pay

- No Cost if below 138% FPL.
- May have Share of Cost if above 138% FPL.
- If your income is above 250% FPL, you may be ineligible for certain Medi-Cal programs (i.e., Targeted Low-Income Children’s Program; Working Disabled).
Covered California

Individuals and families eligible for Covered California will enroll and manage their coverage through California’s health insurance exchange called Covered California. People can shop for plans that are right for their income and their needs using a comparison tool. Open Enrollment for Covered California is from October 1, 2013 through March 31, 2014. Consumers must enroll in a plan by December 15, 2013 for a January 1, 2014 plan start date. Enrollment after December 15 will delay plan start dates. After 2013, open enrollment will be October 1 through December 15 for the following January 1 start date.

**How & Where To Apply**
- Log in online to Covered California at: www.CoveredCA.com
- Call the Covered California state call center at 1-888-975-1142.
- Go to a Certified Enrollment Entity (locations to be updated when known).

**What You’re Eligible For**
Minimum Essential Coverage through Qualified Health Plans. This includes the 10 essential health benefits listed in **Section I:**

1) Ambulatory patient services
2) Emergency services
3) Hospitalization
4) Maternity and newborn care
5) Mental health and substance use disorder services, including behavioral health treatment
6) Prescription drugs
7) Rehabilitative and habilitative services and devices
8) Laboratory services
9) Preventive and wellness services and chronic disease management
10) Pediatric services, including oral and vision care.

Other coverage options through Qualified Health Plans may also be available.

**What to Expect After Applying**
Your enrollment in the exchange will be handled by Covered California. Applicants will create a user account. With your login name and password you will be able to track your enrollment through the website or by calling Covered California directly.

**What You Pay**
Premiums and co-pays will vary according to theQualified Health Plan selected through Covered California.
HealthPAC

HealthPAC is a coverage program that covers the cost of medical services within a limited network for low-income Alameda County residents who do not qualify for full-scope, no-cost Medi-Cal. You do not need to be a citizen to receive health services through HealthPAC. Some of the individuals who enroll in HealthPAC before December 31, 2013 will be eligible for Medi-Cal or Covered California on January 1, 2014. Some details about HealthPAC are not fully finalized for 2014.

How & Where To Apply
- Health clinics and community-based locations Alameda County that can enroll residents in the HealthPAC program. Locate a clinic at: http://achealthcare.org/health-insurance-info/low-income-coverage-options/screeningenrollment/
- Call the Health Insurance Technician Unit at 1-800-422-9495.

What You’re Eligible For
- Hospitalization services at Highland Hospital.
- Medical care services at the medical home you enroll in.
  See Appendix D: HealthPAC: What is Covered?

What to Expect After Applying
- All new HealthPAC participants will receive an ID card from their medical home.

What You Pay
- Co-pay; amount depends on income and household size.
Kaiser Child Health Plan (CHP)

The Kaiser Child Health Plan (CHP) is a low-cost private health insurance option for children who do not qualify for full-scope, no-cost Medi-Cal. Some details of the Kaiser Child Health Plan are not fully finalized for 2014. Current CHP beneficiaries will receive updates on the program in late 2013.

You must provide proof of denial for full-scope, no-cost Medi-Cal (or proof of enrollment in Restricted/Emergency Medi-Cal or Share of Cost Medi-Cal) in order to be eligible for the Kaiser Child Health Plan.

| How & Where To Apply | • Call the Health Insurance Technician Unit at 1-800-422-9495 to set up an enrollment appointment.  
|                      | • Visit the CHP website for enrollment information at: http://info.kaiserpermanente.org/html/child_health_plan  
|                      | • Visit an enrollment agency. Find a location at: http://info.kaiserpermanente.org/info_assets/child_health_plan/pdfs/2013_chp_assister_flyer_ncal.pdf |
| What You’re Eligible For | See Appendix E: Kaiser Child Health Plan Summary of Eligibility Requirements, Benefits & Cost |
| What to Expect After Applying | It may take at least 45 business days to process your application. You will receive a postcard confirming that Kaiser received your application. You may be asked to provide additional information to confirm your children’s eligibility.  
|                             | Recertification is required every 2 years for continued CHP membership. A few months before the 24th month of membership, you will be asked to complete a recertification application and submit updated proof of income. |
| What You Pay | Monthly premium of $8 or $15 per child depending on income Co-pay (Appendix E: Kaiser Child Health Plan Summary of Eligibility Requirements, Benefits & Cost) |
Access for Infants and Mothers (AIM)

Women between 200% and 300% FPL and residing in California may enroll in the AIM (Access for Infants and Mothers) program through her pregnancy and up to 60 days after birth. A mother’s enrollment in AIM will enroll her child in Healthy Families\(^\text{11}\) for that period of time (it is still to be determined whether and how these AIM-linked infants will enroll in Medi-Cal instead of Healthy Families in 2014).

