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MEMORANDUM

DATE: August 15, 2013

TO: MRMIB Members

FROM: Jeanie Esajian 
Deputy Director for Legislation and External Affairs

SUBJECT: MRMIB Media Report for July – August 2013

Media inquiries since the last Board meeting were from the *Sacramento Business Journal*, the CHCF Center for Health Reporting, *California Healthline*, the *Associated Press* – Washington, D.C. and the *Ventura County Star*. Media queries were on the topics of the transition of Healthy Families Program children to Medi-Cal, the transition of California PCIP subscribers to the federally administered PCIP, MRMIB's surveys on health quality in HFP and the future of MRMIP.

If you have any questions or comments regarding these articles, please feel free to contact me at (916) 324-0571 or at jesajian@mrmib.ca.gov.

MORE HEALTHY FAMILIES FEEDBACK SOUGHT

by Angela Hart, California Healthline Contributing Reporter Friday, July 19, 2013

The state has had difficulty getting input from families involved in this year's transition of 860,000 Healthy Families beneficiaries into Medi-Cal managed care plans. Only 11% of those contacted in the most recent survey responded to the state's questions, officials reported Wednesday.

Results of a beneficiary survey were released at the monthly meeting of the Managed Risk Medical Insurance Board, which oversees Healthy Families. State officials called 5,000 Healthy Families households to ask about the transition. Only 568 of them -- about 11% -- responded.

"One of the pieces of the puzzle is getting more people engaged," said Rene Mollow, deputy director of health care benefits and eligibility for the Department of Health Care Services, which is overseeing the shift to Medi-Cal.

More than 700,000 low-income children and their families have made the switch to Medi-Cal managed care plans since the phased transition started in January. Roughly 146,000 children still remain in the Healthy Families program, according to MRMIB officials.

Of the children moved into Medi-Cal so far, the majority of them have been able to keep their current health plan and their primary care physician, according to Terresa Krum, chief deputy director of MRMIB. Those two factors have been cited as a marker of maintaining continuity of care and a vital concern for patients and advocates.

In the DHCS survey, Krum pointed out, just half of the people who transitioned sought care under new Medi-Cal plans. That could mean they haven't sought care because they haven't needed it -- or it could signal a deeper confusion about the transition to a new Medi-Cal plan, she said.

Given the low rate of response, though, there's no way to know, she said.

"There is some concern about this being a statistically insignificant number upon which to draw conclusion," Krum said.

Mollow said DHCS has expanded call hours in recent months to reach more people when they're home, so the department can use better information to evaluate problems and successes.



6% NEED NEW PROVIDERS IN TRANSITION FROM HEALTHY FAMILIES TO MANAGED MEDI-CAL

by David Gorn Thursday, July 25, 2013

About three-quarters of the way through the transition of 768,000 California children from the Healthy Families program to Medi-Cal managed care plans, a little more than 6% have needed to switch providers and an even smaller number have had to change health plans.

That relatively low level of disruption reflects the effort and care the state has shown in implementing this transition, according to Rene Mollow, deputy director of benefits and eligibility at the Department of Health Care Services, which is overseeing the transition.

"I believe, unequivocally, that the department has been successful in this transition," Mollow said. "We've been able to transition a large number of children, and those kids have been able to access services with a minimum of disruption."

So far, roughly 614,000 children have been shifted to Medi-Cal, and roughly 40,000 of those children have needed to change providers. That's a little more than 6% of kids with new providers. According to DHCS numbers, less than 1% of transitioned children had to change health plans.

The more difficult phases of the transition begin with Phase 3 next week, on Aug. 1. Phases 1 and 2 have been completed, and phases 3 and 4 will be completed by the end of the year. Most of the 146,000 children still in the Healthy Families program will make the switch during Phase 3.

The latter stages of the transition will be more complicated, Mollow said, and will have much higher rates of change -- of both provider and health plan, she said.

Phases 1 and 2 she said, "were done with relative ease, they were pretty much on the same level," Mollow said. "Of all the phases, 4 is the one with the most change, with more chance of [children needing] a new health plan and new primary care provider."

Kelly Hardy, director of health policy for Children Now, said the department's numbers so far roughly match expectations.

