



CHILD CARE PLANNING COMMITTEE

October 2, 2013

12:00 p.m. – 2:00 p.m.

LACOE Head Start – State Preschool
10100 Pioneer Boulevard, Room 110
Santa Fe Springs, CA 90670



PROPOSED AGENDA

1. Welcome and Introductions (*10 minutes*)
noon
 - Opening Statement
 - Comments by the ChairRichard Cohen, Chair

 2. Approval of Minutes (*5 minutes*) **Action Item**
12:10
 - September 4, 2013Richard Cohen

 3. Report from the Policy Roundtable for Child Care and
12:15 Development (*5 minutes*)
Michele Sartell
Office of Child Care

 4. Report from the Joint Committee on Legislation (*5 minutes*)
12:20
Lisa Wilkin
Joint Committee Co-chair

 5. Health Care Reform Implementation: What it means for
12:25 employers, what it means for children and families (*50 minutes*)
Sonal Ambegaokar, Esq.
National Health Law Program
(NHeLP)

 6. Work Group Recruitment/Breakout Sessions
1:15
 - Quality
 - Access/Inclusion
 - Planning Council Role
 - WorkforceAndrea Joseph, Vice Chair

Andrea Joseph
Ana Campos/Ritu Mahajan
(Need co-chair)
Kathy Schreiner/Terri Lamb
- *The Joint Committee on Legislation is on hiatus until its next meeting scheduled for January 27, 2014; the Membership and Policy Work Group is on hiatus until early February.*
9. Announcements and Public Comment (*5 minutes*)
1:45

 10. Call to Adjourn
▪ Future Meetings
Richard Cohen and
Andrea Joseph

MISSION STATEMENT

The mission of the Child Care Planning Committee is to engage parents, child care providers, allied organizations, community, and public agencies in collaborative planning efforts to improve the overall child care infrastructure of Los Angeles County, including the quality and continuity, affordability, and accessibility of child care and development services for all families.

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Los Angeles County Child Care Planning Committee

Center for Healthy Communities at The California Endowment
1000 N. Alameda St., Catalina Room
Los Angeles, CA 90012

Meeting Minutes - September 4, 2013

Members in Attendance: (33) Ofelia Aguilar, Norma Amezcua, Rachelle Pastor Arizmendi, Rocio Bach, Mariana Arellano-Renteria for Jennifer Barraza, Telma Ruiz Bayona, Darlene Cabrera, Ana Campos, Edilma Cavazos, Richard Cohen, Flor Perez for Debra Colman, Teresa Figueras, Mona Franco, Holli Tonyan, La Tanga Gail Hardy, Andrea Joseph, Jennifer Kottke, Jennifer Kuida, Terri Lamb, Ritu Mahajan, Cyndi McCauley, Nora Garcia-Rosales for Nurhan Pirim, Leora Riley, Ancelma Sanchez, Judy Sanchez, Kathy Schreiner, Janet Scully, JoAnn Shalhoub-Mejia, Sarah Soriano, Truyen Tran, Jenny Trickey, Lisa Wilkin and Carolyn Wong

Guests and Alternates: Emily Aguilar, Rosa Arevalo, Robert Beck, Ellen Cervantes, Maribel Chavez, Steve Erwin, Bernice Gilmore, Pamela Kwok, Flor Medrano, Vanessa Mendez, Christina Nigrelli, Terry Ogawa, Joyce Robinson, and Ruth Tescaño

Staff: Michele Sartell, Renatta Cooper and Jocelyn Tucker

I. Welcome and Introductions

Richard Cohen, Chair, opened the meeting at 12:07 p.m. He read the opening statement and then welcomed members and guests by asking them to introduce themselves.

Richard made the following announcements:

- Membership Manual is on the website (www.childcare.lacounty.gov). He encouraged all members – new as well as returning – to review it.
- Needs assessments data sheets are now available for download from the Office of Child Care website.
- Sign-up sheets were circulated for the four strategic plan work groups: quality, access/inclusion, LPC role, and workforce as well as sign-up sheets for the Joint Committee on Legislation and Membership and Policy Work Group. Work groups are open to non-members as well as members and alternates are encouraged to participate. Participation in a work group is required of all members.

II. Approval of Minutes

The Chair called for a motion to approve the minutes from June 5, 2013. Kathy Schreiner made the motion to approve; the motion was seconded by Encelma Sanchez. The motion passed without abstentions.

III. Report from the Policy Roundtable for Child Care and Development (Roundtable)

Michele Sartell announced that Karla Pleitez Howell, the Child Care Planning Committee (Planning Committee)'s representative to the Roundtable, gave birth to a healthy baby boy, Bronson, on August 18th. On her behalf, Michele reported that the Roundtable held its retreat in July with the overall goal of engaging members in the process of updating the Policy Framework for Child Care and Development. It has been proposed to that the Strengthening Families and Protective Factors framework provide the context for the work ahead. The Roundtable reviewed accomplishments to date with the current Policy Framework, examined the population of children and families in

relationship to the landscape of the child care and development system, talked about the challenges and opportunities for engaging parents, and discussed the needs of the workforce. Members representing County departments and First 5 LA presented on countywide efforts and opportunities for collaboration that may be addressed by the Policy Framework. Members also considered how federal initiatives and proposed changes to the federal Child Care and Development Block Grant might inform their work. The Roundtable meets the second Wednesday of the month at the Kenneth Hahn Hall of Administration from 10 a.m. to noon; meetings are open to the public.

