

Barriers to Entry

Ensuring Equitable and Timely Access to Medi-Cal for Pregnant Women

Introduction

While a vital resource to pay for all types of health care, Medi-Cal remains an often inaccessible or inadequate source of care for poor women seeking reproductive health services. Most uninsured women qualify for Medi-Cal but encounter cumbersome eligibility application processes, rampant misinformation about standard application requirements, frequent case processing delays and, more recently, onerous identity documentation requirements adopted as a result of Federal Deficit Reduction Act of 2005. Even for those women deemed Medi-Cal eligible, it is increasingly difficult to find local reproductive health care providers, particularly abortion providers, who will accept Medi-Cal to cover the cost of care.

The barriers facing poor women are not exclusive to reproductive health care access, but are rather reflective of problems many Californians face when trying to access Medi-Cal programs. An evaluation of Medi-Cal found that 59% of Medi-Cal beneficiaries stated that the hours that Medi-Cal enrollment offices are open were not convenient and 78% believed that signing up for Medi-Cal required too much paperwork. Once enrolled, 56% stated that locating a Medi-Cal provider was somewhat or very difficult.¹ This suggests that there are inherent and systemic barriers prohibiting many eligible Californians³ from obtaining the Medi-Cal benefits and, consequently, from accessing the reproductive or other health care they need.

The current fiscal climate will only serve to exacerbate concerns with the Medi-Cal eligibility process and access

to care. A projected budget shortfall of approximately \$41.6 billion for 2009-2010² threatens to further cut vital benefits from Medi-Cal, and it is anticipated that soaring unemployment rates will force many more Californians into the Medi-Cal system. Recently proposed Medi-Cal cuts and restrictions would eliminate necessary benefits for over 3 million existing enrollees and effectively deny or eliminate coverage altogether for hundreds of thousands of previously eligible Californians. Poor communities of color will, unsurprisingly, be among the hardest hit.

In light of the dire state of the California economy and the additional hurdles to Medi-Cal access it creates, it is essential to identify and address existing institutional barriers; improve the efficiency and accessibility of eligibility processes; and, ensure that poor women receive the benefits they need and rightfully deserve to preserve their own reproductive health and the health of their families and communities.

IT IS INCREASINGLY DIFFICULT TO FIND LOCAL REPRODUCTIVE HEALTH CARE PROVIDERS, PARTICULARLY ABORTION PROVIDERS, WHO WILL ACCEPT MEDI-CAL TO COVER THE COST OF CARE.

Background

Since 1993, ACCESS has partnered with thousands of California women to reduce or eliminate obstacles to real reproductive options and access to quality health care. Our bilingual Reproductive Healthline provides free, confidential and nonjudgmental information, referrals, peer counseling, funding, logistical support and advocacy on the full range of reproductive health services, including pregnancy, parenting, abortion, and adoption. We also connect women with public insurance programs that pay for this care, such as FamilyPACT, Medi-Cal and AIM.

ACCESS has worked with well over 20,000 women seeking all types of reproductive health care since its inception, giving us a breadth of personal narratives from both our caller-partners and the Healthline staff who work with them. A majority of Healthline caller-partners are young women of color who are uninsured (26%) or insured through Medi-Cal (37%). Often their primary barrier to accessing timely and quality reproductive health care is cost. Caller narratives detail a myriad of obstacles poor women face when they apply for or use Medi-Cal, including trends born from institutional policies or systems, miscommunication and misinformation, independent actions of eligibility workers and sometimes a combination of all of these. This brief highlights the barriers faced by caller-partners specifically seeking pregnancy-related care, including abortion, and also draws on data from a 2008 Medi-Cal survey conducted by ACCESS volunteers posing as women in need of pregnancy-related care.

NUMBER OF WOMEN ACCESS HAS SERVED SINCE 1993

OVER

20,000

YOUNG WOMEN OF COLOR HEALTHLINE CALLERS

MEDI-CAL ENROLLED

37%

UNINSURED

26%

THE COMPLEXITY OF THE MEDI-CAL SYSTEM LENDS TO THIS CONFUSION WITH ITS CONFLICTING ELIGIBILITY CATEGORIES AND LAUNDRY LIST OF CODES AND RULES.

