

Primary Health Services Programs

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Health Services Overview

Regular health care is important for a child's well being and physical development. Here are a few programs that provide no-cost or low-cost healthcare for children.

Health Services Overview Chart Programs most used by children with special health care needs (CSHCN)	Medi-Cal	Child Health and Disability Prevention (CHDP) Program
	<p>Provides no-cost* comprehensive health, dental and vision coverage for children and pregnant women. Eligibility determined by family size, children's ages and family income. Available to eligible U.S. citizens, U.S. nationals or immigrants.</p> <p>*Families whose income is higher than the allowable limits for no-cost Medi-Cal will have a share of cost based on income and family size.</p> <p>(888) 747-1222 Information, toll free (510) 639-1000 Information</p>	<p>Provides no-cost well-child screening program for infants, children and teens. Any identified health problems are referred for diagnosis and treatment. Eligibility Those on Medi-Cal (birth up to age 21), or those (birth up to age 19) in families who have low-to-moderate income; up to 200% of the Federal Poverty Level (FPL).</p> <p>(510) 618-2070 CHDP Alameda Co (510) 981-5308 CHDP Berkeley</p>
	Healthy Families Program	Kaiser Permanente (KP) Cares for Kids Child Health Plan
	<p>Provides low-cost health, dental and vision coverage for children who are not eligible for no-cost Medi-Cal. Cost \$4 to \$9 each month. Maximum \$27 per family. Eligibility determined by family size, children's ages and family income. Available to U.S. citizens, U.S. nationals and "qualified" immigrant children (under age 19).</p> <p>(888) 747-1222 Information, toll free (510) 639-1000 Information</p>	<p>Provides low-cost health care coverage for uninsured children who are not eligible for no-cost Medi-Cal or Healthy Families. Available to children (under age 19) who live within Kaiser Permanente's California service area. Cost \$8 to \$15 per child per month. Eligibility based on family size/income.</p> <p>(800) 255-5053 Information/Request Enrollment Packet</p>
Access for Infants and Mothers (AIM) Program		
<p>Provides health insurance for uninsured pregnant women and their newborns (up to age 2). Eligibility To qualify, women must be less than 31 weeks pregnant, CA residents for at least 6 months, not eligible for no-cost Medi-Cal, uninsured, and have incomes within AIM guidelines. Women with separate maternity deductibles or co-payments over \$500 may also qualify. Cost Total cost is 1.5% of family income from pregnancy through infant's 1st year.</p> <p>(800) 433-2611 Application request (800) 300-1031 Northern California AIM Representative for Information/Help with your application</p>		

Source (abridged) Children's Health Access and Medical Program Network (CHAMP)
Web site <http://www.champ-net.org> (for more information)

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Medi-Cal

Medi-Cal, California's Medicaid program, provides health insurance for low-income families and individuals who lack health insurance.

Medi-Cal is composed of a variety of programs to serve people who lack insurance. Here is an outline of some of the most commonly used forms of Medi-Cal including:

Commonly used forms of Medi-Cal

- * Fee-for-Service Medi-Cal
- * Medi-Cal Managed Care
- * Share-of-Cost Medi-Cal
- * Medi-Cal Waiver services

Services What services are provided?

- * Hospital inpatient care
- * Outpatient care
- * Skilled nursing care
- * Equipment & supplies
- * Therapy
- * Doctor visits
- * Laboratory tests
- * X-rays
- * Pharmaceuticals
- * Medical transportation

Providers Where are services provided?

Services may be obtained from any physician, clinic or hospital that is a state-approved Medi-Cal provider.

Eligibility Who is eligible to receive Medi-Cal?