<table>
<thead>
<tr>
<th>How &amp; Where To Apply</th>
<th>What You’re Eligible For</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Visit the AIM website at <a href="http://www.aim.ca.gov">www.aim.ca.gov</a> for information on how to enroll, eligibility, and a paper mail-in application. • Call 1-800-433-2611 for Enrollment Assistance. • Enrolling in AIM as a resident of Alameda County will enroll you in Anthem Blue Cross HMO, which will manage your plan post enrollment.</td>
<td>• Physician &amp; Professional Services • Preventive Care • Maternity Care • Hospital Services • Diagnostic X-ray and Laboratory Services • Prescription Drugs • Health Education Services • Emergency Health Care Services • Medical Transportation • Durable Medical Equipment (Appropriate for use in home) • Mental Health Care • Alcohol &amp; Drug Abuse Treatment • Skilled Nursing • Home Health Services • Blood &amp; Blood Products • Family Planning Services • Maternity Care • Serious Emotional Disturbance • Inpatient/Outpatient Alcohol &amp; Drug Abuse • Physical, Occupational, Speech Therapy • Home Health Care Services • Skilled Nursing Care</td>
</tr>
</tbody>
</table>

| What to Expect After Applying | Normal processing time for a complete application is 10 days. You will receive a letter from the AIM Program once enrolled. If the application is incomplete, you will receive a letter requesting the additional information needed and the processing time will be longer. You will receive an evidence of coverage booklet and an insurance card from the health plan you selected once enrolled in AIM. The effective date of coverage is 10 days after enrollment. |

| What You Pay | Cost is 1.5% of your total adjusted annual household income after income deductions (total cost, not monthly premium). |

\(^{11}\) Healthy Families is a low-cost insurance program that provides health, dental and vision coverage to children who do not have insurance and do not qualify for Medi-Cal. The Healthy Families program began transitioning to Medi-Cal in January 2013. It is still to be determined whether and how these AIM-linked infants will enroll in Medi-Cal instead of Healthy Families in 2014.
# Medicare

Medicare is the federal health insurance program for people age 65 and older and individuals with disabilities.

## How & Where To Apply

- You are eligible to enroll 3 months before you turn age 65. After that initial eligibility period, you can enroll between January 1st and March 31st of each year.
- If you’re automatically enrolled, you will receive your Medicare card in the mail 3 months before your 65th birthday or during the 25th month of disability.
- Apply online using the online application at: [http://www.socialsecurity.gov/medicareonly/](http://www.socialsecurity.gov/medicareonly/)
- Visit your local Social Security office. Find a location at: [https://secure.ssa.gov/ICON/main.jsp](https://secure.ssa.gov/ICON/main.jsp)

## What You’re Eligible For

Coverage for services depends on the plan you choose and which parts of Medicare you opt into. For more information visit [http://www.medicare.gov/your-medicare-costs/index.html](http://www.medicare.gov/your-medicare-costs/index.html)

## What to Expect After Applying

- For online and paper applications, check your enrollment status online at: [https://www.medicare.gov/find-a-plan/](https://www.medicare.gov/find-a-plan/)
- Coverage begins 1 month after you sign up and are determined eligible.
- Call Medicare at 1 (800) 633-4227

## What You Pay

Depends on the type of Medicare you are eligible for, and the plan you are enrolled in. Below is limited information on what Parts A, B, C and D cover.

- **Part A**: Hospital Insurance – Available to qualified people at no cost.
- **Part B**: Medical Insurance – Monthly premium
- **Part C**: Medicare Advantage Plans – Private contract under the plan that you select, which combines coverage for Part A & Part B
- **Part D**: Prescription Drug Plan – Premium, Co-pays, deductibles depending on income and specific plan chosen
III. Context & Information about Specific Populations

Although the ACA introduces sweeping changes for everyone, specific populations will be affected in many different ways. This section details other changes and other health-related programs that are applicable to individuals of the following categories.

Aged Individuals ................................................................. 22
Children ................................................................. 22
Disabled Individuals ......................................................... 23
Mental/Behavioral Health Consumers ......................................................... 23
Immigrants ................................................................. 24
Refugees ................................................................. 24
Homeless ................................................................. 25
Persons With HIV/AIDS ............................................................... 25
Pregnant Women ............................................................... 25
AGED INDIVIDUALS

Medicare
Medicare is the federal health insurance program for people age 65 and older. For more information on enrollment and eligibility see Section II: Coverage, Service Eligibility and Payment (Medicare).

The ACA expanded Medicare’s coverage of free preventive services, such as screenings for colon, prostate, and breast cancer.

Did You Know?
Individuals may be eligible for no-cost Medicare options if they, or their spouse, worked and paid Medicare taxes for at least 10 years, or 40 quarters.