"Though I was thinking that [6%] number would be closer to zero for the first two phases," Hardy said. "My definition of 'very few' is different than that."

The real test comes next week, Hardy said, when Phase 3 starts.

"Those numbers so far indicate there needs to be proactive work by the department to make sure these kids are taken care of," Hardy said. "Phase 3 is more problematic because these are the kids who are going to change plans."

Phase 4 begins in October, with roughly 35,000 children who will eventually shift out of Healthy Families.

The total number of children making the transition, according to DHCS numbers, is about 768,000 -- almost 100,000 children short of the 860,000 who were in the Healthy Families program at the start of 2013, when the transition began. That difference is consistent with the attrition rate in Healthy Families before the transition started, Mollow said.

Medi-Cal in Ventura County expands to cover 15,800 children

By Tom Kisken

Originally published 11:20 a.m., July 31, 2013
Updated 04:23 p.m., July 31, 2013

More than 15,800 children in Ventura County will join the Medi-Cal insurance program Thursday, driving efforts to make sure the new members have immediate access to doctors and clinics.

The transition comes as part of a yearlong plan to move more than 800,000 poor children from a state insurance program called Healthy Families to Medi-Cal. Partly because Medi-Cal pays less to doctors and other providers, the shift is projected to save California \$58 million in this budget year and more than \$70 million a year in the future.

Some children in Ventura County affected by the change were covered in Healthy Families by doctors who already accept Medi-Cal reimbursements and likely won't have to choose new providers. Children covered by Kaiser may also face little change because the HMO has contracted to continue caring for people being moved to Medi-Cal.

But leaders of the Gold Coast Health Plan, the 2-year-old program that provides Medi-Cal in Ventura County, estimate the families of about 6,400 children will have to choose a primary-care doctor. Their previous doctors may not show up in Gold Coast's records if the members haven't received care in the past year. Or they may not accept Medi-Cal payments, which rank among the nation's lowest.

Families that don't choose doctors will have them assigned by Gold Coast.

But Gold Coast staff members can't contact the new patients until Thursday because of a federal law designed to protect privacy, according to Ruth Watson, Gold Coast's chief operating officer.

Gold Coast did not get the names of their new members until Friday because the release of the information may have violated the privacy standards of the Health Insurance Portability and Accountability Act, Watson said.

"Until they become our members, we are not privy to their specific demographic information," she said.

Parents of children being moved to Medi-Cal have received notices from the state, according to Gold Coast officials. Employees of Gold Coast will build on the state efforts in a mailing campaign that begins Thursday.

Gold Coast has also added 11 permanent and temporary workers to answer an expected flood of phone calls and to call the new members in a phone outreach. Community meetings also are scheduled.

About 1,500 children who get care at the Coastal Pediatric Medical Group in Ventura and Oxnard will have to choose new doctors because of the end of Healthy Families, said Dr. Robert Fostakowsky, a pediatrician in the group. The group does not contract with Medi-Cal.

"A lot of the patients are just figuring out what's happening," he said. "We've had some tearful partings."

First 5 Ventura County, an organization that focuses on early childhood health and development, will be watching the transition. Leaders worry that the lower reimbursement paid to dentists covered by Medi-Cal could affect care.

"We just want kids to have health insurance," said Robin Godfrey, a spokeswoman for First 5 Ventura County. "We don't want families and children to go into the emergency room. If they have a medical home, it will be better from the get-go."

Dr. Josephine Soliz, an Oxnard family physician, expects Gold Coast will work hard to make the transition work. But she also expects problems, saying that other adjustments in Medi-Cal services have brought complications.

"We're not expecting it to go smoothly because nothing with Gold Coast has gone smoothly," she said.

Gold Coast leaders said their goal is to make sure care isn't interrupted.

"I think it will go smoother than it has in the past," Watson said, referring to the launch of Gold Coast two years ago. "I think we're doing everything above and beyond."

To contact Gold Coast about the Healthy Families transition, call 888-301-1228.



HEALTHY FAMILIES TRANSITION CONCERNS HEIGHTENED AS MOST DIFFICULT PHASES START

by David Gorn, California Healthline Sacramento Bureau Thursday, August 1, 2013

The third phase of the Healthy Families transition begins today, and it could be a bumpy passage.