Navigating the Medi-Cal Maze

Prospective Medi-Cal applicants regularly receive a range of misinformation when inquiring about the various Medi-Cal programs and the requirements to apply for these benefits. Questions around eligibility and available services can confound even seasoned health care advocates and trained staff in county social service offices. The complexity of the Medi-Cal system lends to this confusion with its conflicting eligibility categories and laundry list of codes and rules. ACCESS caller-partners often encounter confusion around eligibility and application for the relatively straightforward Restricted Pregnancy Medi-Cal program, including DRA citizenship documentation requirements, pregnancy verification documentation, and the mere existence of programs or services created exclusively for pregnancy.

FEDERAL DEFICIT REDUCTION ACT CITIZENSHIP DOCUMENTATION REQUIREMENTS

Since July 1, 2006, under a section of the Federal Deficit Reduction Act of 2005 (DRA), most U.S. citizens and nationals are now required to provide “satisfactory documentary evidence of citizenship or nationality when initially applying for Medicaid or upon a recipient’s first Medicaid re-determination.⁴” Federal law has always required states to verify the citizenship of certain Medicaid applicants, and almost all states have complied by requiring applicants to attest to their citizenship under penalty of perjury.⁵ Under the new DRA requirements, passed down by the Federal Center for Medicaid Services to the states, citizen or national applicants must present documentary proof, in the form of original or certified birth certificates or other specific forms of identification, to verify proof of citizenship.

As a result of these strict requirements, state Medicaid programs and advocates across the country have witnessed a significant decrease in the Medicaid enrollment of eligible citizens experiencing difficulty obtaining or affording the required documents. Additionally, states have incurred considerable administrative costs retraining eligibility workers and restructuring already overburdened systems to implement the law.⁶ Although only U.S. citizens and nationals applying for regular Medicaid coverage, called Regular or Full-Scope Medi-Cal in California, are subject to the DRA regulations, there is a trickle down effect negatively impacting eligible non-citizen applicants as well. Resulting confusion around the appropriate interpretation and enforcement of the DRA guidelines has led to more pervasive misinformation about eligibility for all applicants.

In California, people who apply or qualify for a restricted Medi-Cal program, programs that only cover a certain set of services for a limited category of people, regardless of their citizenship status, are not subject to the DRA regulations and thus do not need to present documentary proof of citizenship. This exception is clearly highlighted in an All County Welfare Directors letter entitled, “Implementation of the Federal Deficit Reduction Act of 2005,” and published in June 2007. The letter explains that: “State law further specifies that individuals who have been determined otherwise eligible, but are determined ineligible for Full-Scope Medi-Cal for failing to meet the citizenship/identity requirements within the reasonable opportunity period described below, will receive restricted services (including Medi-Cal emergency services and pregnancy-related care and state-only long-term care).⁷” The reference is clear that if an applicant cannot or does not want to present proof of citizenship, they should still be granted restricted benefits.

MANY ACCESS CALLER-PARTNERS WHO NEED MEDI-CAL TO COVER ABORTION CARE CHOOSE NOT TO APPLY FOR FULL-SCOPE BENEFITS BECAUSE THEY CANNOT MEDICALLY DELAY CARE, AND THUS DO NOT HAVE THE TIME TO WAIT FOR THE PROCESSING OF A FULL-SCOPE MEDI-CAL APPLICATION.

Further, young women under 21 who are applying for or receiving services under the Minor Consent program, are also exempt from the requirements. Unfortunately, eligibility workers often overlook these exemptions when our caller-partners apply for restricted Medi-Cal benefits or Minor Consent services. Our Healthline staff continue to receive calls even now, almost two years after implementation in some counties, from women who face delays or outright denials of pregnancy-related care due to a misunderstanding of the new law on the part of staff from county social service offices.

Norma, 15 years old, was 20 weeks pregnant when she called ACCESS for financial help to pay for her abortion. She had already visited two clinics, one in Salinas and one in Santa Cruz, who refused to see her because of her gestational age and her lack of funds to pay for her procedure. At the suggestion of one of the clinics, she called her local social service agency for information about Medi-Cal, and was mistakenly told that she would need a U.S. birth certificate and a social security number in order to receive benefits, or that she would have to bring her father in with her to apply if she was not a citizen. Norma explained that she could not tell him about the pregnancy and, frightened by this alleged requirement, decided not to submit an application but rather try to save the money to pay for the procedure herself.

Six weeks later, Norma finally raised the \$700 she needed for the procedure, but was turned down by a third clinic due to her now advanced gestational age. Now at 20 weeks gestation, she was referred to yet another clinic where the abortion procedure would cost \$1,200.

