

# FREE/LOW-COST HEALTH PROGRAMS FOR TEENS: QUICK REFERENCE

	<i>Client Age/Income/Residency</i>	<i>Client Paperwork</i>	<i>Cost</i>	<i>Provider Requirements and Paperwork</i>	<i>Services Covered</i>	<i>For more Info</i>
<b>Family PACT (Planning, Access,</b>	<p>Age: Up to 55 years old</p> <p>Income: INDIVIDUAL income up to 200% FPL<sup>§</sup>, <i>if in need of confidential services, no income requirement</i></p> <p>Residency: California (<i>no documentation required</i>)</p>	<p>Client Eligibility Certification form* Application includes name, DOB, self-declared income, demographic info, and phone. Client receives blue plastic HAP card from FPACT provider, good for one year. <i>Forms on the web:</i> <a href="http://www.dhs.ca.gov/publications/forms/pdf/dhs4461.pdf">http://www.dhs.ca.gov/publications/forms/pdf/dhs4461.pdf</a></p> <p>OPF Information/Referral Service: (800) 942-1054</p> <p>*Youth applies</p>	\$5 co-pay, optional	<p>Application contents: • FPACT Provider Application* • Enrollment Agreement Form*</p> <p><i>Forms on the web:</i> FPACT: <a href="http://www.dhs.ca.gov/publications/forms/pcfhp/ofp.htm">http://www.dhs.ca.gov/publications/forms/pcfhp/ofp.htm</a> or (800) 257-6900 Medi-Cal: <a href="http://files.medi-cal.ca.gov/pubsdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp">http://files.medi-cal.ca.gov/pubsdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp</a> or (800) 541-5555</p> <p>*Must be a Medi-Cal provider</p>	<p><b>ALL SERVICES CONFIDENTIAL</b></p> <ul style="list-style-type: none"> <li>• contraceptive methods</li> <li>• emergency contraception</li> <li>• STI testing/treatment</li> <li>• pregnancy testing/counseling*</li> <li>• sterilization</li> <li>• HIV testing/counseling</li> <li>• Hep B immunization</li> <li>• limited male and female cancer screening</li> <li>• education and counseling</li> </ul> <p>*does not cover abortion only outpatient services offered * no primary care</p>	<p><i>FamilyPACT Website:</i> <a href="http://www.dhs.ca.gov/pcfhp/ofp/FamPACT/">http://www.dhs.ca.gov/pcfhp/ofp/FamPACT/</a></p> <p><i>Provider Information:</i> Health Access Programs Hotline (800) 257-6900</p> <p><i>Client Information:</i> OPF Information and Referral Service (800) 942-1054</p> <p>Office of Family Planning (916) 654-0357</p>
<b>Medi-Cal Minor Consent</b>	<p>Age: 12 up to 21 years old under 12 can receive family planning, pregnancy-related, and sexual assault services</p> <p>Income: No income requirement</p> <p>Residency: Address in county obtaining services (<i>no documentation required</i>)</p>	<p><b>Application*</b> includes name, DOB, address (can use any address), and phone. Client receives paper Medi-Cal ID from Medi-Cal, good for one year, <i>but must be reactivated each month</i> by calling 415.558.1875.</p> <p>Apply at Medi-Cal Health Connections, 1440 Harrison Mon-Fri, 8 am-5 pm, or with a Medi-Cal eligibility worker at selected SF clinic and ER sites<sup>1</sup> (415) 863-9892 *Youth applies</p>	None	<p>Medi-Cal provider application</p> <p><i>Forms on the web:</i> <a href="http://files.medi-cal.ca.gov/pubsdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp">http://files.medi-cal.ca.gov/pubsdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp</a></p> <p>or</p> <p>(800) 541-5555</p>	<p><b>ALL SERVICES CONFIDENTIAL</b></p> <ul style="list-style-type: none"> <li>• family planning</li> <li>• pregnancy-related services**</li> <li>• STI testing/treatment</li> <li>• substance abuse services</li> <li>• sexual assault services</li> <li>• mental health</li> </ul> <p>**covers abortion in/outpatient services offered</p> <p>NB: The SF Medi-Cal office maintains that confidential mental health services are covered under Medi-Cal Minor Consent. After July 1, 1998, however, CA State ceased to provide reimbursement to counties through this mechanism. Instead, money is block-granted to counties, and "youth being served under minor consent [for mental health] should <i>not</i> be enrolled in sensitive Medi-Cal".