Individuals may fall into the following categories:

Public Assistance Recipients

- * CalWORKs (formerly AFDC, currently TANF) recipients
- * Supplemental Security Income/State Supplemental Payment (SSI/SSP) recipients
- * Some families/individuals who are low-income but do not otherwise qualify for Medi-Cal

Medically Needy/Medically Indigent

- * Medically Needy (MN)—uninsured families/individuals who have incomes too high to qualify for cash assistance but who otherwise qualify for CalWORKs or SSI/SSP
- * Medically Indigent (MI)—low-income pregnant women, children under 21, and some adults in long-term care who do not qualify for public assistance or as medically needy

Federal Poverty Level (FPL) Programs [see Income Limit Tables in this section]

- * Pregnant women and infants in families with incomes at or below 200% of FPL
- * Children aged 1–5 in families with incomes at or below 133% of FPL
- * Children aged 6–19 in families with incomes at or below 100% of FPL

Fee-for-Service Medi-Cal Under Fee-for-Service Medi-Cal, recipients receive health care from state approved providers on a fee-for-service basis. The client takes his/her Medi-Cal card to any Medi-Cal provider and receives services without going through a health plan. People who receive Supplemental Security Income (SSI) or are in foster care receive fee-for-service Medi-Cal. These recipients may receive services from any Medi-Cal certified provider.

Medi-Cal Managed Care Medi-Cal has a Managed Care program under which state-approved health plans are paid once a month for providing care to Medi-Cal recipients (*capitation*). Health plans then make agreements with providers to serve Medi-Cal recipients. Services may be obtained from any provider who is state approved as a Medi-Cal provider and registered with one of the approved health plans. In Alameda county, the two plans are Alameda Alliance for Health (AAH) and Blue Cross.

Share-of-Cost Medi-Cal Share-of-Cost Medi-Cal offers health care coverage to individuals and families who have incomes too high to qualify for regular Medi-Cal, but too low to cover health care costs. Medi-Cal requires these recipients to contribute to their health care by paying a share of the cost for the services they receive. "Share of Cost" is a term that refers to the amount of health care expenses a recipient must accumulate each month before Medi-Cal begins to offer assistance. Share of cost is an amount that is owed to the provider of health care services, not to the state.

Medi-Cal Waiver Services A Federal Waiver allows the state to disregard portions of the Social Security Act and provide Medi-Cal to individuals who may not otherwise be eligible. One type of waiver, 1915c, also known as a "Katie Beckett Waiver," is limited in scope and allows exceptions to some federal requirements in order to provide home and community based services as an alternative to institutionalization. For example, under this type of waiver, a child with special health care needs may obtain Medi-Cal in order to receive health services that allow the child to remain at home instead of in a hospital or institution.

Emergency Medi-Cal Emergency Medi-Cal
In some cases, individuals who would otherwise be ineligible for Medi-Cal due to immigration or other restrictions may apply for Medi-Cal Emergency Services.

Enrollment How does one enroll in Medi-Cal?
An applicant may go to the county social services office or meet with an eligibility worker who is "outstationed" at a community-based organization. An eligibility worker assists in filling out the application forms and collects documentation (such as proof of household address and income). Specific information is then electronically submitted to the state where crosschecks are conducted to verify reported income and other information provided. Applicants are notified by mail of their status (enrolled or declined) within 45 days of application. To remain enrolled, applicants may need to submit a quarterly form reporting income and assets, subject to state rules.

Exceptions Two general exceptions exist:
1) SSI/SSP recipients are automatically eligible.
2) Children and pregnant women may enroll via mail-in application.
(800) 880-5305 To obtain a mail-in application

Contact Information (888) 747-1222
(510) 639-1000
Web site

Toll Free - Information Line
Local - Alameda County Social Services - Medi-Cal
<http://www.medi-cal.ca.gov>

Child Health and Disability Prevention (CHDP) Program



Child Health and Disability Prevention (CHDP) is a preventive, well-child screening program for infants, children and teens on Medi-Cal (birth up to age 21), or children (birth up to age 19) who have low to moderate income of up to 200% of the Federal Poverty Level (FPL). [see Income Limit Tables in this section] Through CHDP, children and youth can obtain regular, preventive health assessments to identify any health problems. Those with suspected problems are then referred for necessary diagnosis and treatment.