The first two phases moving about 615,000 Healthy Families children to Medi-Cal managed care plans have gone relatively smoothly, with almost all of those children retaining their health plan and roughly 94% of them retaining their primary care physician, according to the Department of Health Care Services, which is overseeing the transition.

Medi-Cal is California's Medicaid program, and Healthy Families is its Children's Health Insurance Program.

The stark exception to "smoothly," however, has been an extended fight over the loss of coverage for a specific kind of autism treatment because of the transition.

Now comes the harder part of the transition. Phases 3 and 4 have smaller numbers of children to transition, but are expected to have higher rates of disruption in continuity of care. More children are expected to change both health plans and providers.

The first phase involved kids covered by insurers that also provide Medi-Cal managed care plans. The second-phase kids are in plans that subcontract with Medi-Cal plans, so few of them switched plans or had to change primary care providers. The third phase involves children covered by insurers that neither offer nor contract with Medi-Cal managed care plans. Children in the fourth group live in counties with no Medi-Cal managed care plans.

The difficult stages of the transition kick off amid criticism of the way the Department of Health Care Services handled part of the transition, specifically in connection to a change in the way an autism service called applied behavioral analysis, or ABA therapy, is delivered.

ABA therapy is not covered by Medi-Cal. Children moving from Healthy Families to Medi-Cal can apply for ABA therapy through a series of regional centers contracted by the state. Because eligibility criteria are more stringent at regional centers than in Healthy Families, advocates expect about three out of four families requesting ABA therapy will be denied.

More Difficult Transitions Begin Today

With the exception of the fight over autism services, the first two phases of the Healthy Families transition have been relatively controversy-free.

According to DHCS statistics, fewer than 1% of children had to switch health plans and only about 6% of children had to change primary care physicians during the first two transition phases.

That represents few problems in the move for 615,000 children, about three-quarters of the total number of kids who will make the transition.

"I believe unequivocally the department has been successful [in the transition]," said Rene Mollow, deputy director of benefits and eligibility at DHCS. "We've been able to transition a large number of children, and those kids have been able to access services with a minimum of disruption."

Mollow said federal rules require the department to monitor the transition, including contacting families who have made the transition, and that's where you see proof of success, she said.

"As we look back on the monitoring reports, it demonstrates we've been able to maintain access and minimize disruption," Mollow said. "We never went into this saying we'd have no disruptions in care. Our goal has always been to minimize disruption, and we've done that."

That makes sense to Suzie Shupe, executive director of the children's advocacy group California Coverage and Health Initiatives, who said the first two phases of the transition were expected to go smoothly.

"This is consistent with what the department was saying all along. Those numbers don't surprise me," Shupe said. "But we have seen some continuity-of-care issues, even in the first two phases. And in phases 3 and 4, a huge number of children will be changing health plans and finding new providers."

Phase 3 of the transition started today.

Phase 4 Smallest but Expected To Produce Most Change

Mollow agreed the next phases will be the more difficult ones. "Of all the phases, 4 is the one with the most change," she said, "with a new health plan and a new primary care provider."

The number of children in phase 4 is relatively small, though, with about 35,000 of them in that last stage of the transition. About 110,000 children will make the switch during Phase 3.

Shupe is concerned that there may not be enough notification and preparation for the more difficult phases of the transition.

"That's a big focus for us right now," Shupe said. "We think there was some missed opportunities to get that information out to parents and providers before phase 3 started."

A sheet of frequently asked questions was released by DHCS on July 19 to providers.

Shupe said many of the children in phase 3 have chronic conditions, meaning that continuity of care becomes much more important.

"My concern is, when children are healthy, they have time to change providers, it's not as much of a continuity-of-care issue. It's where a child who has a chronic condition, or someone scheduled for surgery or some medical procedure, those are what causes concern in phases 3 and 4."

The department's FAQ, she said, "is a step in the right direction, but really, it should've happened earlier," Shupe said. "It's incumbent on the state to get that information out to parents and providers in a clear and concise way."

Once the phase 3 transition gets fully underway in August and September, she said, "I imagine we're going to be hearing some stories."



