



NATIONAL CENTER FOR EASE OF USE
OF COMMUNITY-BASED SERVICES

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

Host and Moderator:

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Community-Based Services

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

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Overview

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

The Catalyst Center

www.catalystctr.org

Healthy People 2010

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

Family participation/
satisfaction

Medical home

Early and continuous screening



Adequate insurance

Community-based services

Transition to adult life

You are here:
Catalyst Center



Children & Youth with Special Health Care Needs (CYSHCN)

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



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

Catalyst Center activities include:

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



Catalyst Center activities don't include:

- Individualized benefits counseling

Family Resources

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

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

Click on the state abbreviation to view state resources:

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

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



Who are Immigrant Children?

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

AAP – American Academy of Pediatrics

Citation

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



Demographics

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



CSHCN in Immigrant Families

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



Insurance Status of Immigrant Children

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

Medicaid & CHIP

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

CHIP – Children’s Health Insurance Program



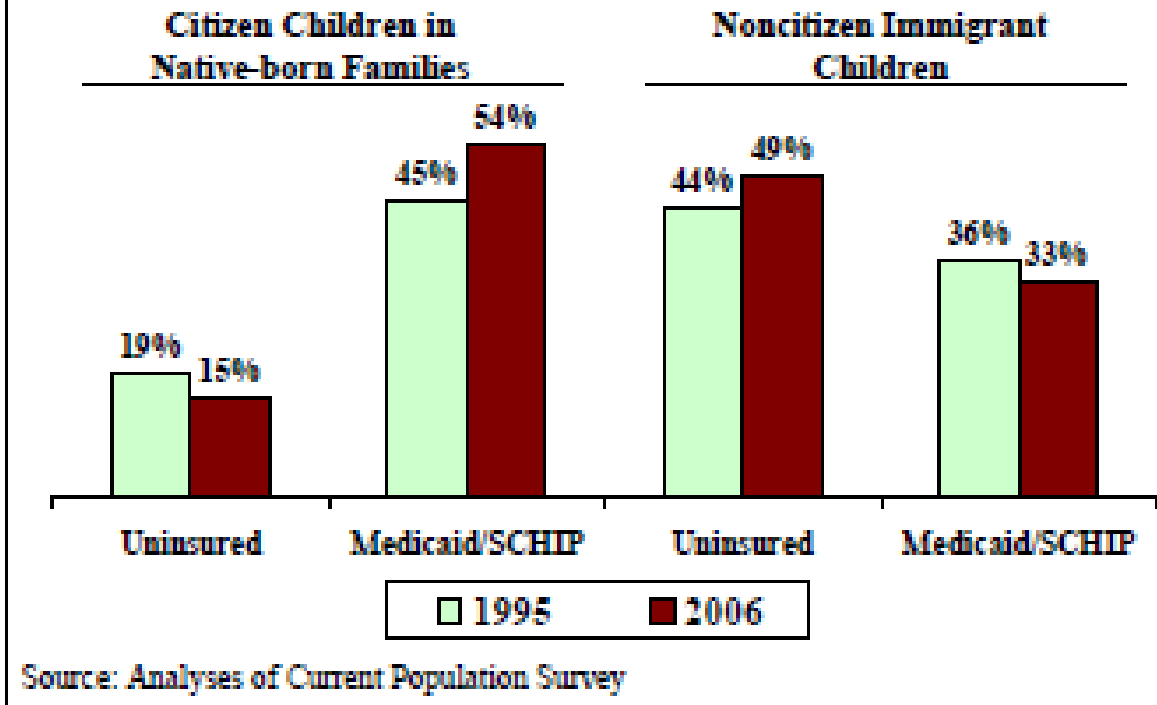
Eligible but Unenrolled

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



PRWORA

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



PRWORA – Persona Responsibility and Work Opportunity Reconciliation Act

Citation

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

ICHIA

- Immigrant Children's Health Improvement Act (ICHIA)
- Lifted 5 year ban for Medicaid & CHIP for non-citizen children & pregnant women who are lawfully residing in the U.S.