Services Health assessment services are provided, including:

- * Health and developmental history
- * Physical examination
- * Nutritional assessment
- * Immunizations
- * Vision testing
- * Hearing testing
- * Lead testing
- * Some laboratory tests
(e.g., tuberculin, sickle cell, urinalysis, hemoglobin/hematocrit, Pap smears)
- * Health education and anticipatory guidance.
- * Camp and sports physicals.
- * Referrals to dentists who accept Medi-Cal
(Medi-Cal eligible children 3 years of age and over)
- * Case management:
CHDP will assist families in obtaining diagnostic and treatment services.

Providers Where are services provided?

Private physicians, county health departments, clinics, and some local school districts provide CHDP health assessments. CHDP encourages private provider participation.

Eligibility Who is eligible?

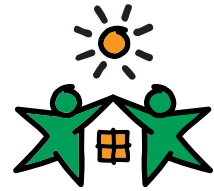
- * Medi-Cal beneficiaries (birth up to age 21) under the regulations of the federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program
- * Non-Medi-Cal eligible children (birth up to age 19) from low-income families
- * Children in Head Start and State Preschool programs are eligible for regular assessment while in these programs (generally ages 3 up to age 6)

Contact Information (510) 618-2070 **Alameda County CHDP**
(510) 618-2077 FAX 1000 San Leandro Blvd., Floor 2
San Leandro, CA 94577

(510) 981-5300 **City of Berkeley CHDP**
(510) 981-5345 FAX 2344 Sixth Street
Berkeley, CA 94710

Web site <http://www.dhs.ca.gov/pcfh/cms/chdp>

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Healthy Families Program

H **Healthy Families (California's State Children's Health Insurance Program)** is funded by the state and federal governments to provide health benefits for children of low-income families who do not qualify for no-cost Medi-Cal and do not have access to private insurance.

Benefits/ Costs It provides a commercial benefits package—modeled after state employee benefits—and requires co-payments, premium contributions and high-risk-condition carve-outs. There is a \$5 co-payment for most non-preventive services, including emergency room visits, and a \$250 annual co-payment maximum. No co-payment is required for routine, preventive care visits.

Services What services are provided?

- * Physician, medical and surgical services
- * Inpatient and outpatient services
- * Prescriptions
- * Well-baby and well-child care
- * Mental health services
- * Occupational, physical and speech therapies
- * Lab and X-ray services
- * Dental benefits, including preventive and diagnostic services
- * Vision coverage, including annual exams and eyeglasses
- * Optional acupuncture and chiropractic care

Eligibility Who is eligible?

- * Children from 0 up to 19 years of age under 250% of the federal poverty level (FPL) who are not eligible for no-cost Medi-Cal [see Income Limit Tables in this section]
- * Children without employer-sponsored coverage during the last 3 months, unless that coverage was lost for reasons unrelated to Healthy Families
- * Non-citizen, legal immigrant children who meet other eligibility criteria
- * Children must be California residents
(other programs exist for children living in or moving to another state)

Enrollment How do you enroll?

- * There are many organizations—including schools and welfare offices—that can distribute the necessary enrollment forms.
- * Families should **contact Healthy Families at (800) 880-5305** for the nearest organization and assistance in filling out application forms.
- * Information packets are available in a variety of languages.

Contact Information (888) 747-1222
(510) 639-1000

Web site

Toll Free - Information Line
Healthy Families / Medi-Cal
Local - Alameda County Social Services
Healthy Families / Medi-Cal
<http://www.healthyfamilies.ca.gov>

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Kaiser Permanente (KP) Cares for Kids Health Plan



KP Cares for Kids provides comprehensive preventive, primary and specialty health care coverage for children in families with low to moderate incomes who do not qualify for other public or private programs. KP Cares for Kids services are provided in Kaiser Permanente medical offices and hospitals.

Services What services are provided?

- * Medical office visits
- * Vision care
- * Prescription drugs
- * Mental health services
- * Substance abuse services
- * Health education
- * Hospital services
- * Lab tests

KP Cares for Kids **does not** cover:

- * Chiropractic services
- * Contact lens examination, fitting and dispensing
- * Hearing aids
- * Refractive eye surgery
- * Infertility treatment

Eligibility Who is eligible?