<sup>11</sup></p>	<p><i>Medi-Cal Website:</i> <a href="http://www.medi-cal.ca.gov">http://www.medi-cal.ca.gov</a></p> <p><i>Contacts:</i> SF Department of Human Services: (415) 558-1815 Vivian Porter <a href="mailto:vivian_porter@ci.sf.ca.us">vivian_porter@ci.sf.ca.us</a> Medi-Cal Health Connections San Francisco DHS (415) 558-1875.</p> <p>Manuel Urbina Policy Analyst CA Department of Health Services 916.657.2767 <a href="mailto:murbina@dhs.ca.gov">murbina@dhs.ca.gov</a></p>
<b>Healthy Families</b>	<p>Age: Birth up to 19 years old</p> <p>Income: • 6 up to 19 years old must fall between 100-250% FPL\$ • 1 up to 6 years old must fall between 133-250% FPL\$</p> <p>Residency: US citizenship or legal residency.</p>	<p>Healthy Families application*, including proof of income.</p> <p><i>Forms on the web:</i> <a href="http://www.healthyfamilies.ca.gov/English/appldownload.html">http://www.healthyfamilies.ca.gov/English/appldownload.html</a></p> <p>Apply at Medi-Cal Health Connections, 1440 Harrison Mon-Fri, 8 am-5 pm, or with a Medi-Cal eligibility worker at selected SF clinic and ER sites: (415) 863-9892.</p> <p>Medi-Cal/Healthy Families CAA Help Line 1.888.237.6248 Mon-Fri, 8am-8pm; Sat, 8am-5pm</p> <p>*Parent/guardian applies</p>	<p>\$4-\$9/mo per child pre-miums</p> <p>\$5 co-pay for some services</p>	<p><i>Application process varies by health plan. Healthy Families is contracted with the following health plans for San Francisco county, contact them for more information:</i></p> <ul style="list-style-type: none"> <li>• San Francisco Health Plan Tina outzen 415-547-7818, ext. 236</li> <li>• Blue Cross HMO Romy Lewis 805 384-3547</li> <li>• Blue Shield HMO Hazel Jackson 916 851 3441</li> <li>• Health Net HMO Sean Obrian 626 683 6246</li> <li>• Kaiser Permanente Tami Vasquez, 626-564-3623</li> </ul>	<ul style="list-style-type: none"> <li>• complete medical coverage, including all preventive care)</li> <li>• STI testing</li> <li>• health education</li> <li>• HIV counseling/testing</li> <li>• abortion</li> <li>• immunization</li> <li>• mental health services (for "non-serious mental illnesses" limited to 20 outpatient and 30 outpatient services per year)</li> <li>• substance abuse services</li> <li>• health education classes</li> <li>• prescription medicines</li> <li>• dental and vision care</li> </ul>	<p><i>Healthy Families Web:</i> <a href="http://www.healthyfamilies.ca.gov/">http://www.healthyfamilies.ca.gov/</a> (888)558-5858</p> <p><i>SF Health Plan:</i> (877) 311-7347, (415) 547-7818 (provider relations), <a href="http://www.sfhfp.org">www.sfhfp.org</a></p> <p><i>For a list of community organizations with CAAs (Certified Application Assistants) call (888) 747-1222 or visit:</i> <a href="http://www.healthyfamilies.ca.gov/English/joining.html">http://www.healthyfamilies.ca.gov/English/joining.html</a></p> <p><i>To get an application by mail, or application follow up call:</i> (800) 880-5035 Blue Cross (800) 227-3238 Blue Shield (800) 424-6521 Health Net (888) 327-0502 Kaiser Permanente (800) 464-4000 Medi-Cal Health Connections (415) 863-9892</p>