STATE OFFICIALS DENY COVER-UP CLAIMS

by David Gorn Tuesday, August 6, 2013

A Kaiser physician and the mother of a child with autism claim state officials knew coverage would change when California moved children from the Healthy Families program into Medi-Cal coverage but wanted to keep the information hidden.

State officials said the assertions are simply not true.

In a January letter to beneficiaries of the Healthy Families program, state officials assured families they would retain "all of the same services" after the switch to Medi-Cal managed care plans.

But not all children in Healthy Families have the same coverage under Medi-Cal. Some children with autism who receive a specific kind of treatment -- applied behavioral analysis known as ABA therapy -- are no longer eligible for it.

Roughly 400 children lost ABA therapy coverage when they left the Healthy Families program. They have been referred to regional centers run by private companies contracting with the state to provide or coordinate services for low-income Californians with developmental disabilities, including autism. The eligibility criteria are different at regional centers, and children's advocacy groups estimate that three-quarters of those receiving ABA therapy under Healthy Families would be ineligible for that therapy at the regional centers.

In the Jan. 1 letter, Department of Health Care Services wrote, in bold-faced type:

"Your child will continue to have all of the same services during this move. ... Your child's coverage will not be interrupted."

Alice Mayall, a mother from Livermore, said that sentiment was similar to DHCS testimony during legislative hearings to grant approval for the transition to Medi-Cal. She said DHCS officials led parents and legislators to believe all services would continue under the transition, while knowing that ABA therapy services would not continue in the same way.

"I felt it was incredibly dishonest, and it seemed to be a systemwide dishonesty," Mayall said. "There had to be an awareness by DHCS [officials] that there would be no [ABA therapy] services under Medi-Cal."

She contends the information was kept under wraps so state health officials could get legislative approval more easily.

"Everybody [at DHCS] knew it ahead of time," she said. "But there was this attitude that we're not going to talk about it, because it's not going to be pretty."

Not talking about it extended to Kaiser's health plan, according to Sheldon Orloff, a pediatric nephrologist and the regional director for pediatric rehabilitation and subspecialties departments at Kaiser.

"We have not been allowed by the state to tell ... of the impending loss of ABA covered services through Kaiser, despite our desire to do so," Orloff said.

"They told us in no uncertain terms that we couldn't send out notifications to the families on multiple occasions," Orloff said. "And we're still not allowed to send any letters until the transition is over."

Orloff said it makes no sense to inform people about changes after they've already happened, Orloff said.

"To me, it makes no sense at this point in time," Orloff said. "You might as well be up front about it."

DHCS officials said the assertions are simply not true.

"DHCS did not ask any partners to refrain from speaking about ABA therapy services," said Norman Williams, deputy director of public affairs for DHCS.

Williams said determinations are still being made on how to handle the ABA therapy question.

"DHCS is still assessing the specific availability of ABA services for its Medi-Cal members," Williams said. "We are working to ensure Medi-Cal members continue to have appropriate access to behavioral health services. We are also collecting information and surveying our health plans regarding behavioral health services to determine the number of Healthy Families ... children transitioned to Medi-Cal who currently receive these services."

California Health Report

The Price of Parity: Why Low-Income Kids with Autism Don't Get Costly Care

August 6, 2013

By Heather Tirado Gilligan and Callie Shanafelt

Autistic kids lose beneficial therapy in transition to Medi-Cal from healthycal.org on Vimeo.

Cherie has autism—but it's not easy to see signs of the disorder in the exuberant 4-year-old. She only needs a gentle prompt from her mother, Jenny, before she says hello to the strangers in her living room. After the nudge, Cherie is a whirl of activity: She spins around in her purple and pink dress, brings her mother a tiny bouquet of yellow daisies she picked herself and calls upstairs for her older sister to come and play with her.

The difference between today and the day Cherie was diagnosed with autism at 27 months is stunning, Jenny says. At the age of 2, her daughter had changed from a chatty toddler to a withdrawn and silent child. Jenny holds out a picture of her daughter around the time of her autism diagnosis—she's sitting perfectly still in her high chair, a blank stare on her cherubic face.