- * Uninsured children (birth up to age 19) from families with incomes above 250% of the Federal Poverty Level (FPL) through 300% FPL, who are not enrolled in other public/private programs, such as Medi-Cal or Healthy Families, and are not eligible for employer-subsidized coverage [see Income Limit Tables]
- * Children must live within the Kaiser Permanent California Division Service Area
- * Resources (the things you own) do not count in this program
- * Children's social security numbers are requested on the application

Cost What does it cost?

- * Premiums are \$8 to \$15 per child per month
A family pays for only up to 3 children per family, a maximum of \$45 per month
Additional children in the family are covered free of charge
- * There are co-payments for some services
(limit is \$250 for one child or \$500 for two children or more)

Enrollment How does a child receive KP Cares for Kids services?

- * Mail in application (see number below to request application)
- * Provide proof of income (e.g., last filed income tax return and pay stubs, disability check stubs, child support payments)
- * A family must enroll all of their eligible children at the same time
- * Processing takes 30 to 60 days

Contact Information (800) 255-5053
(800) 464-4000

Request a KP Cares for Kids enrollment packet
Additional questions
Kaiser Permanente Cares for Kids Child Health Plan
P.O. Box 12904
Oakland, CA 94612

Web site <http://www.kaiserpermanente.org>

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Access for Infants and Mothers (AIM) Program

Access for Infants and Mothers (AIM) provides low-cost health coverage for pregnant women and their newborns (0 up to age 2). It is designed for families in the middle-income bracket who do not have health insurance and whose income is too high to qualify for no-cost Medi-Cal. AIM is also available to those who have health insurance, but only if the maternity-only deductible or co-payment is more than \$500.

Services What services are provided?

All medically necessary services are covered from the time of acceptance into the AIM Program until 60 days after the pregnancy has ended. The newborn is fully covered up to his or her 2nd birthday. Services include:

- * All necessary physician visits
- * Hospital/newborn nursery services
- * Prescriptions
- * Diagnostic testing
- * Health education
- * Medical equipment charges
- * Prenatal care
- * Well-baby care
- * Emergency services
- * Mental health

Providers The State of California contracts with many health plans throughout the state. Plans then contract with provider groups and providers in the community.

Eligibility Who is eligible?

- * Pregnant women (not more than 30 weeks)
- * Must have lived in California for the last 6 months
- * Cannot be receiving no-cost Medi-Cal or Medicare benefits
- * Cannot have maternity benefits through private insurance, unless coverage has a separate maternity-only deductible of co-payment that is more than \$500
- * Annual family income within the AIM income guidelines (200-300% of Federal Poverty Level) [see Income Limit Tables in this section]

Cost There is a small, one-time cost to be an AIM subscriber. There are no co-payments or deductibles. Total cost is 1.5% of the family's income after allowable income deductions. Payment may be made when the application is submitted, or in monthly payments over one year. The 1.5% cost covers pregnancy, 60 days of post-partum care and care for the newborn (up to the age of 1). Families may choose to continue complete coverage for the baby for another year for a cost of \$100 (reduced to \$50.00 if proof of first year immunizations is provided). If AIM is cancelled on or after the first day of coverage

Additional Coverage (because of miscarriage or other reasons), the mother is still responsible for the full payment of 1.5% of the family's income. If AIM coverage is not cancelled by the baby's 1st birthday, the baby's coverage will automatically be carried into the 2nd year and the family will be charged.

Enrollment Request an AIM application to complete and send in by mail.

Contact Information (800) 433-2611
(800) 300-1031

Healthcare Alternatives – To request an application Northern California AIM Representative:
Information or help with the application English/Spanish
<http://www.mrmib.ca.gov/MRM113/AIM.html>

Web site

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Income Limit Tables

(Effective April 1, 2005 - Use until March 31, 2006)

Federal Poverty Level (FPL), also known as Federal Income Guideline (FIG), is the amount of income the federal government says a family requires to meet its basic needs. If family size (number of persons in family) exceeds the family size shown, please call the respective program for more information.