Medicare Part D Prescription Drug Plan
The ACA has narrowed the gap in Medicare Part D prescription drug plan costs to make it more affordable. Previously, when a Medicare beneficiary entered the “donut hole” they became responsible for the total cost of a covered drug until they spent enough on medications to be considered “catastrophic,” after which point the prescription drug plan would again share the cost of the covered drug. As a result of the ACA, that coverage gap will be closed entirely by 2020. Aged individuals will still be responsible for 25 percent of their prescription drug costs.

Alliance CompleteCare
Alliance CompleteCare is a health plan for residents of Alameda County that combines Medicare, Medi-Cal and Part D prescription drug coverage with no premiums, deductibles, or co-pays, as well as dental and vision care.

Call 1(877) 585-7526 or visit their website at: http://www.alamedaalliance.org/visitors/health-plans/alliance-completecare/

Supplemental Security Income (SSI)
Supplemental Security Income is a federal cash assistance program for low-income, low-resource individuals. Aged individuals and/or couples are eligible for SSI if income is not greater than the current SSI monthly benefit in California ($886.40 for an individual/$1122 for a couple). Assets are limited to $2000 per individual, or $3000 for a couple. These individuals are automatically linked to Medi-Cal.

CHILDREN

Most low-income children are eligible for Medi-Cal. Families with higher incomes may have a share of cost.

Immigrant children who have not been Legal Permanent Residents for over 5 years may qualify for health care coverage through Medi-Cal, while their parents may qualify for health insurance through Covered California.

One option for children who do not qualify for Medi-Cal due to their family’s income/assets being too high is the Kaiser Child Health Plan (CHP), which is available through Kaiser as of September 11, 2013 at: http://info.kaiserpermanente.org/html/child_health_plan/eligibility.html. Eligibility requirements for CHP can be found in Appendix E: Kaiser Child Health Plan: Summary of Eligibility Requirements, Benefits & Cost.

Foster youth are now eligible for Medi-Cal until the age of 26. Adoption Assistance recipients are eligible for Medi-Cal up to age 18 or later, depending on age at adoption and/or presence of a mental or physical condition.12

12 More information on Foster Care and Adoption Assistance at: http://www.childsworld.ca.gov/PG2902.htm
DISABLED INDIVIDUALS

Social Security Disability Insurance (SSDI)iv
Social Security Disability Insurance (SSDI) pays monthly benefits to individuals and certain members of their family if the disabled recipient has worked long enough and recently enough to qualify. To receive SSDI, you need 40 credits (10 years), 20 of which were earned within 10 years of becoming disabled.13

“Disability” under Social Security is based on your inability to work. Individuals are considered “disabled” under Social Security eligibility rules if:

• They cannot do work they did before;
• They cannot adjust to other work because of their medical condition(s);
• AND their disability has lasted or is expected to last for at least one year, or will result in death.

Individuals are automatically enrolled in Medicare Part A & Part B after receiving disability benefits for two years. Individuals with certain disabilities can receive Medicare sooner.

Supplemental Security Income (SSI)
Supplemental Security Income (SSI) is a federal cash assistance program for disabled individuals.14

Disabled individuals and/or families are eligible for SSI if their income is not greater than the current SSI monthly benefit in California ($886.40 for an individual/$1122 for a couple). Assets are limited to $2000 for an individual and $3000 for a couple. These individuals are automatically linked to Medi-Cal.

For disabled individuals, SSI does not count income or wages that are used to pay for items or services that facilitate employment.

MENTAL/BEHAVIORAL HEALTH CONSUMERS

Treatment for mental health and substance use disorders is now a benefit category covered as a part of the package of Minimum Essential Coverage for plans starting in 2014. Services may be provided in a mental health outpatient setting or in a primary care clinic, based on an individual’s diagnosis and needs.7

Mental Health Services:
Individuals with a mental health diagnosis are eligible for a variety of services in acute and outpatient settings. Clinicians will assess individuals seeking mental health care to determine which type of care will best meet their needs. Services include:

• Crisis Outpatient Services
• Hospitalization for psychiatric care
• Community-based care in outpatient settings
• Specialized services for children, youth and adults based on specific criteria
• Medications
• Individual counseling
• Group therapy for qualifying individuals

Substance Use Disorders Services:
Individuals with an alcohol or other drug disorder are eligible for an expanded array of services. The design of these new benefits is currently underway at the state level and is not complete. Services include:

• Inpatient detoxification
• Residential services
• Outpatient clinical dependency care
• Individual and group chemical dependency counseling
• Methadone maintenance treatment based on specific criteria
• Counseling and support services

13 More information on SSDI at: www.ssa.gov/disability
14 More information on SSI at: www.ssa.gov/pgm/ssi.htm
IMMIGRANTS

Legal Permanent Residents (LPRs)\textsuperscript{1} are foreign citizens who have been granted the right to reside permanently in the United States. Adults must be LPRs for over 5 years before they are eligible for public benefits, including public health care coverage such as Medi-Cal. Children are eligible even if they have been LPRs for less than 5 years.