<sup>§</sup> See New Federal Income Guidelines (4/1/2002)

<sup>1</sup> See Medi-Cal Healthy Connections Outreach Worker schedule.

<sup>11</sup> Ruffin, Jo, Deputy Director of Health for Mental Health, San Francisco Department of Public Health, *Policy/Procedure Regarding Minor Consent Mental Health Services*, Manual Number 3.05-02, Technical Revision, April 27, 2001.

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	<i>Client Age/Income/Residency</i>	<i>Client Paperwork</i>	<i>Cost</i>	<i>Provider Requirements and Paperwork</i>	<i>Services Covered</i>	<i>For more Info</i>
<b>Medi-CAL</b>	<p><b>Age:</b> Birth up to 21 years old</p> <p><b>Income:</b></p> <ul style="list-style-type: none"> <li>• 6 up to 21 must have income at or below 100% FPL<sup>5</sup></li> <li>• 1 up to 5 years old must have income at or below 133% FPL<sup>5</sup></li> </ul> <p><b>Residency:</b> US citizenship or legal residency.</p>	<p>Medi-Cal application*, including proof of income.</p> <p><i>Forms on the web:</i> downloadable Mail-in application <a href="http://www.dhs.ca.gov/mcs/medi-calhome/mc210.htm">http://www.dhs.ca.gov/mcs/medi-calhome/mc210.htm</a></p> <p>Apply at Medi-Cal Health Connections, 1440 Harrison (btw 10<sup>th</sup> &amp; 11<sup>th</sup>) Mon-Fri, 8 am-5 pm, or with a Medi-Cal eligibility worker at selected SF clinic and ER sites (415) 863-9892</p> <p>*Parent/guardian applies</p>	Share of cost varies; none for many clients.	<p>Medi-Cal provider application</p> <p><i>Forms on the web:</i> <a href="http://files.medi-cal.ca.gov/pubdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp">http://files.medi-cal.ca.gov/pubdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp</a></p> <p>or</p> <p>(800) 541-5555</p>	<ul style="list-style-type: none"> <li>• complete medical coverage, including all preventive care)</li> <li>• STI testing</li> <li>• health education</li> <li>• HIV counseling/testing</li> <li>• abortion</li> <li>• immunization</li> <li>• mental health services (for "non-serious mental illnesses" limited to 20 outpatient and 30 outpatient services per year)</li> <li>• substance abuse services</li> <li>• health education classes</li> <li>• prescription medicines</li> <li>• dental and vision care</li> </ul>	<p>Medi-Cal Website: <a href="http://www.medi-cal.ca.gov">http://www.medi-cal.ca.gov</a></p> <p>Phone: (800) 541.5555 Medi-Cal/Healthy Families CAA Help Line: (800) 880-5305</p> <p>San Francisco Health Plan: (877) 311-7347, (415) 547-7818 (provider relations), or <a href="http://www.sfhpa.org">www.sfhpa.org</a>.</p> <p>Medi-Cal Health Connections: (415) 863-9892</p> <p>Medi-Cal Policy Inst: <a href="http://www.medi-cal.org/index.cfm">http://www.medi-cal.org/index.cfm</a></p>
<b>AIM (Access for Infants and</b>	<p><b>Age:</b></p> <ul style="list-style-type: none"> <li>• Women within the first 30 weeks of their pregnancy who are over 18 years old, or are minors who have been emancipated.</li> <li>• Baby resulting from AIM-covered pregnancy is eligible up to age 2.</li> <li>• Babies born to moms enrolled in AIM on or after July 1, 2004 are eligible for Healthy Families.</li> </ul> <p><b>Income:</b> Between 200-300% of FPL<sup>5</sup></p> <p><b>Residency:</b> Must have been living in CA for last 6 months.</p>	<p>AIM application, including proof of incom, <i>form on the web:</i> <a href="http://www.mrmib.ca.gov/MRMIB/AIMApp.html">http://www.mrmib.ca.gov/MRMIB/AIMApp.html</a></p> <p>AIM Office: (800) 433-2611</p> <p>Local AIM Outreach Worker for Northern and Central CA counties: (800) 300-1031</p>	1.5% of total family income (can be paid over 12 months) for first year; \$100 for second year.	