Medi-Cal

Family Size	Children 0 up to age 1 and Pregnant Women	Children 1 up to age 6	Children 6 up to age 19
	Countable Monthly Income Not Over 200% FPL	Countable Monthly Income Not Over 133% FPL	Countable Monthly Income Not Over 100% FPL
1	\$ 1,595	\$ 1,061	\$ 798
2	\$ 2,139	\$ 1,422	\$ 1,070
3	\$ 2,682	\$ 1,784	\$ 1,341
4	\$ 3,225	\$ 2,145	\$ 1,613
5	\$ 3,769	\$ 2,506	\$ 1,885
6	\$ 4,312	\$ 2,868	\$ 2,156

Income above these levels indicates a Medi-Cal Share-of-Cost

Note: Income limit tables are different for Medi-Cal 1931(b) Program

Child Health and Disability Prevention (CHDP) Program

Family Size	Children 0 up to age 19 Gross Monthly Income Not Over 200% FPL
1	\$ 1,595
2	\$ 2,139
3	\$ 2,682
4	\$ 3,225
5	\$ 3,769
6	\$ 4,312

Healthy Families

Family Size	Children 0 up to age 1		Children 1 up to age 6		Children 6 up to age 19	
	Household Monthly Income		Household Monthly Income		Household Monthly Income	
	At Least	Not Over	At Least	Not Over	At Least	Not Over
1	\$ 1,596	\$ 1,994	\$ 1,062	\$ 1,994	\$ 799	\$ 1,994
2	\$ 2,140	\$ 2,673	\$ 1,423	\$ 2,673	\$ 1,071	\$ 2,673
3	\$ 2,683	\$ 3,353	\$ 1,785	\$ 3,353	\$ 1,342	\$ 3,352
4	\$ 3,226	\$ 4,032	\$ 2,146	\$ 4,032	\$ 1,614	\$ 4,031
5	\$ 3,770	\$ 4,711	\$ 2,507	\$ 4,711	\$ 1,886	\$ 4,710
6	\$ 4,313	\$ 5,390	\$ 2,869	\$ 5,390	\$ 2,157	\$ 5,390

Kaiser Permanente (KP) Cares for Kids	Family Size (parents and children)	(\$8 per child) Monthly Income before taxes	(\$15 per child) Monthly Income before taxes
		1	\$ 0 to \$ 1,994
Child Health Plan	2	\$ 0 to \$ 2,673	\$ 2,674 to \$ 3,208
	3	\$ 0 to \$ 3,352	\$ 3,353 to \$ 4,023
	4	\$ 0 to \$ 4,031	\$ 4,032 to \$ 4,838
	5	\$ 0 to \$ 4,710	\$ 4,711 to \$ 5,653
	6	\$ 0 to \$ 5,390	\$ 5,391 to \$ 6,468

Access for Infants and Mothers (AIM)	Family Size *(Pregnant woman counts as 2)	Monthly Household Income (after Income Deductions)	Total Cost = 1.5% of Adjusted Annual Household Income
		2*	\$ 2,140 to \$ 3,208
	3	\$ 2,683 to \$ 4,023	\$ 483 to \$ 725
	4	\$ 3,226 to \$ 4,838	\$ 581 to \$ 871
	5	\$ 3,770 to \$ 5,653	\$ 678 to \$ 1,018
	6	\$ 4,313 to \$ 6,468	\$ 777 to \$ 1,165
	7	\$ 4,856 to \$ 7,283	\$ 875 to \$ 1,311

Contact Source
Information

Children's Health Access and Medical Program (CHAMP)
"2005-2006 Federal Income Guideline (FIG)"
<http://www.champ-net.org/handouts.cfm>

Web site

California Children Services (CCS)



California Children Services (CCS) is a program that pays for specialty health care services for eligible children/young adults with serious and/or chronic medical conditions.

Medical Conditions What are some examples of eligible conditions?
 * Birth defects * Blood disorders * Cancer & some other tumors * Cerebral palsy
 * Endocrine & Metabolic disorders * Genetic conditions * Heart disease * HIV/AIDS

Services What is the scope of CCS services?

Diagnostic Evaluations

The program pays for diagnostic evaluations necessary to determine whether a condition is medically eligible. CCS also covers HIV testing.