Adults and families who have been Legal Permanent Residents for \textbf{5 or more years} and are below 138\% FPL are eligible for Medi-Cal. Those between 138\% FPL and 400\% FPL are eligible for Covered California.

Previously, LPRs with less than 5 years residency were eligible for state-only funded Medi-Cal if they met all other eligibility requirements for the program. Beginning in 2014, LPRs with \textbf{less than 5 years residency} and without Medi-Cal eligible children are eligible for Covered California if they do not have private insurance, even if they are below 138\% FPL. The state will pay their premium costs and cost-sharing, as well as any Medi-Cal benefits not offered through the Exchange plan.

State-only funded Medi-Cal would be available to these LPRs with less than 5 years residency who cannot enroll in the Exchange because it is outside of open enrollment. Recent LPRs with Medi-Cal eligible children will continue to be eligible for State-only funded Medi-Cal. \textbf{This information is subject to change as rules are finalized.}

Undocumented immigrants below 200\% FPL are eligible for HealthPAC. Undocumented children and adult immigrants below 138\% FPL and individuals ineligible for any other type of public health insurance may be eligible to receive limited services under \textbf{Emergency or Restricted Medi-Cal}. Benefits for sensitive services or for non-legal California residents are limited, but may include:

- Emergency Care
- Prenatal Care & Delivery
- Postpartum Care
- Tuberculosis
- Renal Dialysis
- Sensitive Services (minors under 21)

Undocumented pregnant women are eligible for Pregnancy-Only Medi-Cal (see \textit{PREGNANT WOMEN}).

REFUGEES

Under federal regulations, certain foreign citizens are considered refugees and may be eligible to receive \textbf{Refugee Medical Assistance (RMA)}. These individuals and families are eligible for limited federally funded cash benefits and subsequent linked medical coverage.

In order to receive RMA, refugees must be deemed ineligible for other Medi-Cal eligibility categories (CalWORKs, SSI, etc.). RMA Medi-Cal is limited to 8 months. At the end of the 8 months, a redetermination process is required to determine if refugees are eligible for continuing Medi-Cal or for a Covered California program (if they become newly established legal permanent residents with less than 5 years residency; see IMMIGRANTS).
HOMELESS

For homeless individuals, the Alameda County Health Care for the Homeless Program (ACHCHP) provides health services through mobile medical clinics, visiting shelters, meal sites, and transitional and recovery housing programs. ACHCHP also makes referrals to medical providers, including the Alameda County Medical Center, Alameda County Clinic Consortium, and other free, volunteer, community and mobile clinics.

ACHCHP medical and social services are available to all persons who are experiencing homelessness or who are at-risk of homelessness. Shelter and program staff can find out the monthly van schedule by phoning 510-532-1930.

ACHCHP also provides services for families through the Homeless Families Program if they are currently homeless, have legal and physical custody of at least one child under 18 years of age, and are willing to participate in case management services.

PERSONS WITH HIV/AIDS

Individuals with HIV/AIDS are eligible for Ryan White Program services. While individuals do not receive Ryan White funds directly, organizations and/or providers that receive Ryan White grants must offer individual and family-centered primary health care in outpatient settings for people living with HIV disease.

Most persons with HIV/AIDS will be eligible for either Medi-Cal or a Covered California plan, depending on income. Ryan White would cover any wrap-around services not already covered through Medi-Cal or Covered California (Ryan White is considered a payer of last resort).

For updated information on Ryan White Program Services, visit the website at: http://www.acgov.org/health/documents/RWhiteProgramClient-ProviderQA.pdf

PREGNANT WOMEN

Pregnant women, below 200% FPL, are eligible for free Pregnancy-Only Medi-Cal, which is restricted to pre-natal care, labor and delivery services, family planning services, and postpartum care that lasts for at least 60 days after the end of pregnancy. This is available to undocumented pregnant women as well.

Presumptive Eligibility Medi-Cal provides immediate, temporary coverage for prenatal care to low-income pregnant women pending their Medi-Cal application.

Women residing in California who are between 200 – 300% FPL may enroll in the AIM (Access for Infants and Mothers) program through pregnancy and up to 60 days after birth. A mother’s enrollment in AIM will enroll her child in Healthy Families for that period of time (see footnote 19; it is still to be determined whether and how these AIM-linked infants will enroll in Medi-Cal instead of Healthy Families in 2014). The cost of the program is a monthly premium that is on a sliding scale according to income, and will not exceed more than 1.5% of a family’s income.