Cherie started a therapy called applied behavior analysis (ABA) a few weeks after her diagnosis of mild to moderate autism. The change in her daughter was swift, Jenny says. "She just came back from the very deep fog she was in."

Earlier this year, Jenny found out that she might lose coverage for the therapy that she says brought her daughter back from the fog—all because she cannot afford private insurance. Starting this year, California requires children like Cherie, who receive private insurance subsidized by the state through a program called Healthy Families, to switch to Medi-Cal, the state's version of Medicaid, the publicly funded health insurance for low-income children and adults. Jenny was reassured by the state, as were all other families who had to make the change, that autistic children would receive all of the same benefits under Medi-Cal that they had under private insurance.

That turned out not to be the case. Families who switched coverage slowly realized that despite these assurances, their children's applied behavior analysis would not be covered by Medi-Cal. Some had their treatment halted abruptly. Parents fear their children will lose access to ABA for good.

Federal laws require that mental health—including developmental disorders like autism—and physical ailments be covered equally by insurance. These rules are referred to as parity in health care. Federal rules were further extended by the Affordable Care Act, which will soon require coverage of behavioral therapies as part of mental health parity.

States, however, will determine precisely what parity in behavioral therapy means. Some have decided to mandate coverage of ABA, a treatment accepted over the past five years as a standard intervention for autism, to fulfill parity laws. Other states don't see an ABA mandate as essential to maintaining parity.

California has approached the question of whether or not to mandate coverage of the intensive, expensive therapy in an especially curious way. The state mandates that all private insurance policies cover evidence-based autism treatment, including ABA. But California exempts Medi-Cal from that

requirement. As a result, families with private coverage get ABA for their autistic children. But most of those who are low-income and covered by public insurance do not.

A Sea Change in Treatment

Cherie bounces with anticipation in the minutes before her therapy session starts and hurries to the door when she hears a car in the driveway. “This is my Camille,” Cherie croons by way of introduction when her autism therapist arrives. Camille sits cross-legged on the floor in front of her, opens a bag of toys and pulls out a paper-bag puppet with the face of an elephant. She puts it on her hand and makes it talk to Cherie: “I’m saaad,” the elephant says. “Don’t be sad,” Cherie says encouragingly to the elephant.

What seems like play is actually designed to teach a series of social skills, all part of a personalized plan where her progress is carefully documented. Camille arrived with a goal sheet several pages long. “Cherie will engage in a reciprocal conversation on a neutral topic,” one goal read, “that will include making at least five appropriate comments with social partner while using eye contact and waiting appropriately.” There are boxes for her therapist to note how well Cherie did on each task. Camille guides Cherie through the tasks with a combination of firm disapproval and warm encouragement.

ABA is a form of behavior analysis, an approach that uses rewards to encourage helpful behaviors and discourage harmful habits. The therapy is intensive and conducted several times a week, sometimes even every day, in as many as 40 hours a week. Because of the intense, one-on-one nature of the therapy, ABA is expensive— costing as much as \$60,000 a year.

Advocates say that ABA is worth the cost because it works, and they cite studies to back up their point. “Some studies have shown that as many as 40 percent of these children do not need special ed by the age of 6,” says Karen Fessel, executive director of the Autism Health Insurance Project, an advocacy group that helps parents get treatment for their autistic children covered by insurance.

While some parents say that the treatment comes close to a cure for their child’s autism, ABA does not help every child who receives the therapy. And ABA has not yet been subjected to a randomized trial to prove its effectiveness. Still, the therapy has prestigious endorsements as a treatment for autism, from the Office of the Surgeon General to the American Academy of Pediatrics.

ABA has been a treatment for autism for decades, but insurance companies routinely denied coverage on the grounds that it was educational or experimental or that it was not medically necessary, until laws compelled them to pay, says Kristin Jacobson, co-founder and president of Autism Deserves Equal Coverage and California policy chair for Autism Speaks, an international advocacy group. “Health plans created a myth that it was not the standard of care,” Jacobson says, “but over the last five years we have been able to dispel those myths.” Autism Speaks says the last five years have brought a “sea change” in the understanding of ABA as a standard treatment for autism.