There are many reasons why applicants may seek to apply directly for restricted Medi-Cal benefits. Some cannot wait for the 45-plus days it takes to process a Full-Scope application. Others may not qualify for Full-Scope Medi-Cal. Many ACCESS caller-partners who need Medi-Cal to cover abortion care choose not to apply for Full-Scope benefits because they cannot medically delay care, and thus do not have the time to wait for the processing of a Full-Scope Medi-Cal application. Some women may not qualify for Full-Scope benefits because they have incomes above

the Federal Poverty Level (FPL) or are not citizens. These women apply directly for Restricted Pregnancy Medi-Cal, but are often incorrectly told that they must present citizenship documentation to supplement their applications. For many caller-partners who lack citizenship documentation, this will dissuade them from applying altogether, even though are entitled to the benefits. For those who clarify the requirements and decide to apply, the delay in receiving their benefits will severely hinder their ability to receive timely and affordable care.

Cases such as Norma's are not isolated to the ACCESS Healthline, and drove us to explore and document the pervasiveness of this misapplication of eligibility requirements in county social service offices throughout the state. In spring 2008, ACCESS created a survey⁸ centered on a scenario in which DRA citizenship documentation would not be required in order to be eligible for Restricted Pregnancy Medi-Cal. ACCESS utilized female volunteers posing as pregnant women or friends of pregnant women seeking information about documentation requirements for Medi-Cal eligibility. The survey was administered over three months. Volunteers were given some background information about Medi-Cal and the DRA, but were not trained extensively so as to ensure that they could simulate more closely what an ACCESS caller, with limited knowledge of Medi-Cal, would face when attempting to access pregnancy-related coverage.

Calls were made to a total of 30 county social services offices to phone numbers publicly listed by the Department of Health Care Services on their website. Volunteers were given a scenario in which a young woman, under 21, wants to use Medi-Cal to cover her pregnancy care. This scenario tested whether social service office staff could recognize that the young woman might be eligible for Minor Consent services and would therefore be exempt from the DRA citizenship documentation requirements. Alternatively, staff could inform her of options for pregnancy-related coverage like Restricted Pregnancy Medi-Cal, which, again, would not make her subject to the DRA requirements.

The calls revealed a patchwork of knowledge about the DRA requirements within the social service offices and clear confusion about the application of the rules in the scenario presented by our volunteers. Staff who self-identified as frontline or reception admitted to having little knowledge

THE CALLS REVEALED A PATCHWORK OF KNOWLEDGE ABOUT THE DRA REQUIREMENTS WITHIN THE SOCIAL SERVICE OFFICES AND CLEAR CONFUSION ABOUT THE APPLICATION OF THE RULES IN THE SCENARIO PRESENTED BY OUR VOLUNTEERS.

about the DRA, or other eligibility rules. Some, however, still attempted to answer questions posed by our volunteers and while the answers varied, many incorrectly informed callers that a minor woman would either have to present information about her legal status and/or bring her parents with her to be able to apply for Medi-Cal. More often, the reception staff passed calls on to higher-level staff, normally identified as "eligibility workers."

Eligibility workers, made more earnest attempts to answer volunteer queries, but the rate of correct answers was only slightly higher with this group. Many of the eligibility staff intimated that they had knowledge about new documentation rules, or a new law that might apply, but they were generally unsure about the application of the rule or law and how it might affect the case presented by our volunteers. Moreover, if eligibility workers were uncertain about their answer and our volunteers posed clarifying questions, some became reticent to continue the conversation over the phone, and often insisted that the women come into the social service office to discuss their case.

Additional findings from the survey included:

- > More than half (16) of the eligibility staff said the minor would have to bring in identification and citizenship documents;
- > Only five mentioned Minor Consent Services as an option;
- > Seven said that parents would have to be involved or informed in order for the minor to apply;
- > One worker mentioned the DRA exceptions, but only after she made an incorrect statement and was corrected by a colleague within earshot; and,
- > Five of the publicly listed social service office numbers were not in service or were answered by voicemail that went unreturned.

WITHOUT ACCESS TO BASIC MEDICAL CARE, MANY POOR WOMEN CANNOT QUICKLY OBTAIN A CERTIFIED PREGNANCY TEST, OR AFFORD ITS \$20-30 OUT-OF-POCKET COST...