Examples:

- Lawful permanent residents (LPRs) – green card
- Refugees
- Persons granted asylum
- Persons granted withholding of deportation
- Cuban/Haitian entrants
- Persons paroled into the United States for at least one year
- Certain battered spouses and children
- Victims of severe form of trafficking

ICHIA – Immigrant Children's Health Insurance Act



ICHIA

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

ICHIA – Immigrant Children's Health Insurance Act

Medical Assistance Programs for Immigrants in Various States

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

National Immigration Law Center

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

States Expansion of Coverage

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

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



Medicaid Expansion

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

<http://data.catalystctr.org>



Medicaid Eligibility (%FPL): Separate CHIP Programs

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



Medicaid Expansion for CYSHCN

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

Alternate Pathways to Medicaid for CYSHCN

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

Adult Medicaid Expansion

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



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

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

As of May 30, 2013

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

Marketplace Coverage

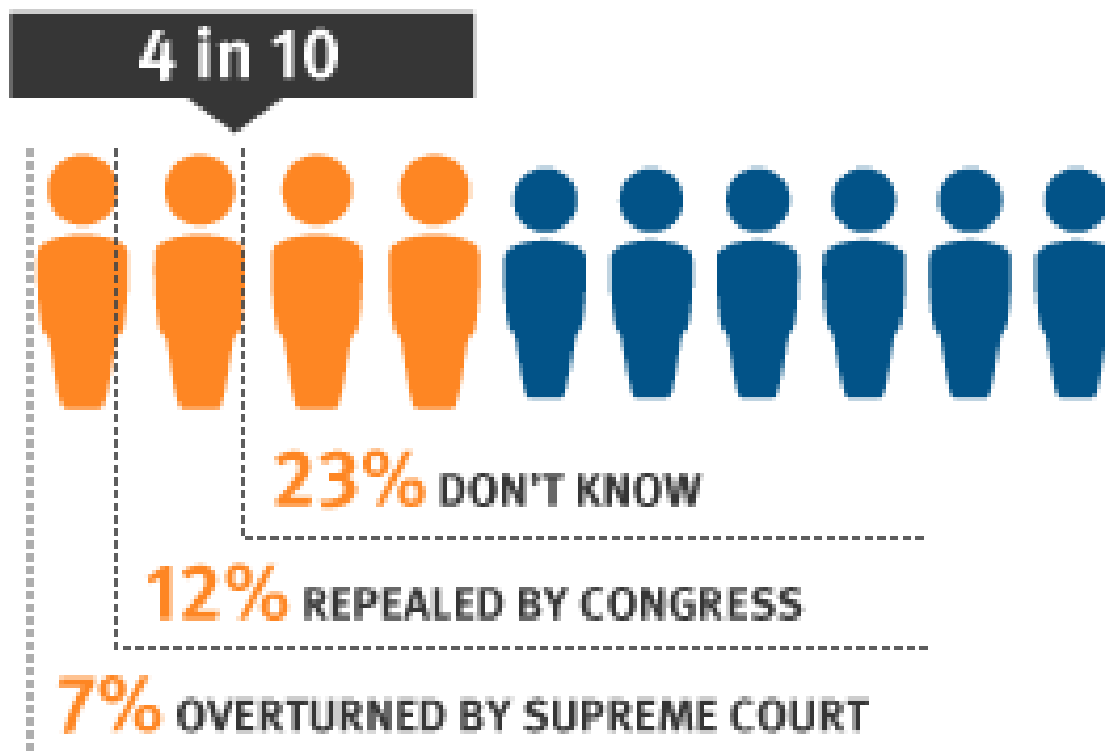
- Born in the U.S.A. or naturalized, and income > 138% FPL, and no option of affordable employer coverage
 - Income 100 – 400% FPL → tax credits
 - Income 100 – 250% FPL → cost-sharing subsidies and out-of-pocket limits in silver plan
- Lawfully present immigrants in U.S. < 5 yrs
 - Can purchase Marketplace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





Kaiser Health Tracking Poll: April 2013

Is the ACA still a law?



Marketplace Coverage for Immigrants

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

Types of Assistance

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



Health Insurance Marketplaces

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

As of May 30, 2013

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

Coverage Options for Undocumented Individuals

- Emergency Medicaid
- Federally Qualified Health Centers (FQHC)
- Safety Net Hospitals



Deferred Action for Childhood Arrivals (DACA)

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

Emergency Medicaid

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



Federally Qualified Health Centers

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



Safety Net Hospitals

Provide care to individuals who are:

- Low income
- Uninsured
- Vulnerable populations

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

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

January 29, 2013

<http://www.nilc.org/document.html?id=844>

National Health Services Corps

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

What can you do to stay informed?

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

- Sign up for Catalyst Center e-news
 - *Quarterly*, a quarterly e-newsletter
 - *Coverage*, bi-weekly roundup of news related to financing of care for CYSHCN

Past issues: <http://http://hdwg.org/catalyst/publications/pastissues>


- Read our policy briefs, participate in webinars, etc.
- Ask us TA questions!
- Partner with advocacy/consumer groups – lend your voice and expertise to theirs

•  <https://www.facebook.com/catalystcenter>

•  @catalystcenter <https://www.twitter.com/catalystcenter>





 Catalyst Center-
How can we help?

For more information,
please contact:

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<http://www.catalystctr.org>