With this shift in perspective, some state laws guiding what insurance companies must cover have changed. Others have not. Thirty-four states have passed laws requiring that autism treatment be covered by at least some types of insurance policies. Eighteen will require that insurance companies participating in their state insurance exchange pay for ABA.

Paradoxically, one of those states is California.

Tiers of Parity

The autism specialist who diagnosed Cherie in 2010 offered Jenny little hope that her daughter would regain her speech and ability to function. She advised Jenny to grieve. “I’ll grieve later,” Jenny responded, “I just want to know right now what to do.” Jenny turned to the Internet and found a thriving community

of parents of autistic children. They guided her toward treatment options that included applied behavior analysis.

Kaiser, her insurance provider, denied her first two requests for coverage of her daughter's ABA in 2010, Jenny says. She turned to the Internet again and, with the help of advice from other parents, successfully appealed the decision.

As a private insurance company, Kaiser has not been allowed to deny coverage for applied behavior analysis for an autistic child since 2012, after California legislators passed a law requiring that private insurance companies cover the therapy.

That law was somewhat unusual. Many of the insurance mandates in California law require coverage of particular conditions, such as drug dependency or infertility. Others require that insurers help cover the cost of an ambulance and of screening children for lead in their blood. In the case of ABA, insurers were already required to provide the therapy if it was considered medically necessary. But many insurance companies, disputing the therapy's effectiveness, were refusing to cover it. So the legislature stepped in and ordered them to do so.

But the law requiring private insurance companies to pay for ABA still exempted Healthy Families and CalPERS, the insurance plan for state employees. The state legislature passed an emergency measure to include those plans in the mandate for coverage last year.

Medi-Cal was exempted from these mandates without explanation, creating two different classes of autistic children: those who benefit from parity laws and those who do not.

The Affordable Care Act, which lists essential health benefits that insurance policies must provide starting in 2014, is unlikely to impose uniformity in covered treatments for autism. While "mental health and substance use disorder services, including behavioral health treatment," are among the 10 essential benefits that insurance plans must offer according to rules issued early this year, the rules also left the specifics of what to include as a covered treatment to the states to define. Autism advocates who wanted applied behavior analysis named as an essential benefit for children throughout the United States were bitterly disappointed.

Advocates in California say that the lack of uniformity creates a system where coverage is not just varied, but unequal. The transition from subsidized private insurance to Medi Cal is just one instance in which low-income autistic children suffer the most from lack of access to care. As families with private insurance continue to access their benefits for ABA, families on Medi-Cal must contact regional centers that provide services to all people with disabilities—from children to adults—and ask if their children are eligible for ABA there.

The California Department of Health Care Services, which declined to be interviewed for this article, provided a statement saying that ABA is covered by services offered to the disabled at regional centers. The centers are tasked with helping adults and children with disabilities.

Most autistic children, however, don't qualify for ABA at regional centers, advocates say. "The problem with the regional center is that you have to have a certain level of disability to qualify," Fessel says. That level of disability, she adds, is profound. "If you don't qualify, you're basically hosed." She estimates that 500 low-income families have already had treatment for their autistic children disrupted since the switch from Healthy Families to Medi-Cal.

For families with autistic children, fighting for benefits is par for the course. Fessel, for instance, founded the Autism Health Insurance Project after her own difficulties getting her insurance policy to cover treatment for her son, who has Asperger's syndrome.

She now guides families through the maze of accessing their benefits. How much help families need from her depends on how well they can advocate for themselves. "If they are very capable, a lot are just fine with advice," she says, "but a lot of families don't even speak English."

Not all parents, in other words, are like Jenny. People who do not speak English or otherwise lack the skills or time to advocate have the hardest time securing services for their children. For instance, assistance for autistic children between 3 and 6 years old, the window for early intervention, varies widely by race, according to an analysis of 2010 data by the Los Angeles Times. The Times found that the state Department of Developmental Services spent significantly more on white and Asian children than on Latinos and African Americans, more than \$11,000 per child for whites and Asians, compared to about \$7,600 for Latinos and about \$6,600 for African Americans.

Fessel finds it difficult to understand the logic of a law requiring therapies for some autistic children but not others. The legislation that mandated coverage for ABA, Fessel notes, recognized the need for therapy as urgent while excluding a population of kids on Medi-Cal. "How can it be urgent for people with money," she asks, "and not urgent for people without money?"