These findings reinforced the unreliable and often limited information available to prospective Medi-Cal applicants, particularly when initial inquiries are made over the phone, and not only regarding the application of DRA regulations but also basic and longstanding programs like Minor Consent. Prospective applicants with no knowledge of Medi-Cal programs are likely, based on this evidence and that of ACCESS caller-partners, to receive incorrect information that could deter them from applying for benefits for which they might be eligible. While our evidence is based solely on these 30 calls and the stories of our caller partners, it is highly likely that many women across California experience the same outcomes in isolation, and with few, if any, alternatives to access care.

PREGNANCY VERIFICATION

Another common misunderstanding about eligibility requirements for Restricted Pregnancy Medi-Cal deals with pregnancy verification forms. The Medi-Cal eligibility manual states plainly that “women seeking pregnancy-related only services, whose income is at or below the 200 percent Federal Poverty Level (FPL) program, are allowed to self-declare that their pregnancy has been medically verified.” Yet, ACCESS caller-partners routinely report that they are asked for a pregnancy verification form before their applications are accepted or can move through the application process. Inclusion of pregnancy verification documents with the original application was eliminated from the application requirements because of the undue burden it placed on female applicants, but the implementation of this change has not been uniformly applied across all county social service offices.

Without access to basic medical care, many poor women cannot quickly obtain a certified pregnancy test, or afford its \$20-30 out-of-pocket cost, nor should she have to under current Medi-Cal rules. If eligibility workers mistakenly request the form upon application, the delay a woman experiences in both obtaining an appointment for a pregnancy

test in a timely manner and in the processing of her application proves especially detrimental if she requires Medi-Cal benefits to terminate her pregnancy. Imagine the process of going through another, unnecessary pregnancy test for a woman with an unexpected or unwanted pregnancy. Waiting to take and submit documentation for a second pregnancy test adds undue stress and delays a woman’s ability to get her abortion procedure or receive prenatal care, adding potentially unnecessary risk and cost for both the woman, her physician and, ultimately, the Medi-Cal system.

Kendra, 40 years old, was referred to ACCESS by a clinic in San Jose to help pay for an abortion. She was approximately 23 weeks and 1 day when she called us to help her raise \$2,000 for her procedure. Clinic staff explained to her that they would not accept Medi-Cal to cover the cost of the procedure, but would give her an \$800 discount on its cost if she obtained Medi-Cal coverage. After first exploring her other financial options, ACCESS helped Kendra prepare to apply for Medi-Cal.

Kendra went to her county social service office with all of the required documents for application. However, she was told by the eligibility worker to come back when she could present a “complete” application, including a signed pregnancy verification form. Kendra explained the urgency of her situation, but the eligibility worker refused to process her application without the form.

Kendra tried, in vain, to find a place where she could get a free pregnancy test. She called ACCESS back a few days later believing that she would not receive Medi-Cal benefits and knowing she could not afford to pay for an abortion out-of-pocket. ACCESS helped her convince the eligibility worker that a pregnancy verification form was not required, and after admitting her mistake, the worker provided Kendra with Restricted Pregnancy Medi-Cal.

Unfortunately, by the time Kendra returned to the San Jose clinic, she was past the gestational age for a legal abortion and, in the end, had to keep her unwanted pregnancy.

RESTRICTED PREGNANCY MEDI-CAL

Medi-Cal terminology is complex, and often programs are known by several different names among advocates, county social service agencies or health care providers. The Restricted Pregnancy Medi-Cal program perfectly exemplifies this complexity. ACCESS Healthline staff and some Medi-Cal documents refer to the program as Restricted Pregnancy Medi-Cal but it is also referred to as the Federal Poverty Level Program for Infants and Pregnant Women, the Income Disregard Program, Emergency Medi-Cal for Pregnancy or the 200% Program. Of course, applicants seeking pregnancy-related care are directly impacted by the confusion around this program's name. Our caller-partners regularly meet resistance from eligibility staff when requesting Restricted Pregnancy Medi-Cal on our advice. Women are told that, "there is no such thing as pregnancy Medi-Cal," and are often forced to submit applications for Full-Scope Medi-Cal, even if they cannot wait to apply for Full-Scope benefits or are clearly not eligible for those benefits. In this instance, an eligibility worker will have applicants complete a Full-Scope application, and ask for all of the corresponding supplemental documents (including citizenship and identity documents). Unable to collect or present the required documents, many applicants decide not to submit the application at all or are denied benefits, and are not offered information about other programs for which they may qualify.