## IV. Appendices

<table>
<thead>
<tr>
<th>Appendix A: How to Enroll in Health Coverage in Alameda County</th>
<th>27</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix B: Individual Mandate Penalty (2014 and beyond)</td>
<td>28</td>
</tr>
<tr>
<td>Appendix C: Contact Alameda County Social Services Agency</td>
<td>29</td>
</tr>
<tr>
<td>Appendix D: HealthPAC: What is Covered?</td>
<td>30</td>
</tr>
<tr>
<td>Appendix E: Kaiser Child Health Plan (CHP) Summary of Eligibility Requirements, Benefits &amp; Cost</td>
<td>31</td>
</tr>
<tr>
<td>Appendix F: Health Insurance Identification Cards</td>
<td>32</td>
</tr>
<tr>
<td>Appendix G: Free Preventive Care Benefits</td>
<td>34</td>
</tr>
</tbody>
</table>
Appendix A: How to Enroll in Health Coverage in Alameda County

How to Enroll in Health Coverage in Alameda County

Medi-Cal
Medi-Cal is California’s public health insurance program for low-income individuals not covered under private or employer insurance plans.

- Apply in-person or call an Alameda County Social Services Agency Office at 1-510-268-3787
- Call the Health Insurance Technician (HIT) Unit at 1-800-422-9495
- Apply online at www.mybenefitscalwin.org
- Apply online at www.CoveredCA.com

Kaiser Child Health Plan
The Kaiser Child Health Plan is the low-cost private health insurance option for children who do not qualify for full-scope Medi-Cal.

- Call the HIT Unit at 1-800-422-9495 to set up an enrollment appointment
- Go online to: http://info.kaiserpermanente.org/html/child_health_plan for enrollment assistance

Access for Infants & Mothers (AIM)
Women and children residing in California who are between 200 – 300% FPL, may be eligible for AIM and AIM-linked health coverage through pregnancy and up to 60 days after birth.

- Go to www.aim.ca.gov information on how to enroll, eligibility, and a paper application
- Call for enrollment help at 1-800-433-2611

Medicare
Medicare is the federal health insurance program for people age 65 and older and individuals with disabilities.

- Apply online using the online application at: http://www.socialsecurity.gov/medicareonly/
- Visit your local Social Security office at: https://secure.ssa.gov/ICON/main.jsp
- Call Medicare at 1-800-633-4227

HealthPAC
HealthPAC is a health program that covers the cost of medical services within a limited network for low-income Alameda County residents who do not qualify for full-scope Medi-Cal.

- Call the HIT Unit at 1-800-422-9495

Covered California
Beginning October 1, 2013, low-income individuals and families ineligible for Medi-Cal may enroll in California’s health exchange, known as Covered California.

- Visit www.CoveredCA.com
- Call the Covered CA call center at 1-888-975-1142

Alameda County will continue to provide the most updated information at www.achealthcare.org.
Version as of September 11, 2013
Appendix B: Individual Mandate Penalty (2014 and beyond)

The penalty mentioned below is applied on a per-year basis.

<table>
<thead>
<tr>
<th>Year</th>
<th>Adult</th>
<th>Child</th>
<th>Total Up to</th>
<th>OR 1% of Family Income</th>
<th>OR 2% of Family Income</th>
<th>OR 2.5% of Family Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$95</td>
<td>$47.50</td>
<td>$285</td>
<td>Up to $285</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>2015</td>
<td>$325</td>
<td>$162.50</td>
<td>$975</td>
<td>Up to $975</td>
<td>2%</td>
<td>2.5%</td>
</tr>
<tr>
<td>2016+</td>
<td>$695</td>
<td>$347.50</td>
<td>$2085</td>
<td>Up to $2085</td>
<td>2.5%</td>
<td></td>
</tr>
</tbody>
</table>


Appendix C: Contact Alameda County Social Services Agency

More information at the Alameda County Social Services website: www.alamedasocialservices.org

Hours of Operation for all offices:
Monday - Friday
8:30 am - 5:00 pm

North County Multi-Service Center
2000 San Pablo Ave.
Oakland CA 94612
(510) 891-0700

Enterprise Office
8477 Enterprise Way
Oakland, CA 94621
(510) 777-2300

Fremont Family Resource Center
39155 Liberty St Suite C330
Fremont, CA 94536
(510) 670-6000

Eden Multi-Service Center
24100 Amador St.,
Hayward, CA 94544
(510) 670-6000

Eastmont Center
6955 Foothill Blvd Suite 100
Oakland CA 94605
(510) 383-5300

Livermore Outstation
3311 Pacific Ave,
Livermore, CA 94550
(925) 455-0747
### Appendix D: HealthPAC: What is Covered?

