

New Budget Boosts Health Coverage For Low-Income Californians

By Ana B. Ibarra
California Healthline

Ann Manganello survives entirely off her Social Security stipend: \$1,391 a month.

That doesn't amount to much in the pricey desert enclave of Palm Springs, Calif. — especially for someone who contends with a host of expensive medical problems, including a blood vessel disorder, complications from a recent stroke and frequent bouts of colitis.

"Right now, I don't really have the money to do much. I just stay here and that's it," Manganello said with a sigh, sad at the thought of being stuck in her apartment.

Because she is 71 and has a low income, Manganello qualifies for Medi-Cal, the state's Medicaid program for disadvantaged people, as well as Medicare, the public insurance program for people 65 and older.

But there's a catch: Her monthly Social Security check puts her slightly above the income level for free care under Medi-Cal. So, she reduces the amount of income counted for Medi-Cal eligibility by buying a dental insurance policy she doesn't really need, just so she can qualify for the free coverage and avoid a \$672 monthly deductible.

Things are expected to change next year for Manganello and others in similar situations. In the state budget for 2019-20, legislators approved \$62.4 million to help about 25,000 older people and those with disabilities get free Medi-Cal. Gov. Gavin Newsom must sign the budget by June 30.

That's one of several major investments the \$215 billion budget makes in Medi-Cal enrollment and services. About 13 million Californians — or about a third of the state's population — have Medi-Cal.

The spending plan also includes money to restore medical benefits that were cut 10 years ago during the recession, such as podiatry and speech therapy. It also provides full Medi-Cal coverage to low-income young adults ages 19 through 25 who are in the country illegally. That will make California the first state in the nation to offer full Medicaid benefits to unauthorized immigrant adults.

Plus there's \$30 million for outreach and enrollment and \$769.5 million to boost the amount Medi-Cal pays participating doctors and dentists.

For Manganello, who worked as a manager for a signage shop in Buffalo, N.Y., before moving west, qualifying for free Medi-Cal would make a tangible difference in her life.

"I could cancel that extra insurance and buy myself a medical alert bracelet. I would also have some money to maybe pay off some other medical bills," she said. "It would help with groceries, things like Depends. And maybe I could go out to lunch once in a while."

The Medi-Cal expansions in the budget represent another radical departure by California from the federal government on health care and immigration. In addition to cracking down on illegal immigration, the Trump administration is pushing policies, such as work requirements for Medicaid enrollees, that often lead to reductions in enrollment.

The budget measures also bring California a step closer to Newsom's goal of achieving universal health care coverage. The state's estimated 1.8 million unauthorized immigrants, for example, make up roughly 60% of the state's remaining uninsured residents.

"It seems like what has occurred in California this year is a very conscious, systematic and well-designed effort to close gaps" in coverage, said Judy Solomon, a senior fellow at the Center on Budget and Policy Priorities.

Many other states face similar coverage gaps but few can afford to address them, Solomon said.

'Senior Penalty'

Most adults who don't have a disability and are under 65 are eligible for free Medi-Cal with incomes up to 138% of the federal poverty level, or about \$17,200 for an individual.

But adults in Medi-Cal's Aged and Disabled Program have to meet stricter income requirements — up to 122% of the poverty level, or just under \$15,240 a year for an individual.

If, like Manganello, they make slightly more than that, they must pay a certain amount of their health costs — essentially, a deductible — before Medi-Cal coverage kicks in. That can translate into hundreds of dollars or more per month.

Linda Nguy, a policy advocate at the Western Center on Law & Poverty, said that many people are simply skipping medical care because they can't afford the deductible.

"We call this the senior penalty, because basically you're being penalized with a stricter eligibility limit based fully on your age or disability," said Amber Christ, an attorney with Justice in Aging, a nonprofit advocacy group focused on senior poverty.

Many states that expanded their Medicaid programs under the Affordable Care Act also have this disparity, Christ said. The 2019-20 California budget would end it by raising the income eligibility threshold for that group to 138% of the poverty level.

Restoring Benefits

During the Great Recession, California, like many other states, cut several Medicaid benefits that aren't required by the federal government.

Starting Jan. 1, Medi-Cal will restore five areas of coverage: audiology, optical services, podiatry, incontinence supplies and speech therapy.

"People of all ages wear glasses, so this can really benefit anyone," Nguy said. "But things like podiatry, audiology, speech therapy are probably of most benefit to people with chronic conditions."

The new budget includes \$17.4 million for these services, which could disappear again in 2022 unless lawmakers decide to extend them.

Optional benefits are usually the first to go in bad economic times, and bringing them back can take years. Full dental benefits, also cut during the recession, were restored for adults in Medi-Cal last year.

Immigrant Coverage

Lawmakers allocated \$98 million to offer free health coverage for unauthorized young immigrant adults who meet the income requirements, starting next year. Of this, \$74.3 million will come from the state, while the rest will come from funds the federal government provides for labor and delivery and emergency care only.

About 90,000 young adults are expected to become eligible in the first year.

Covering young adults became the most controversial health care issue in this year's budget. Republicans criticized the effort, arguing that Medi-Cal should be fixed before it is expanded.