Silvia, 40 years old, called ACCESS because she received a letter saying that she was denied Restricted Pregnancy Medi-Cal. The letter stated that she was ineligible because she was not disabled or elderly. She applied for Medi-Cal seven weeks prior, asking her eligibility worker for pregnancy services and specifying that she needed help to pay for an abortion.

OTHER NAMES BY WHICH THE RESTRICTED PREGNANCY MEDI-CAL PROGRAM IS REFERRED

Federal Poverty Level Program for Infants and Pregnant Women

Income Disregard Program

Emergency Medi-Cal for Pregnancy

200% Program

REQUESTING AN APPLICATION FOR RESTRICTED PREGNANCY MEDI-CAL IS PARTICULARLY CHALLENGING FOR WOMEN SEEKING TO TERMINATE A PREGNANCY.

Her eligibility worker said all she could do was help Silvia apply for Full-Scope Medi-Cal and that it would pay for her abortion. She gave Silvia a long application and asked her to supply a birth certificate, social security card, identification, pay stubs and her apartment lease.

Upon receiving the letter, Silvia realized that she had probably applied for the wrong type of Medi-Cal. Now 15 weeks pregnant, she was unable to come up with the money to pay for the procedure out-of-pocket. ACCESS called her eligibility worker and discovered that she did not know about the Medi-Cal pregnancy provisions. The eligibility worker, instead, submitted a Full-Scope benefits application listing Silvia as a disabled person and her pregnancy as a disability.

Requesting an application for Restricted Pregnancy Medi-Cal is particularly challenging for women seeking to terminate a pregnancy. Women seeking this type of Medi-Cal benefit are not required to designate whether they need it for prenatal care, delivery or termination. Yet, many eligibility workers require women to designate the reason for application, claiming that it will determine whether a woman should apply for Full-Scope benefits or whether to expedite her application. Given the sensitive and sometimes controversial nature of abortion, applicants may be unwilling to tell eligibility workers that they want a termination. In these cases, eligibility workers may begin processing a Full-Scope Medi-Cal application by default, even if a woman clearly explains that she only needs pregnancy benefits for the short-term. As with the other eligibility issues raised throughout this brief, this incorrect application of otherwise clear Medi-Cal guidelines results in immense delays for women requiring immediate care.

Out of the Maze, Care Delayed

Applicants for pregnancy services who are not discouraged or overwhelmed by an eligibility determination process based on bad information and cumbersome procedures, still face unnecessary delays in receiving coverage and ultimately accessing care. Poor pregnant women who apply for Medi-Cal are overwhelmingly deemed eligible for benefits and likely have no other option to pay for this type of costly care. Without Medi-Cal benefits, women would otherwise not have funds to pay for prenatal care, delivery services or terminations out-of-pocket. However, the delays of weeks, and sometimes months, in receiving Medi-Cal benefits may also end up putting their care out of easy reach and their health in real danger. For our caller-partners, seeking abortion or prenatal services, delays can cause them to receive care at later gestational ages of pregnancy, resulting in insufficient prenatal care and riskier, costlier terminations.

In the case of abortion, as gestation progresses, particularly within the second trimester of pregnancy (i.e., past 12 weeks), the procedure becomes riskier, accessibility to providers decreases dramatically and actually getting to a provider for an appointment becomes more logistically complicated. There are few providers willing to perform terminations in the second trimester, and even fewer who accept Medi-Cal

ABORTION PROVIDERS IN CALIFORNIA THAT PROVIDE ABORTION PAST 14 WEEKS

56 OUT OF 189

ABORTION PROVIDERS IN CALIFORNIA THAT ACCEPT MEDI-CAL THROUGH 24 WEEKS

8 OUT OF 189

at this point. In fact, out of the 189 publicly listed abortion providers in California, only 56 provide abortion past 14 weeks, and only eight accept Medi-Cal through 24 weeks. Providers who provide second trimester Medi-Cal services are clustered in the urban centers of the Bay Area and Southern California, forcing many women to travel long distances, sometimes hundreds of miles, to reach a provider who can see them. In addition, second trimester abortion is usually a two-day process, meaning patients who encounter application processing delays must also contend with added logistical considerations, including missing two days of work or school, finding childcare and locating overnight lodging near the abortion provider. Every delay at point of entry for poor women seeking Medi-Cal funded abortion care, then, creates additional barriers once a woman is deemed eligible, essentially crippling a woman from accessing timely, safe and inexpensive reproductive care.