<table>
<thead>
<tr>
<th>Preventive and Routine Care</th>
<th>Medical Equipment &amp; Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Care</td>
<td>Non-Emergency Transportation</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>Pharmacy and Prescriptions</td>
</tr>
<tr>
<td>Hospital Care</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Podiatry</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>Prosthetics and Orthotics</td>
</tr>
<tr>
<td>Emergency Dental Services</td>
<td>Radiology</td>
</tr>
<tr>
<td>Laboratory Services/Tests</td>
<td></td>
</tr>
</tbody>
</table>

Source: HealthPAC Participant Handbook

Appendix E: Kaiser Child Health Plan (CHP) Summary of Eligibility Requirements, Benefits & Cost

Children who:

- Are under 19 years of age
- Are not eligible for public health care coverage such as Medi-Cal or California Children’s Services (CCS)
- Do not have health coverage, or will lose health coverage within 90 days of the KP Child Health Plan application
- Are not eligible for health care coverage that is paid for, in any part, by an employer
- Are from families whose income falls below 300% of the Federal Poverty Level (FPL).
- Live in a Kaiser Permanente service area that is open to new enrollment
- Must provide documentation that they were denied Medi-Cal

The CHP eligibility requirements are tentative and may change.

<table>
<thead>
<tr>
<th>Service</th>
<th>Co-pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most primary and specialty care consultations, exams, and treatment</td>
<td>$5 per visit</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>$5 for up to a 100-day supply</td>
</tr>
<tr>
<td>Routine eye exams</td>
<td>$5 per exam / $125 allowance for eyeglasses and contact lenses</td>
</tr>
<tr>
<td>Urgent care consultations, exams, and treatment</td>
<td>$5 per visit</td>
</tr>
<tr>
<td>Emergency Department visits</td>
<td>$35 per visit</td>
</tr>
<tr>
<td>Hospitalization services</td>
<td>No charge</td>
</tr>
<tr>
<td>Immunizations</td>
<td>No charge</td>
</tr>
<tr>
<td>Well-child preventive exams (through age 23 months)</td>
<td>No charge</td>
</tr>
<tr>
<td>Most X-rays and laboratory tests</td>
<td>No charge</td>
</tr>
<tr>
<td>Mental health services</td>
<td>$250 for 1 child / $500 for 2 or more children</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>$5 individual / $2 group per visit</td>
</tr>
</tbody>
</table>

Source: Kaiser Permanente Child Health Plan
Appendix F: Health Insurance Identification Cards

*Medi-Cal Benefits Identification Card (BIC)*

![Diagram of Medi-Cal Benefits Identification Card (BIC)](image)

- **Recipient I.D. Number**: ID No. 0123456789
- **Recipient Name**: JOHN Q. RECIPIENT
- **Gender**: M
- **Birth Date**: 05 20 1961
- **Issue Date**: 01 01 94

Magnetic encoded strip containing same information found on front of card.

**Signature**

This card is for identification only. It does not guarantee eligibility.
Alameda Alliance for Health

FRONT SIDE:

MEMBER ID CARD

JANE DOE
Member Id: 800000000-01
DOB: 08/06/0000
Sex: F
Flage: XXX
CIN: 999999999

Primary Care: ARTHUR CHEN MD
Phone: (510) 747-4567

Effective: 08/06/0000
Group: MCAL
Physicians/Medical Staff: Pharmacy: This card is for identification only. To verify member eligibility, call 510-747-4567

ALWAYS CARRY THIS MEMBER ID CARD WITH YOU.

BACKSIDE:

For 24-hour service, after hours, and weekends

- For medical advice call the Advice Name
toll-free at 1-800-322-1242

- Or, call your doctor (Primary Care Provider)

Member Services is available to answer your questions from 8:00 am—8:00 pm, Monday—Friday. Call us at 510-747-0567

An emergency is a sudden medical problem with severe symptoms that needs treatment right away. The problem must be one that is a person without medical training could reasonably think, at the time, will place the person’s life or health in serious danger, and it is likely determined not to have required immediate treatment. Severe pain may be a symptom of an emergency. An emergency also includes psychiatric (including mental, emotional, and behavioral) crises that may be treated by a physician or other person in the course permitted by applicable law and within the scope of their licenses and privileges.

If you think you have an emergency:
1. Call the closest emergency room for help or call 911, the emergency response system.
2. If you are not sure you have an emergency, call the 24-hour Advice Name at 1-800-322-1242.
The nurse can help you decide what to do.

Blue Cross

FRONT SIDE:

Your doctor (PCP)/Su médico

OAKCARE MEDICAL GROUP
THOMAS L. ATKINS
1411 E 31ST ST
OAKLAND, CA 94602
(510) 437-4323

JOHN J DOE
1234 ABC ST APT A
ANYTOWN CA 91234

BACKSIDE:

In an emergency: Blue Cross of California covers you for emergency services 24 hours a day. In an emergency call 911 or go to the nearest emergency room for emergency care. You do not need to get approval ahead of time for emergency services.

En una emergencia: Blue Cross of California cubre su servicio de emergencias 24 horas al día. En una emergencia llame 911 o vaya a la sala de emergencia del hospital más cercano. No necesita pedir aprobación con anticipación para el servicio de emergencia.