<p>Medi-Cal provider application; <i>form on the web:</i> <a href="http://files.medi-cal.ca.gov/pubdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp">http://files.medi-cal.ca.gov/pubdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp</a></p> <p>Medi-Cal: (800) 541-5555</p> <p>AIM: (800) 433-2611</p>	<ul style="list-style-type: none"> <li>• prenatal care</li> <li>• preventive care</li> <li>• maternity care</li> <li>• infant care</li> <li>• hospital delivery</li> <li>• mental health services</li> <li>• health education</li> <li>• substance abuse treatment</li> <li>• family planning</li> <li>• emergency services</li> <li>• medical transportation</li> <li>• x-rays and labs</li> <li>• prescription drugs</li> <li>• alcohol/drug abuse</li> <li>• home health services</li> </ul>	<p>AIM Website: <a href="http://www.mrmib.ca.gov/MRMIB/AIM.html">http://www.mrmib.ca.gov/MRMIB/AIM.html</a></p> <p>AIM Office: (800) 433-2611 Mon- Fri, 8am-8pm; Sat, 8am-5pm</p> <p>Local AIM Outreach Worker for Northern and Central CA counties: (800) 300-1031</p>
<b>Victim Compensation</b>	<p><b>Age:</b> all</p> <p><b>Income:</b> all</p> <p><b>Residency:</b> California*</p> <p>*Must be a person who suffers an injury or threat of injury as a result of a crime, or the parent, sibling, spouse, or child of the victim; or was living with the victim at the time of the crime or had lived with the victim for at least two years in a relationship similar to a parent, sibling, spouse, or child of the victim; or is another family member of the victim, and witnessed the crime; or has become the primary caretaker of a minor victim after the crime. Those receiving benefits cannot have contributed to the crime.</p>	<p>Application* must be filed <i>within one year of the crime</i>; for a minor victim, application must be filed before the minor's 19<sup>th</sup> birthday (or 21<sup>st</sup> birthday, if good cause for the delay is illustrated).</p> <p><i>Form on the web:</i> <a href="http://www.boc.ca.gov/PubsVCP/Forms/BCVOC100.pdf">http://www.boc.ca.gov/PubsVCP/Forms/BCVOC100.pdf</a></p> <p>Local SF Victim/Witness Assistance Ctr: (415)553-9044 CA Victim Services Program: (800) 777-9229</p> <p><b>Documentation that the crime was reported to appropriate law agency is required.</b> <b>For applicants under 18, a parent or legal guardian must sign the application.</b></p> <p>*Parent/guardian applies</p>	None	<p>Provider must be:</p> <ul style="list-style-type: none"> <li>• a licensed psychiatrist</li> <li>• a licensed clinical psychologist</li> <li>• LCSW or LMFT</li> <li>• rape crisis peer counselor</li> <li>• psychiatric mental health nurse</li> <li>• child life specialist</li> <li>• Registered psychologists, associate CSWs, MFTs, and interns may be eligible.</li> </ul> <p>• Mental Health Billing Form</p> <p>• Initial Treatment Plan</p> <p>• Extended Treatment Plan</p> <p>To be listed as a VCP provider, provider must send in CV to Victim Compensation Program &amp; Government Claims Board: P.O. Box 3036 Sacramento, CA. 95812</p>	<ul style="list-style-type: none"> <li>• medical/dental expenses</li> <li>• mental health treatment or counseling</li> <li>• wage or income loss</li> <li>• funeral and/or burial expenses</li> <li>• home/vehicle modifications for disabled victim</li> <li>• home security improvements</li> <li>• moving/relocation expenses</li> <li>• crime scene cleanup (homicide only)</li> <li>• support loss for dependents of a deceased or disabled victim</li> <li>• advance emergency awards</li> </ul> <p>outpatient services only</p> <p>outpatient mental health expenses are reimbursed up to \$10,000 for a direct victim</p>	<p>CA Victim Compensation Program Website: <a href="http://www.boc.ca.gov/Victims.htm">http://www.boc.ca.gov/Victims.htm</a> or (800) 777-9229; info@vcgcb.ca.gov</p> <p><b>Contacts:</b> Tricia Stapleton, Project Coordinator Victim/Witness Assistance Center SF District Attorney's Office: Hall of Justice 850 Bryant Street, Room 320 San Francisco, California 94103 (415) 553-9046</p> <p>VIVA (Volunteers in Victim Assistance) (916) 489-3333</p>