Treatment Services

CCS may authorize ongoing medical treatment and services such as:

- * Hospitalizations and Surgeries
- * Social services including case management
- * Nutritional consultations
- * Equipment/supplies/medications
- * Orthodontics

Therapy Services

Physician and occupational therapy services are provided at Medical Therapy Units (MTUs) located on public school campuses to children with a physical disability who meet medical eligibility criteria.

Eligibility Who is eligible?

The program is open to anyone who meets **all** of the following requirements:

- * Is under 21 years old
- * Has or may have a medical condition that is covered by CCS
- * Is a resident of California, **and**
- * Has a family income of less than \$40,000 as reported as the adjusted gross income on the state tax form, **or**
- * The out-of-pocket medical expenses for a child who qualifies are expected to be more than 20% of family income, **or**
- * The child has Healthy Families coverage **or** Medi-Cal coverage

Eligibility Exceptions Family income **is not** a factor for children who:

- * Need diagnostic services to confirm a CCS eligible medical condition, **or**
- * Were adopted with a known CCS eligible medical condition, **or**
- * Are applying only for services through the Medical Therapy Program

Providers Who are CCS providers?

CCS providers are health care professionals with special expertise in the treatment of children, such as: Pediatricians, Neurologists, Orthopedists, Cardiologists, Orthodontists, Therapists, Social Workers, Nutritionists, Pharmacists and others. These providers must meet the participating standards and be approved by the State CCS program, to be on the CCS panel. Providers sometimes work together as a team to provide comprehensive care for children with certain conditions. Team services are usually provided in Special Care Centers.

Referral How does a child receive CCS Services?

Referrals may be made by anyone such as a family member, school staff, or health care provider. A referral may be sent on a **CCS Referral Form or in a letter**, which includes all of the following information:

- * Patient's name
- * Date of Birth
- * Medi-Cal number (if available)
- * Name, address and telephone number of parent/legal guardian
- * Address and telephone number of the child
- * Medical condition
- * Name, address and telephone number of the referral source

Application After a referral is made, a **CCS Application** will be sent or given to the family and must be completed by the parent or legal guardian. The application **must** be accompanied or followed by a medical report by the doctor. When the completed CCS application and medical report is received, the eligibility process begins.

Possible Fees The family must provide the financial and residential information needed to determine program eligibility. Some families may be required to pay an annual \$20 assessment fee and/or an annual enrollment fee based upon family size and earnings above a certain income.

Appeals What appeals process is in place?

Once a client has applied for CCS Services, they will receive a written decision if their eligibility or a service has been denied, reduced or stopped. This decision is called a **"Notice of Action"** (NOA). If the client does not agree with the decision, they may call CCS at the number listed on the NOA and attempt to resolve the issue by telephone. If this is unsuccessful, and the client is still interested in appealing, there is an official appeals process. The appeal process has two parts: FIRST LEVEL APPEAL and, if the client disagrees with the results, a FAIR HEARING. Both parts require written requests.

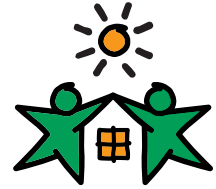
2nd Opinion When a CCS-approved doctor will not prescribe or refuses to continue prescribing a service, this does not fall under the formal appeals process. If this happens, the client may request a second opinion from an expert physician. This parent/caregiver will be able to choose the doctor from a list of three experts that CCS will provide. The opinion of the expert is final.

Contact Information (510) 208-5970

California Children Services (CCS)
Alameda County Public Health Department
1000 Broadway, Suite 500
Oakland, CA 94607

Web site <http://www.dhs.ca.gov/pcfh/cms/ccs>

Genetically Handicapped Persons Program (GHPP)



Genetically Handicapped Persons Program (GHPP) is a state program that provides medical case management and pays the medical and dental costs of persons with certain genetic diseases including cystic fibrosis, hemophilia, sickle cell diseases and various neurological and metabolic diseases.

Services What services are provided?

The program provides medical treatment and case management services for persons ineligible for Medi-Cal and case management services for Medi-Cal eligible beneficiaries with GHPP-eligible conditions.

Eligibility Who is eligible?

