

Healthcare Services for the Uninsured

*The chart below describes healthcare services regardless of immigration status.
All programs require patient be a resident of California to be eligible for services. See websites for details.*

PROGRAM NAME	SERVICES FOR ADULTS	ELIGIBILITY CRITERIA You may qualify if:
AIDS Drug Assistance Program (ADAP)	<p>HIV-related drugs to low-income persons with HIV/AIDS.</p> <p style="text-align: center;">Apply in person at an authorized ADAP enrollment site. ADAP Coordinator: 916-876-5548 http://www.cdph.ca.gov/programs/aids/Pages/tOAADAP.aspx</p>	<ul style="list-style-type: none"> • 18 years or older. • Annual federal adjusted gross income below \$50,000. • Not fully covered by or eligible for Medi-Cal or other third-party payer. • HIV infected. • Has a valid prescription from a California licensed practicing physician.
Every Woman Counts (EWC)	<p>Cancer screening and treatment services for breast and cervical cancer for women.</p> <p style="text-align: center;">Apply by phone 1-800-511-2300 http://dhcs.ca.gov/EveryWomanCounts</p>	<ul style="list-style-type: none"> • 40 years or older for breast cancer screening; 21 years or older for cervical cancer prevention. • Income at or below 200% FPL. • No insurance or limited insurance. • Ineligible for Medi-Cal, Covered California, or other public programs.
Family Planning, Access, Care and Treatment (PACT)	<p>Comprehensive family planning services for women and men. Covered services include pregnancy testing with counseling, preconception counseling, male and female sterilization, limited infertility services, sexually transmitted infection testing and treatment, cancer screening, and HIV screening.</p> <p style="text-align: center;">Apply in person at any Family PACT provider's office www.familypact.org</p>	<ul style="list-style-type: none"> • Family income at or below 200% FPL. • No other source of family planning coverage. • Medical necessity for family planning services. • Does not have Medi-Cal or other health insurance or unable to use that coverage due to confidentiality issues. • Medi-Cal clients with an unmet share of cost may also be eligible.
Genetically Handicapped Persons Program (GHPP)	<p>Medical care for persons with specific conditions, such as hemophilia and sickle cell disease.</p> <p style="text-align: center;">Apply by mail http://www.dhcs.ca.gov/services/ghpp</p>	<ul style="list-style-type: none"> • 21 years or older. • No income limit, but may be required to pay a yearly enrollment fee. • Underinsured or uninsured. • Diagnosed with a genetic condition that is covered by GHPP.

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<p>Improving Access, Counseling & Treatment For Californians With Prostate Cancer (IMPACT)</p>	<p>Cancer treatment services for prostate cancer for men.</p> <p style="text-align: center;">Apply by phone 1-800-409-8252 http://www.california-impact.org/</p>	<ul style="list-style-type: none"> • 18 years of age or older. • Income at or below 200% FPL. • Has little or no health insurance. • Abnormal DRE or elevated PSA. • Diagnosed with prostate cancer.
<p>Medi-Cal Access Program (MCAP)</p>	<p>Low cost affordable health coverage for middle-income pregnant women. Formerly called Access for Infants & Mothers (AIM).</p> <p style="text-align: center;">Apply by mail http://www.aim.ca.gov/Home/</p>	<ul style="list-style-type: none"> • Adult pregnant women • Does not have health insurance OR have private insurance with a maternity-only deductible or copayment greater than \$500; and • Are not eligible for no-cost Medi-Cal or Medicare Part A and Part B; and • Has family household income above no-cost Medi-Cal.
<p>Restricted Medi-Cal Benefits</p>	<p>Restricted benefits cover inpatient and outpatient services for an emergency condition and pregnancy-related services only.</p> <p style="text-align: center;">Apply at a county DPSS office or through local hospital http://www.dha.saccounty.net/Pages/default.aspx</p>	<ul style="list-style-type: none"> • Adults with income at or below 138% FPL. • Pregnant and has income at or below 213% FPL. • Child is uninsured and family income is at or below 266% FPL.
<p>PROGRAM NAME</p>	<p style="text-align: center;">SERVICES FOR CHILDREN</p>	<p style="text-align: center;">ELIGIBILITY CRITERIA You and / or your child may qualify if:</p>
<p>California Children's Services (CCS)</p>	<p>Medical care for children with specific health problems, such as congenital heart disease and uncontrollable seizures.</p> <p style="text-align: center;">Apply at: http://www.dhhs.saccounty.net/PUB/Pages/California-Childrens-Services/SP-California-Childrens-Services.aspx or http://www.dhcs.ca.gov/services/ccs</p>	<ul style="list-style-type: none"> • Under 21 years old. • Has Medi-Cal; the family's adjusted gross income is less than \$40,000, or out-of-pocket medical expenses are expected to be more than 20% of the family's adjusted gross income. • Has a physical disability or medical condition that is covered by CCS. • Resides in Sacramento County with parent /guardian.

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<p>Child Health And Disability Prevention (CHDP)</p>	<p>Preventive healthcare program that provides free health check- ups to low-income children and youth.</p> <p style="text-align: center;">Apply in person at: http://www.dhhs.saccounty.net/PUB/CHDP/Pages/CHDP-Home.aspx or www.dhcs.ca.gov/services/CHDP</p>	<ul style="list-style-type: none"> • Enrolled in Medi-Cal up to 21 years of age. • Ineligible for Medi-Cal, up to 19 years of age, and has a family income at or below 266% FPL.
<p>Kaiser Child Health Program</p>	<p>Subsidized health plan to children of low income households. Subsidy depends on household size and family income. Includes medical financial assistance that eliminates out-of-pocket costs for most covered services provided at a Kaiser Permanente medical office or hospital.</p> <p style="text-align: center;">For More information: http://info.kaiserpermanente.org/html/child_health_plan/index.html</p>	<ul style="list-style-type: none"> • Under the age of 19. • Lives in a household with incomes up to 300% FPL. • Does not have access to any other public or private health coverage. • Lives in a Kaiser Permanente service area.
<p>Minor Consent Services</p>	<p>Limited benefits cover sensitive services such as pregnancy & pregnancy related care, sexually transmitted diseases treatment, family planning services, drug and alcohol abuse treatment & counseling, sexual assault services, & mental health outpatient care</p>	<ul style="list-style-type: none"> • Under age 21. • Coverage without parental consent and without consideration of parent’s income
<p>Restricted Medi-Cal Benefits</p>	<p>Restricted benefits cover inpatient and outpatient services for an emergency condition and pregnancy-related services only.</p> <p style="text-align: center;">Apply at a county DPSS office or through local hospital http://www.dha.saccounty.net/Pages/default.aspx</p>	<ul style="list-style-type: none"> • Child is uninsured and family income is at or below 266% FPL.

Medi-Cal for All Children (SB75)

- The State approved the expansion of full-scope Medi-Cal to financially eligible undocumented children, effective May 2016.
- Federally Qualified Health Centers (FQHC) offer primary care services to individuals and families (sliding fee discount program).

Notes: Other possible Medi-Cal benefits:

- Full scope Medi-Cal under (PRUCOL) *Permanent Residence Under Color of Law* for full scope Medi-Cal. They are required to complete the MC 13.
- Limited term Medi-Cal Hospital Presumptive Eligibility
- Long Term Care