The Ultimate Price

Jenny lives in San Mateo County, not far from San Francisco, at the end of a winding road fringed by olive trees and sunbleached grass. She doesn't look like someone who needs government assistance, but paying insurance premiums for an autistic child is not even a remote possibility for her, nor would it be for most middle-class families.

Despite her challenges, Jenny says that she is lucky. Her family helps as much as they can. They help pay for a nanny to watch Cherie while Jenny works as a property manager. They help pay for Cherie's art and music therapy too. But there is no way they can afford to pay for Cherie's applied behavior analysis.

The costs to Cherie's health and future would be devastating if she lost her therapy, Jenny says. Thinking about what they would lose if Cherie's therapy stopped, Jenny pauses as her eyes fill with tears. "Just being part of the family," she says after wiping her eyes dry.

The costs to Cherie and her family will be incalculable. But the costs of autism to society have been measured in various ways over the years. One influential article published in JAMA Pediatrics in 2007 put the lifetime costs of autism for one person, both direct and indirect, at \$3.2 million. "Although autism is typically thought of as a disorder of childhood," the researchers note, "its costs can be felt well into adulthood." Much of the costs of adulthood come in indirect costs, such as housing and lost wages for people with autism and the family members who take care of them.

Though the costs of ABA therapy for autism are high in childhood, they pay off in savings in the relative short term, Fessel says, in three to five years, as children are more functional, and fewer need special education classes in youth and special care into adulthood.

Advocates and parents hoped that the state would enact a one-year stopgap budget measure that would cover ABA for children on Medi-Cal starting July 2013. That item, however, was deleted from the final state budget. Children on Medi-Cal will not be automatically eligible for the therapy in the foreseeable future. That includes children like Cherie who were already receiving ABA under Healthy Families.

Jenny says she managed to get Cherie 15 hours of ABA through the school system, but only with the assistance of a lawyer. She knows her child is fortunate. Other families don't have her resources. "Every autistic child should have ABA available to them," she says, "regardless of income or class." CHR

This story originally appeared in the Summer 2013 issue of the California Health Report magazine. Sign up for the magazine [here](#) and never miss another story that connects the community, the capitol and the places in between.

Willits News

Healthy Families Insurance to be covered by Medi-Cal

Special to The Willits News

Posted: 08/07/2013 11:11:44 AM PDT

Healthy Families Insurance program for children stopped August 1, and customers are being shifted into the Medi-Cal program.

Children currently in the Healthy Families program will continue to have comprehensive health insurance with no expected gap in coverage. The coverage under Healthy Families is similar to Medi-Cal benefits.

One immediate change is Medi-Cal is managed by the Partnership Health Plan of California while Healthy Families was managed by Blue Cross/Blue Shield.

Some Healthy Family customers that transition to Medi-Cal will experience a reduced or elimination of their monthly premium, according to Kristina Grogan, of Mendocino County Health and Human Services Agency. Most doctors accepting Healthy Families insurance will also accept Medi-Cal so the child's doctor in most cases will not change, says Grogan.

California has been sending letters to Healthy Family recipients advising them of changes to the program and how it will affect individual families.

Parents and/or guardians need to pay close attention to the information in the letters. There may be things you need to do in order to keep your child covered, says Grogan.

With such a wholesale change Grogan advises for parents or guardians of children covered by the old plan to follow the following steps to avoid disruptions in health care coverage:

1) Renewal Notices. Healthy Families is sending out renewal notices to some customers. If you receive one, you must complete the

packet and return as instructed. The paperwork will be routed to the appropriate place for you.

2) Premiums. If you currently pay a premium, you need to continue to do so until otherwise notified. Any delinquency in payment could result in the termination of your child's health coverage.

3) Welcome Packets. The Partnership Health Plan of California is sending out Welcome Packets. These packets will explain how to choose your primary doctor.

If you have questions about the above process or about your child's health coverage you may contact the Mendocino County Health and Human Services Agency Healthy Kids Mendocino office at 463-5437 or visit info@healthykidsmendocino.org for more information. We are here to assist you, says Grogan.