People (age 21 and over) with the following genetic condition who are partially or wholly unable to pay for care:

- * Hemophilia and other genetic coagulation defects
- * Cystic Fibrosis
- * Sickle Cell Disease including Thalassemia
- * Huntington's Disease
- * Joseph's Disease
- * Friedreich's Ataxia
- * von Hippel-Lindau Disease
- * Inborn Errors of Metabolism including disorders of amino-acid transport and metabolism such as Phenylketonuria (PKU)
- * Disorders of carbohydrate transport and metabolism such as Galactosemia
- * Disorders of copper metabolism such as Wilson's Disease

Eligibility Exception Persons (under age 21) with the above genetic conditions may also be eligible for GHPP if they have first been determined to be financially ineligible to receive services from the CCS program.

Contact Information (800) 639-0597
(916) 327-0470

Genetically Handicapped Persons Program (GHPP)
State of California Health and Welfare Agency
Department of Health Services
1515 K Street, Ste. 400
Sacramento, CA 95814

Web site <http://www.dhs.ca.gov/pcfh/cms/ghpp>

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Newborn Hearing Screening Program (NHSP)



Newborn Hearing Screening Program (NHSP) provides a comprehensive coordinated system of early identification and provision of appropriate services for infants with hearing loss. The program was established as a component of the 1998-99 Early Childhood Development Initiative.

Services The California NHSP provides:

- * Parents of approximately 400,000 infants the opportunity to have their newborn babies screened for hearing loss at the time of the hospitalization for birth
- * Tracking and monitoring of up to 25,000 infants to assure that appropriate follow-up testing and diagnostic evaluations are completed
- * Access to medical treatment and other appropriate educational and support services.
- * Coordinated care through collaboration with those agencies delivering early intervention services to infants and their families

Incidence The incidence of permanent significant hearing loss is approximately 2–4 per every 1000 infants. It is the most common congenital condition for which there is a screening program. It is estimated that the Newborn Hearing Screening Program will identify 1200 infants with hearing loss each year.

Program Focus The major focus of the program is to assure that every infant, who does not pass a hearing test, is linked quickly and efficiently with the appropriate diagnostic and treatment services and with the other intervention services needed for the best possible outcome. Recent research shows infants with hearing loss, who have appropriate diagnosis, treatment and early intervention services initiated before six months of age, are likely to develop normal language and communication skills.

Program Components The California Newborn Hearing Screening Program has three major components:

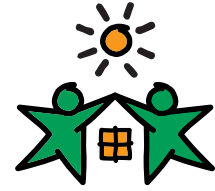
1. Outreach and Awareness
2. Screening
3. Geographically-Based Hearing Coordination Centers

Contact Information (916) 322-5794
(877) 388-5301

California Newborn Hearing Screening Program (NHSP)
Childrens Medical Services
 1515 K Street, Ste. 400 / MS 8103
 P.O. Box 997413
 Sacramento, CA 95899-7413
 email nhsp3@dhs.ca.gov
 Web site <http://www.dhs.ca.gov/pcfh/cms/nhsp/summary.htm>

Alameda County Outpatient Hearing Screening Providers (CCS Approved)

Newly Contracted Infant Screening Providers (ages 0 up to 5)	
Provider Contact Information	<p>(510) 204-1921 Alta Bates Medical Center / Ashby Ave 2450 Ashby Avenue Berkeley, CA 94705</p>
	<p>(510) 848-4800 Center for the Education of the Infant Deaf (CEID) 1035 Grayson Street Berkeley, CA 94710</p>
Infant Screening and Hearing Services (ages 0 up to 21)	
	<p>(510) 204-4599 Alta Bates Medical Center 2001 Dwight Way Berkeley, CA 94704</p>
	<p>(510) 428-3344 Children's Hospital Oakland 747 52nd Street Oakland, CA 94609</p>
	<p>(510) 537-4211 Hearing Center of Castro Valley 20126 Stanton Avenue, #205 Castro Valley, CA 94545</p>
	<p>(510) 752-1115 Kaiser Permanente Oakland 3779 Piedmont Avenue, Ground Floor Oakland, CA 94611</p>
Hearing Services only (ages 5 up to 21)	
	<p>(510) 832-4056 Bay Area Hearing and Speech Center 400 29th Street, Suite 304 Oakland, CA 94609-3548</p>
	<p>(510) 667-7680 Fairmont Hospital Audiology Clinic 15400 Foothill Boulevard San Leandro, CA 94578</p>