California Abortion Providers:

Regional Distribution of Providers by Gestational Age and Medi-Cal Acceptance¹⁰

ACCEPT MEDI-CAL				
REGION	1ST TRIMESTER <i>Medication Abortion Only</i> (up to 9 wks)	1ST TRIMESTER (6-14 wks)	EARLY 2ND TRIMESTER (15-20 wks)	LATE 2ND TRIMESTER (21-24 wks)
Northeastern California		1		
North Coast		3		
Sacramento Valley		2	8	
Sierra Nevada		2		
San Francisco Bay Area	8	20	16	4
Central Coast	2	2	1	
San Joaquin Valley	2	3	4	
Greater Los Angeles	14	12	9	2
Inland Valley	3	3	3	1
Southern California	13	1	1	1
TOTALS	42	49	42	8

DO NOT ACCEPT MEDI-CAL				
REGION	1ST TRIMESTER <i>Medication Abortion Only (up to 9 wks)</i>	1ST TRIMESTER (6-14 wks)	EARLY 2ND TRIMESTER (15-20 wks)	LATE 2ND TRIMESTER (21-24 wks)
North Coast		1		
Sacramento Valley		2		
Sierra Nevada		1		
San Francisco Bay Area	2	21	2	1
Central Coast		1		
San Joaquin Valley		2		
Greater Los Angeles	2	5	1	1
Southern California				1
TOTALS	4	33	3	3

Recommendations

The emotional cost of having an unwanted or unhealthy pregnancy can be immeasurable, and the financial cost to both a family and to Californians is massive. We cannot afford to deny poor women their right to Medi-Cal coverage for abortion or other reproductive care because of persistent institutional errors. To improve access to timely, safe and affordable pregnancy-related health care:

1. County social service offices must facilitate the provision of clear information to applicants about policies for pregnancy services through eligibility workers and other frontline staff to establish a mutual understanding of:
 - a. The applicant’s reproductive health care needs;
 - b. The programs for which the applicant is eligible, what those programs require upon application and cover once eligibility is certified; and,
 - c. The application process for the program the applicant chooses
2. County social service offices must enforce existing eligibility policies; and,
3. County social service offices must ensure the timely processing of applications for pregnancy-related care.

WE CANNOT AFFORD TO DENY POOR WOMEN THEIR RIGHT TO MEDI-CAL COVERAGE FOR ABORTION OR OTHER REPRODUCTIVE CARE BECAUSE OF PERSISTENT INSTITUTIONAL ERRORS.

Many identified Medi-Cal application and eligibility barriers result from the lack of knowledge among poor women about their right to access Medi-Cal services for pregnancy-related care, and from county social service offices failing to inform women about eligibility guidelines and applications processes. The information currently provided by the Department of Health Care Services in regard to Restricted Pregnancy Medi-Cal provides only basic, and limited, information about available programs and eligibility, and makes no specific mention of coverage for pregnancy termination services. To improve access to comprehensive information about Medi-Cal programs, eligibility guidelines and application procedures:

1. Counties should create a brochure with information about the Restricted Pregnancy Medi-Cal program. The guide must inform pregnant women that:
 - a. They can directly request Restricted Pregnancy Medi-Cal, even if they are eligible for Full-Scope benefits;
 - b. Medi-Cal will expedite receipt of Restricted Pregnancy benefits
 - c. Restricted Pregnancy Medi-Cal will pay for most pregnancy-related care, including abortion and labor and delivery, and for most emergency medical care;
 - d. Full-Scope benefits can be obtained retroactively to the application date (possibly up to three months retroactive) if DRA documentation is submitted within one year of the date of application and if clients want Full-Scope benefits; and,
 - e. There are other programs they may qualify for, including Presumptive Eligibility, Full-Scope Medi-Cal and AIM, and the eligibility guidelines for those programs.

The guide should be created in collaboration with advocacy groups with knowledge about the affected communities and published and distributed to applicants and advocates. Applicants would ideally use the guide to navigate the application process and ensure that eligibility rules are followed. The guides could be personalized by individual counties to accommodate their unique processing protocols, but would be uniform in terms of the eligibility laws applicable throughout the state.

2. Documents and correspondence between the Department of Health Care Services (DHCS) and Medi-Cal beneficiaries should be updated to reflect explicit information about pregnancy-related services. For example, publications currently disseminated by DHCS regarding the DRA regulations, such as the “U.S. Citizens and Nationals Applying for Medi-Cal Must Show Proof of Citizenship and Identity¹¹,” do not explicitly state that applicants for Restricted Pregnancy Medi-Cal are exempt from the DRA requirements. As an initial step, this point should be included in the exemptions listed in this document and in future documents published about the DRA.

