



Santa Barbara County-Public Health Department
Low Income Health Program (LIHP)
MIA-Advantage Program
FACT SHEET
August 2011

Background

On Nov 2, 2010, former Governor Schwarzenegger announced the Federal approval of California's "Bridge to Reform": A Section 1115 Medicaid Waiver Proposal, which will enable California to prepare for and implement Federal rules that will take effect in 2014 under the Patient Protection and Affordable Care Act.

Under the Waiver's provisions, medical and mental health coverage is expanded for uninsured adults who do not currently qualify for Medi-Cal. The California Department of Health Care Services has created the Low Income Health Program (LIHP) to address this expansion.

The Public Health Department (PHD) will be the lead agency for LIHP.

LIHP GOALS

The State designed the LIHP to utilize existing relationships between the uninsured and safety net health care systems, hospitals, and clinics and has been constructed to:

1. Expand the number of Californians who have health care coverage;
2. Strengthen and build upon the local health care safety net system, including disproportionate share hospitals, and county and community clinics;
3. Improve access to high quality health care and health outcomes for individuals; and
4. Create efficiencies in the delivery of health care services that could lead to savings in health care costs.

LIHP

1. Medicaid Coverage Expansion (MCE) - The County of SB has chosen to participate in only this component. The MCE may cover adults age 19-64 with family incomes **at or below 133 % of FPL**. This program is considered early expansion of Medicaid for childless adults. MCE Federal funds will be uncapped; therefore program capacity will be contingent upon the availability of County matching funds. MCEs will be subject to all Medicaid rules, except those explicitly waived through the contract terms.
2. Health Care Coverage Initiative (HCCI) HCCI population is for individuals with incomes between 134% --200% of FPL. The County of SB has elected not to participate in this component.

Partners

The LIHP will be successful because of the partnerships which the PHD has developed. Contracts with CenCal Health and the County family (DSS and ADMHS) will allow each of the respective agencies to capitalize on what they do well and strengthen or look for

new opportunities to improve their services. For example, CenCal Health is currently the managed care organization for the Medi-Cal population so their expertise and willingness to provide the same services for the LIHP enrollees is invaluable.

Enrollment

Standardized eligibility and enrollment procedures that interface with Medi-Cal processes will be used. Approximately 500-800 residents may be enrolled.

MCE Core Benefits

1. Medical equipment and supplies
2. Emergency Care services (including transportation)
3. Acute inpatient services
4. Laboratory services
5. Outpatient Hospital services
6. Physical Therapy
7. Physician services, including specialty care
8. Prescription and limited non-prescription medications
9. Prosthetic and orthotic appliances and devices
10. Radiology
11. Mental Health services, including:
 - a. Up to 10 days per year of acute hospitalization in an acute care hospital, psychiatric hospital or Psychiatric Health Facility (PHF);
 - b. Psychiatric pharmaceuticals
 - c. Up to 12 outpatient encounters per year
12. Prior-authorized non-emergency Medical Transportation
13. Podiatry

Medical Home

Enrollees will be assigned a medical home and Primary Care Physician (PCP) in one of the PHD's Health Care Centers. Authorization to seek specialty services will be initiated by the PCP and approved within CenCal Health's Utilization Management program.

Delivery Systems/Network Adequacy

The LIHP delivery system will be a closed network of providers operating as a managed care system. Therefore, network adequacy and timely access standards will be implemented.

Out-of-Network Emergency Coverage

The LIHP will provide coverage for out-of-network emergency and post-stabilization care services.

Financing

The LIHP will be funded through federal matching funds to local Certified Public Expenditures (CPE).

Effective date

January 1, 2012 is the targeted date but it has not been finalized.