Nutrition

Good nutrition is necessary to promote optimal growth and development. Children and youth with special health care needs are at high risk for nutrition-related problems. Nutrition screening is critical to identify problems early and prevent the adverse effects of malnutrition on growth and mental development. Nutrition screening is routinely conducted by many government-funded programs. If a nutrition concern is identified, a referral to a Registered Dietitian (RD) for nutrition assessment and medical nutrition therapy is recommended. Eligibility is often based on the child's diagnosis and family income.

Services What Nutrition Services are provided by the following agencies and programs?

California Children Services (CCS)

RDs on some Special Care Center multidisciplinary teams

Provide comprehensive nutrition assessment and intervention.

Follow-up visits can be authorized by CCS if Special Care Center Team Director lists in the team plan and approval is granted.

RDs in CCS Medical Therapy Program (school-based)

Upon referral by the CCS Medical Consultant, children who receive medical management from CCS can be assessed by a CCS nutrition consultant and receive nutrition intervention and follow-up care.

Child Health and Disability Prevention Program (CHDP)

If nutrition screening identifies a nutrition concern the provider can refer for nutrition services to an RD who can bill under Early Periodic Screening Diagnosis and Treatment (EPSDT) Supplemental Services or Medi-Cal.

Regional Center of the East Bay (RCEB)

Has RD vendors for nutrition assessment, intervention and follow-up services. (Regional Center is payer of last resort).

Medi-Cal Managed Care Plan

Plan partners employ or contract with RDs for nutrition assessment and intervention. This requires a referral from primary care provider.

Dietitians in private practice

American Dietetic Association/Find a Dietitian Program provides a list of dietitians in the community. Payment varies by individual dietitians.

Women, Infants, and Children (WIC) Supplemental Food Program

See complete information about WIC nutrition services in this section of binder.

Contact Information (510) 208-5970
(510) 618-2070
(510) 981-5308
(510) 383-1200
(510) 639-1000
(800) 366-1655
(888) 942-9675

California Children Services (CCS)
CHDP Alameda County
CHDP Berkeley
Regional Center of the East Bay (RCEB)
Medi-Cal
American Dietetic Association/Find a Dietitian Program
WIC, Toll free

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Women, Infants, and Children (WIC) Supplemental Food Program



WIC is a supplemental food and nutrition education program that serves **low-income pregnant, breastfeeding and postpartum women, and infants and young children who are at nutritional risk.** The WIC program provides nutritious foods, information on healthy eating, and referrals to health care to prevent health problems and improve the health of program participants during critical times of growth and development.

Citizenship is not necessary to qualify. The WIC Program is 100% federally funded through the U.S. Department of Agriculture (USDA). WIC is not an entitlement program, but a Federal grant program for which Congress authorizes a specific amount of funds each year; funds are not set aside to allow every eligible individual to participate in the program.

Services What services are provided?

- * Nutrition education and counseling at WIC clinics
- * Screening and referrals to other health, welfare, and social services
- * Supplemental nutritious foods
- * Facilitation of access to special formulas for children with special needs

Eligibility Who is eligible?

An individual or family must have income at or below 185% of the federal poverty level (FPL). In addition, the person must reside in the local agency's geographic service area and be nutritionally at-risk as determined by a health professional. The individual must be categorically eligible as a:

- * Pregnant woman
- * Breastfeeding woman up to 1 year after childbirth
- * Postpartum woman up to 6 months after childbirth
- * Infant (0 up to age 1)
- * Child (1 up to age 5) at nutritional or medical risk

Contact	(888) WIC-WORKS	WIC, toll free
Information	(888) 942-9675	
	(510) 595-6400	WIC Alameda County
	(510) 981-5360	WIC Berkeley
	Web site	http://www.fns.usda.gov/wic

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