THE DEPARTMENT OF HEALTH CARE SERVICES SHOULD STANDARDIZE THE TERMINOLOGY USED TO ACCESS MEDI-CAL PROGRAMS AND CLARIFY FOR PATIENTS, ADVOCATES AND SOCIAL SERVICE STAFF WHAT TERMINOLOGY APPLICANTS SHOULD USE WHEN REQUESTING RESTRICTED PREGNANCY SERVICES.

3. The Department of Health Care Services should standardize the terminology used to access Medi-Cal programs and clarify for patients, advocates and social service staff what terminology applicants should use when requesting Restricted Pregnancy services.

While ACCESS and other health care advocates work to build the power of women as advocates for their own care and Medi-Cal benefits, arming them with information about eligibility and guidelines, it is equally important that Medi-Cal eligibility staff maintain a working knowledge of existing and updated policies and guidelines, and be held accountable for enforcing them correctly. Currently, several policies and programs apply to pregnant women, but they are spread throughout Medi-Cal eligibility manuals, and do not specifically identify abortion as pregnancy-related care. This results in eligibility workers overlooking or forgetting important exemptions, rules or waived requirements specific to pregnant applicants, including:

1. Expedited eligibility determinations for all pregnant applicants;
2. The ability to self-declare pregnancy when applying for Restricted Pregnancy or Minor Consent services;
3. Exemption from DRA citizenship documentation requirements when applying for Restricted Pregnancy or Minor Consent services; and,
4. Income eligibility for pregnant applicants is under 200% of the FPL.

To make the aforementioned rules clear to social service staff, counties should create and disseminate a tool that consolidates the rules, exemptions and guidelines pertaining to pregnant applicants and train staff on using it to guide their work with these women. Furthermore, if the guidelines or exemptions are not applied correctly, there should be an identifiable mechanism in place at all county social service offices for applicants or advocates to report problems or to challenge the results of eligibility determinations.

Even when all Medi-Cal guidelines are followed correctly and the process goes smoothly for pregnant applicants, the application experience can prove daunting to women who face a hostile or judgmental environment. Counties should ensure that all applicants feel welcome and safe when applying by:

1. Providing applicants with information and communication in a culturally and linguistically appropriate manner;
2. Ensuring that applicants are treated with respect during interactions with social service staff; and,
3. Ensuring that communication about pregnancy does not demonstrate a bias, whether toward keeping or terminating a pregnancy.

Conclusion

Equitable and timely access to pregnancy-related Medi-Cal benefits is constrained and sometimes hindered by the current Medi-Cal system, with its inherent complexities and challenges. Particularly at the point of entry, women face an overwhelming bureaucracy, consistent misinformation, inappropriate application of eligibility guidelines and, ultimately, delays that can detrimentally impact their ability to afford or access safe care. ACCESS looks forward to working with the Department of Health Care Services, County Welfare Directors and social service agencies, other health care advocates and Medi-Cal beneficiaries to improve the Medi-Cal system so that women, their families and all of our communities can access quality, safe and affordable health care when and where they need it.

EVEN WHEN ALL MEDI-CAL GUIDELINES ARE FOLLOWED CORRECTLY AND THE PROCESS GOES SMOOTHLY FOR PREGNANT APPLICANTS, THE APPLICATION EXPERIENCE CAN PROVE DAUNTING TO WOMEN WHO FACE A HOSTILE OR JUDGMENTAL ENVIRONMENT.

Glossary of Medi-Cal Terms¹²

Medi-Cal

The California Medicaid program. A patchwork of programs available to meet the health care needs of low-income uninsured individuals, pregnant women, disabled people, the elderly and select groups of individuals with other serious health conditions. Currently, over 6 million Californians receive Medi-Cal benefits.

Full-Scope Medi-Cal

Also known as Regular Medi-Cal. The most comprehensive Medi-Cal program, it covers inpatient and outpatient hospital services, nursing facility care, and prescription drugs. To qualify a person must be a U.S. citizen, national or legal permanent resident under 100% of the Federal Poverty Level, and fit into one of the following categories:

- > Pregnant
- > TANF (CalWORKs) recipient or TANF- linked
- > Aged 65 or over
- > Blind or disabled

Federal Deficit Reduction Act of 2005

Federal legislation signed by President Bush on February 8, 2006. The DRA includes net reductions in expenditures over ten years from Medicaid, and regulations which require U.S. citizens to provide proof of citizenship when applying or recertifying for Full-Scope Medicaid benefits.