"Every day, my district offices get calls from my constituents who are unable to see a doctor, even though they are technically covered by Medi-Cal, because so few doctors in my district are able to take the low reimbursement rates that Medi-Cal provides," state Assemblyman Jay Obernolte (R-Big Bear Lake) said before the Assembly's budget vote on June 13.

In 2016, California started offering full Medi-Cal benefits to unauthorized immigrant children. The state's current-year budget allocates \$365.2 million to fund that coverage. In February 2019, 127,845 kids were enrolled in the program.

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CCoA Tours Ventura County Older Adult Services

As part of its meeting rotation, the California Commission on Aging held its June 2019 meeting in Ventura County. Some highlights from the meeting are:

- Commissioners toured "[Senior Concerns](#)", a non-profit organization which provides a variety of services including Adult Day Care, Caregiver Support and Meals on Wheels. Senior Concerns also provided the Commissioners with copies of their booklet "[from Hospital to Home: A companion notebook for caregivers of people with dementia](#)". The booklet is a resource guide for a caregiver when a person with memory loss is hospitalized. This booklet is available as a Ventura County Notebook, a Spanish Edition Notebook ([Descargar Condado De Ventura Cuaderno En Español](#)) and a [National Notebook](#).
- Insurance Commissioner Ricardo Lara spoke of his work on issues of insurance fraud, long-term care insurance, and senior scam awareness. He highlighted the Department of Insurance's work to increase access to insurance for all, including undocumented older adults
- Susan Guffee, Clinical Services Program manager, Ventura County Area Agency reported that high rates of Alzheimer's disease have prompted a commitment to become a Dementia Friendly County. As a result, the County is developing a network of dementia-friendly businesses and cafes, dementia awareness bus, and dementia-friendly care management services.
- Dr. Thomas Duncan, Medical Director, Ventura County Medical Center County's efforts around fall prevention. Dr. Duncan describe the various reasons older adults fall and the use of a frailty index score to track vulnerability to falls. Monique Nowlin, Ventura County, Deputy Director, Area Agency on Aging explained the program goals are to reduce preventable falls, raise awareness, to establish baseline data and demonstrate mitigation.



CCoA members at Senior Concerns in Thousand Oaks. Pictured are (front row, L-R) Ed Walsh, Joaquin Anguera, Cheryl Brown, Jane Rozanski, Rita Saenz, Jean Schuldberg, Joe Cislowski, (back row, L-R) Stuart Greenbaum, Marcey Adelman, Betsy Butler, Shelley Lyford, Ellen Schmeding, Julie Conger and Debbie Meador.

- Michael Jump, with Ventura County District Attorney's Office, described the collaborative creation of a Family Service Center. Family service centers are designed to provide a one-stop for those victims of domestic violence, sexual assault, elder and dependent adult abuse, child abuse, and human trafficking.
- Brad Hudson, District Representative, Office of Senator Hannah-Beth Jackson provided the Commissioners an update on SB 228 (Master Plan on Aging).

New Advocates Guide: In-Home Supportive Services

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The In-Home Supportive Services (IHSS) program is a Medi-Cal program in California that pays for in-home care for people with disabilities, including children, adults, and seniors. The purpose of this vital program is to provide services and supports that help people remain safely in their homes and living in the community.

Justice in Aging is releasing a new Advocates Guide about the IHSS program for advocates and individuals who provide assistance to older adults, children, and adults with disabilities. Written with significant support from Disability Rights California, the guide provides in-depth information about the IHSS program and is divided into eight chapters:

- IHSS Program Overview;
- Eligibility and Applying for IHSS;
- Medi-Cal Programs and IHSS;
- IHSS Services Overview;
- Types of Services;
- IHSS Providers;
- Post-Eligibility Issues;
- and Appeals and Hearings.



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The Commission on Aging welcomes Kim McCoy Wade as the acting director of the California Department of Aging (CDA). Ms. McCoy Wade previously worked at the California Department of Social Services as CalFresh & Nutrition Branch Chief. Ms. McCoy Wade will succeed Fran Mueller who has served as the acting director of CDA since the retirement of Lora Connolly.

New Data Profile: Examining Family Caregiver Characteristics

The Administration for Community Living's new data profile, "[Family Caregivers: Examining caregiver characteristics, caregiving support, and other caregiving dynamics that differ between short term and long term caregivers](#)," compares caregivers who have been providing care for two or fewer years, and caregivers providing care for longer than two years. This data profile examines characteristics of caregivers including age, relationship to care recipient, level of caregiving intensity, and use of NFCSP services.

Download the new profile.

Upcoming Events

August 19 – 21, 2019 – 30th National Adult protective Services Association Conference and 1st National "Bridges to Justice" Conference. Denver, Colorado. Registration and information [here](#).

August 27-28, 2019 – California Commission on Aging Meeting. San Jose, CA. Agenda at www.ccoa.ca.gov

September 24-25 – Triple-A Council of California (TACC) Meeting. Sacramento CA. Agenda at <https://tacc.ccoa.ca.gov/Meetings/>

November 19-20, 2019 – California Commission on Aging Meeting. Los Angeles, CA. Agenda at www.ccoa.ca.gov.

AGEWATCH is an occasional publication of the California Commission on Aging (CCoA) intended to inform, educate, and advocate. The CCoA is an independent state agency established in 1973 to serve as the principal state advocate on behalf of older Californians. The CCoA office is located at:

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