<sup>5</sup> See New Federal Income Guidelines (4/1/2002)

<sup>1</sup> See Medi-Cal Healthy Connections Outreach Worker schedule.

<sup>11</sup> Ruffin, Jo, Deputy Director of Health for Mental Health, San Francisco Department of Public Health, *Policy/Procedure Regarding Minor Consent Mental Health Services*, Manual Number 3.05-02, Technical Revision, April 27, 2001.

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<b>CHDP</b> (Child Health)	<p>Age: <i>Up to 21 years old</i>                      Income:                      • Under 21 with Medi-Cal                      • Under 19 with family income at or below 200% FPL<sup>3</sup>                      Residency: US citizenship, legal residency, or some undocumented.</p>	<p>Application* completed at CHDP provider's office  <a href="http://www.dhs.ca.gov/pcfh.cms/chdp/publications/htm#forms">http://www.dhs.ca.gov/pcfh.cms/chdp/publications/htm#forms</a></p> <p>SF Children's Medical Services                      (415) 575-5712</p> <p>*Parent/guardian applies</p>	None	<p>Must be a Medi-Cal provider                      • Medi-Cal provider application                      • CHDP provider application</p> <p><i>Forms on the web:</i>  <a href="http://files.medi-cal.ca.gov/pubsdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp">http://files.medi-cal.ca.gov/pubsdoco/Pubsframe.asp?hURL=/pubsdoco/prov_enroll.asp</a> or (800) 541-5555</p> <p>For CHDP provider application, call SF CHDP Office at (415) 575-5712 or <a href="http://www.dhs.ca.gov/pcfh/cms/chdp/provderinfo/htm">http://www.dhs.ca.gov/pcfh/cms/chdp/provderinfo/htm</a></p>	<ul style="list-style-type: none"> <li>• <i>physical health assessment</i></li> <li>• <i>immunizations</i></li> <li>• <i>nutritional assessment</i></li> <li>• <i>oral health assessment</i></li> <li>• <i>vision screening</i></li> <li>• <i>hearing screening</i></li> <li>• <i>screening for anemia, lead, urine abnormalities, tuberculosis, and other problems as needed</i></li> <li>• <i>health education and anticipatory guidance</i>                          *prescription medications and hospitalizations are not covered</li> </ul>	<p>CHDP Website:  <a href="http://www.dhs.cahwnet.gov/pcfh/cms/HTML/pub141.pdf">http://www.dhs.cahwnet.gov/pcfh/cms/HTML/pub141.pdf</a></p> <p>San Francisco CHDP Office: (415) 575-5712</p> <p>CA Department of Human Services/CHDP Office                      (916) 327-1400</p> <p>CA CHDP Provider Services Unit: (916) 322-8702</p>
<b>SF Healthy KIDS</b>	<p>Age: <i>Up to 19 years old</i>                      Income: Below 300% FPL<sup>5</sup>                      Residency:                      • Residents of San Francisco                      • Undocumented immigrants, legal immigrants, or U.S. citizens                      Other: Cannot be eligible for Medi-Cal or Healthy Families, or other insurance</p>	<p>To schedule an appointment with a Certified Application* Assistant, call the San Francisco Health Plan: (415) 777-9992                      Mon-Fri, 8:30am-5:30pm</p> <p>As of August 1, 2002, applications cannot be completed online without a CAA.</p> <p>*Parent/guardian applies</p>	pre-mium \$4 per child per month some co-pays apply	<p>Must be a San Francisco Health Plan provider</p> <p>San Francisco Health Plan, Provider Relations Manager: (415) 547-7818 Ext. 254</p> <p><a href="http://www.sfhfp.org">www.sfhfp.org</a></p>	<ul style="list-style-type: none"> <li>• <i>complete medical coverage, including all preventive care)</i></li> <li>• <i>STI testing</i></li> <li>• <i>health education</i></li> <li>• <i>HIV counseling/testing</i></li> <li>• <i>abortion</i></li> <li>• <i>immunization</i></li> <li>• <i>mental health services</i></li> <li>• <i>substance abuse services</i></li> <li>• <i>health education classes</i></li> <li>• <i>prescription medicines</i></li> <li>• <i>dental and vision care</i></li> </ul>	<p>SF Healthy Kids Website:  <a href="http://www.sfhfp.org/our_health_plans_files/healthkids_ENGLISH.asp">http://www.sfhfp.org/our_health_plans_files/healthkids_ENGLISH.asp</a></p> <p>San Francisco Health Plan                      (877) 311-7347                      (415) 547-7818 x254 (provider relations)  <a href="http://www.sfhfp.org">www.sfhfp.org</a></p>

<sup>3</sup> See New Federal Income Guidelines (4/1/2002), page XXX

<sup>4</sup> See Medi-Cal Healthy Connections Outreach Worker schedule, page XXX

<sup>5</sup> Ruffin, Jo, Deputy Director of Health for Mental Health, San Francisco Department of Public Health, *Policy/Procedure Regarding Minor Consent Mental Health Services*, Manual Number 3.05-02, Technical Revision, April 27, 2001.

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