Medi-Cal Program

MEDICAL MANAGED CARE

JOHN J DOE
BCD CARD NUMBER
000-00-0000
SCP EFFECTIVE DATE
00-00-00

GROUP NO.
00005A

CUSTOMER SERVICE:
1-800-467-4627

Attention provider: Routine medical care is provided through Blue Cross of California providers only. If the member is in need of EMERGENCY care, please provide the care and notify the contractor as soon as possible. This card is for identification purposes only and does not constitute proof of eligibility. The contractor is liable for EMERGENCY care provided to eligible members; call 1-800-467-4627 to verify current eligibility.

For information on WellPoint Pharmacy Management, please call Member Services at 1-800-467-4627.

To contact Medi-Cal, the 24-hour nurse health information line, call 1-800-322-0136.

Blue Cross is an independent Licensee of the Blue Cross Association. Eligibility and membership of the Blue Cross Association.
WellPoint is a registered mark of WellPoint Health Networks, Inc. www.bluecrossca.com
# Appendix G: Free Preventive Care Benefits

<table>
<thead>
<tr>
<th>Adults</th>
<th>Age Requirement</th>
<th>Eligible if Higher Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Aortic Aneurysm one-time screening</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Alcohol Misuse screening and counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin Use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colorectal Cancer screening</td>
<td>&gt; 50</td>
<td></td>
</tr>
<tr>
<td>Depression Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (Type II) Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet Counseling</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>HIV Screening</td>
<td>15 - 65</td>
<td></td>
</tr>
<tr>
<td>Immunization Vaccines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity screening &amp; counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Infection (STI) Prevention counseling</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Syphilis screening</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Tobacco Use screening</td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Women</th>
<th>Age Requirement</th>
<th>Eligible if Higher Risk</th>
<th>Eligible if Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia screening</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Genetic Test counseling (BRCA)</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Breast Cancer Mammography screenings</td>
<td>&gt; 40</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Breast Cancer chemoprevention counseling</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding comprehensive support &amp; Counseling</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer screening</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Chlamydia infection screening</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic &amp; Interpersonal violence screening &amp; counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folic Acid</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Gestational diabetes screening</td>
<td></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Gonorrhea screening</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B screening</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>HIV screening &amp; counseling</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Human Papillomavirus (HPV) DNA test</td>
<td>&gt; 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis screening</td>
<td>&gt; 60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rh Incompatibility screening</td>
<td></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Sexually Transmitted Infections counseling</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Syphilis screening</td>
<td></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Tobacco Use screening &amp; Interventions</td>
<td></td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Urinary tract or other infection screening</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Well-woman visits (to get recommended services)</td>
<td>&lt; 65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>Age Requirement</td>
<td>Eligible if Higher Risk</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-----------------</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>Autism screening</td>
<td>1.5 &amp; 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Assessments</td>
<td>0 - 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure Screening</td>
<td>0 - 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical Dysplasia screening</td>
<td>0 - 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression screening</td>
<td>&lt; 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslipidemia screening</td>
<td>1 - 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride Chemoprevention supplements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gonorrhea preventive medication</td>
<td>0 - .5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing Screening</td>
<td>0 - .5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height, Weight, BMI measurements</td>
<td>0 - 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hematocrit or Hemoglobin screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hemoglobinopathies or sickle cell screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypothyroidism screening</td>
<td>0 - .5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization vaccines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iron supplements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical History</td>
<td>0 - 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity screening and counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Health risk assessment</td>
<td>0 - 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phenylketonuria (PKU) screening for genetic disorder</td>
<td>0 - .5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Infection (STI) prevention counseling &amp; screening</td>
<td></td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Tuberculin testing</td>
<td>0 - 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
V. Research Methods & Community Voices – by Sarah Yuen

Surveying Stakeholders

On June 18, 2013 Alameda County’s Interagency Children’s Policy Council (ICPC), Social Services Agency (SSA) and Health Care Services Agency (HCSA) sent out a survey to all current SSA and HCSA contractors and attendees to the March and May Health Care Reform Forums in order to answer the following questions – Who are the community-based organizations that need help understanding the upcoming changes because of the Affordable Care Act? What do they do? What questions and misunderstandings do they still have? The answers to these questions will help guide the formulation and writing of the Alameda County Health Care Reform Guide for Community Based Organizations.

This survey was administered to a population of about 430 CBOs and community stakeholders. 103 CBO representatives (respondents) filled out the survey, constituting a 24% response rate. Respondents were sent a link to a Google form that compiled their responses. At the end of three business days, the sample size was 101 respondents.

One central question used to identify a respondent’s confidence was, “How confident do you feel about your understanding of the Affordable Care Act, on a scale of 1 to 9, with 1 being the lowest and 9 being the highest?” Of 101 respondents, 36 stated that their confidence level was 4 or below regarding their understanding of the ACA.