Restricted Medi-Cal Programs

Restricted Medi-Cal services include emergency services, Minor Consent services, pregnancy-related care and state-only long-term care. Restricted Medi-Cal only covers the costs of specific services and is usually available to undocumented immigrants.

Restricted Pregnancy Medi-Cal

Also known as Income Disregard Program, 200% Program or Federal Poverty Level Program for Infants and Pregnant Women. Encourages early use of pregnancy services for all eligible pregnant women whose family income is at or below 200 percent of the Federal Poverty Level, regardless of immigration status. Provides family planning services, pregnancy-related services, including abortion, and postpartum care for 60 days following the birth or the end of pregnancy.

Minor Consent Services

A Restricted Medi-Cal program for minors under 21 years old and dependent on a parent or guardian for income who need confidential access to sensitive services such as:

- > Treatment for drug addiction
- > Pregnancy services
- > Testing and treatment for sexually-transmitted infections
- > Mental health
- > Family planning services

Minor Consent requires monthly renewal in order for a minor to continue receiving coverage.

Federal Poverty Level

Poverty thresholds developed by the U.S. Census Bureau and issued each year by the U.S. Department of Health and Human Services. The guidelines are used to determine financial eligibility for certain federal and state programs, including many Medi-Cal programs. The latest guidelines can be reviewed at: <http://aspe.dhhs.gov/poverty/08poverty.shtml>.

Department of Health Care Services

The state office which directly operates Medi-Cal programs in California, including eligibility, scope of benefits, reimbursements and related services.

Pregnancy Verification Form

A written statement from a physician, physician's assistant, certified nurse midwife, certified nurse practitioner, licensed midwife, or other certified medical personnel verifying a positive pregnancy. Pregnancy verification is not required for women applying for Minor Consent services. Women seeking Restricted Pregnancy Medi-Cal can self-declare their pregnancy. Women seeking Full-Scope Medi-Cal can self-declare upon application and then have sixty days to provide pregnancy verification.

Endnotes

- ¹ Medi-Cal Policy Institute. *Speaking out: What beneficiaries have to say about the Medi-Cal program*. March 2006.
- ² 2009-2010 Governor's Budget. *General Fund Proposals*. December 31, 2008.
- ³ Evans, Noreen. Assembly Budget Committee. *Summary of Governor's Proposed December 2008-09 Budget Adjustments*. December 2, 2008. p. 14-16.
- ⁴ Deficit Reduction Act, Proof of Citizenship. Centers for Medicare & Medicaid Services. http://www.cms.hhs.gov/DeficitReductionAct/12_Citizenship.asp#TopOfPage
- ⁵ Kaiser Commission on Key Facts. *Citizenship Documentation in Medicaid*. December 2007. http://www.kff.org/medicaid/upload/7533_03.pdf
- ⁶ Ibid.
- ⁷ State of California, Health and Human Services Agency Department of Health Services. *Implementation of the Federal Deficit Reduction Act of 2005*. June 4, 2007. <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/c07-12.pdf>.
- ⁸ A copy of the survey tool is available upon request from ACCESS/Women's Health Rights Coalition.
- ⁹ Department of Health Care Services. *Medi-Cal Eligibility Procedures Manual*. June 2006.
- ¹⁰ ACCESS/Women's Health Rights Coalition. *Annual 2008 Survey of Abortion Providers*. Providers included are those that publicly advertise their services. Five additional providers who accept Medi-Cal did not respond to the survey and are, therefore, not represented herein.
- ¹¹ Department of Health Care Services. *U.S. Citizens and Nationals Applying for Medi-Cal Must Show Proof of Citizenship and Identity*. January 2008.
- ¹² Kulkarni, Manjusha. *The Guide to Medi-Cal Programs: A Description of Medi-Cal Programs, Aid Codes, and Eligibility Groups*. Third Edition, 2006.

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ACCESS exists to make reproductive justice a reality for California women. We use a combination of direct service, community mobilization and policy advocacy to promote real reproductive options and access to quality health care for low-income and uninsured women, young women, immigrant women and women in rural or isolated areas. Visit us online at: www.whrc-access.org

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