Confident Level of CBO Respondents (n=101)

<table>
<thead>
<tr>
<th>Confidence Level</th>
<th>Number of Respondents</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Confident (1-4)</td>
<td>36</td>
<td>36%</td>
</tr>
<tr>
<td>Confident (5-9)</td>
<td>64</td>
<td>64%</td>
</tr>
</tbody>
</table>

Topics of Greatest Concern

The following topics emerged as most important for respondents to know about. Some of these topics are topics that cannot be covered in the Health Care Reform Guide as of June 2013 given the limited information that we have about guidelines to enrollment (see the following chart).

- How to enroll clients
- How to explain the changes to their clients
- Who is newly eligible and how to collaborate with the county (tied)
- How to become an assister/navigator
- The effect of ACA on Immigrants and non-English speakers.
Most Respondents Perform Referrals or Onsite Enrollment

Out of the respondents, 41 perform referrals to SSA or HCSA or see that as their primary role. 37 perform onsite enrollment and 9 perform both. A remaining 14 perform case management, policy and education, or some whose roles have not yet been defined (marked as “Other”). Through content and language, the Health Care Reform Guide will be targeting those who directly interface with clients, though it will be distributed to all who are in need of it.
## INTERVIEWS

Alameda County selected a few organizations for more in-depth interviews based on their connection to key areas of concern based on the initial survey that was sent to all respondents. We conducted one focus group and four individual interviews. The breakdown of interviewees was as follows:

<table>
<thead>
<tr>
<th>Interview Type</th>
<th>Organization Type</th>
<th>Key Insights</th>
</tr>
</thead>
</table>
| Focus Group      | Local branch of a national organization that provides on-site mental health services for clients | • Clients and organizations need more information on re-enrollment/retention  
• Need information on mixed cases  
• Need for contact numbers based on different statuses and program eligibility  
• Need for information on the promised turnaround times for application |
| Individual Interview | Location-based organization providing services for youth                          | • To be useful for their organization, guide needs a very local and specific list of Where to go, what you need, and income eligibility  
• Should also include the program exclusion criteria |
| Individual Interview | Local medical services provider                                                      | • Guide should include breakdown of options for patients who don’t qualify for Medi-Cal:  
  - If you enroll in Covered California, here’s what you’ll get at what price  
  - Patients would be overwhelmed at different places  
  - This would be a breakdown of options for patients of what would be best for themselves |
| Individual Interview | Telephone help line services for Alameda County                                    | • Guide must be clear, logical, easily accessible, and not too wordy  
• Must include timeline of application to enrollment and list of all things necessary for people to access LOCAL resources in Alameda County  
• Needs to include information on materials necessary to bring for enrollment and application in programs, and the various methods of enrollment |
| Individual Interview | Local education and legal aid services for seniors                                 | • Sources of information on health care reform were the Kaiser family foundation site, Covered California directly, and the National Health Law Project  
• These resources are difficult to find and hard to ensure that they contain the most updated information |
Conclusions from Survey and Interviews

Some common themes about the essential elements of the guide emerged from these key takeaways, which are categorized as follows. The guide has attempted to address these concerns and essential elements, but it will be a living document that will be made current as the implementation and infrastructure continues to develop.

<table>
<thead>
<tr>
<th>Purpose of guide</th>
<th>Elements in guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>To inform community-based organizations regarding the Affordable Care Act and the various aspects that will be implemented in 2014.</td>
<td>A table or chart clearly denoting eligibility and enrollment starting in 2014 for different populations based on various criteria</td>
</tr>
<tr>
<td>Acknowledging and breaking down the complexity in eligibility and enrollment changes</td>
<td>A list of contact numbers and information</td>
</tr>
<tr>
<td>Assisting community-based organizations in communicating the changes to their clients in simple and clear terms</td>
<td>Updated information on what the expected turnaround times for applications will be, and where to conduct follow-up</td>
</tr>
<tr>
<td></td>
<td>Coverage of most populations that are served by community-based organizations in Alameda County</td>
</tr>
</tbody>
</table>
VI. Notes & Reference

i This tenet of the ACA (employer mandated offer of coverage) has been delayed until 2015.

ii The Health and Human Services department determined that all estimates would be based off of the average 2009 premium for a preferred provider organization under employer-sponsored coverage, using an average population of people under age 65. (Source: Kaiser Family Foundation, “What the Actuarial Values in the Affordable Care Act Mean”, April 2011)

iii Find more information on eligibility, enrollment, and service locations in the HealthPAC Participant Handbook. However, this Handbook is subject to change as new policies and program rules become available. See: http://www.acgov.org/health/documents/LowResHPACHandbook081811_ENG.pdf

iv For more information visit the Social Security website: Benefits for People with Disabilities >> www.ssa.gov/disability


vi More information on becoming a Legal Permanent Resident here >> See: http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=ae853ad15c673210VgnVCM100000082ca60aRCRD &vgnextchannel=ae853ad15c673210VgnVCM100000082ca60aRCRD