IV. Report from the Joint Committee on Legislation

Lisa Wilkin, Co-chair of the Joint Committee on Legislation (Joint Committee) on behalf of the Planning Committee, briefly reported on the 2013-14 budget for child care and development services contained in the Governor's budget package (for more information, see the Policy Brief updated on August 13, 2013). She noted that the budget for 2013-14 is the first in four years that does not include cuts, rather a beginning towards restoration, however small. She mentioned that the California Department of Education/Child Development Division (CDE/CDD) recently released notices for one time only expansion funds for half-day State Preschool. The CDE/CDD plans to fund all requests on a prorated basis. A number of organizations operating part-day programs did not apply due to the temporary nature of the funding, while others who applied for funds are hopeful that they will be in a better position to continue their expansion.

In addition, Lisa provided an update on the status of two bills, SB 192 (Liu) and AB 274 (Bonilla), both adopted by the County for pursuits of positions to support. She noted that SB 192 has become a two year bill, while AB 274 is pending action on the Senate Floor.

V. Consideration of Proposed Public Policy Platform for Second Session of 2013-14 Legislative Session

Lisa presented for action the Planning Committee and Roundtable's Public Policy Platform for the Second Year of the 2013-14 Legislative Session. The Joint Committee presented no changes to the items that are included in the County's legislative agenda, however had some additions on efforts that would be supported by the agenda items.

A proposed bullet – *“Establishing a 12 month annual eligibility redetermination to allow for more stable enrollments for early care and education programs and continuous services for children and their families.”* – added to Legislative Agenda Item 6 relating support for streamlining CDE/CDD administrative processes stirred discussion. Lisa explained that the California rules are layered on top of the federal rules; California rules can be more restrictive than federal rules. She stated her reservations with the 12 month eligibility rule for State-funded programs that currently applies to the federally-funded Head Start programs noting that Head Start receives more funding. The concern is that families would remain enrolled as their income rises above the income eligibility cap, whereas eligible un-served families are turned away. Adding to the discussion was another perspective with respect to children's development and balancing the need for working parents and their need for high quality child care and development services, considered a central feature of continuity of care. It was noted that some families regularly cycle in and out of eligibility.

Rachelle Pastor Arizmendi made the motion to approve Public Policy Platform; Holli Tonyan seconded the motion. The motion passed without abstentions.

The proposed Public Policy Platform will be presented to the Roundtable as an action item at its September meeting. The above-referenced concern will be presented to the Roundtable.

VI. Strengthening Families Approach and the Protective Factors¹: A Framework for Promoting Child and Family Well-being

Richard Cohen provided a brief history of the Strengthening Families Approach, developed by the Center for the Study of Social Policy, as a strategy for preventing child abuse and neglect and promoting optimal child development through early care and education. The Protective Factors Framework, the hallmark of the Strengthening Families Approach, has expanded beyond early care and education by offering a shared language across various service sectors. He suggested that the Planning Committee adopt the framework moving forward, noting that early care and education programs have eyes on the child every day and are presented with opportunities to talk with parents daily.

Terry Ogawa, noting her 30 year history in the early care and education field, encouraged members and guests to become familiar with the Protective Factors and suggested taking advantage of training opportunities offered by Strategies. Terry's current work has been looking for connections between early care and education and child welfare. She discussed the unique role of early care and education as a safe place for children that also supports families and often is the place where families are surrounded by or carefully linked to other services. She commented that the Strengthening Families Approach is a platform for collaboration that includes child welfare, mental health and other health and human services and helps create a common language across service sectors, particularly given that the same terminology can mean different things depending on the sector. She added that the language of the Protective Factors is the first step; how we use and incorporate it into our professional work is the hard part.

Rachelle Pastor Arizmendo of PACE Head Start has been working with organizations regionally on thinking about incorporating the Protective Factors into their language and work with families over the last couple of years. While the concepts that stand alone are relatable, the more challenging piece is figuring out how to embrace the ideas and incorporate into the work. As example, she talked about how the region is working across three sectors – early care and education, family support and child welfare and relying on the science of early brain development, trauma and the Protective Factors to inform their work as a collaborative. The region is committed to ensuring the children and the families in their community have the best chance at success. Rachelle also has introduced the framework to her staff and taking it to the level where it is integrated into their existing work. As a community of practice, they are sharing best practices that are beyond the day to day tasks by reflecting on the work as a community. The Protective Factors is not another service, project or curriculum; rather the idea is to take the concepts and integrate into the work we already do.

Ellen Cervantes, Chief Operating Officer and Vice President at the Child Care Resource Center (CCRC) began her PowerPoint presentation by stating that there often appears to be a difference between what we say we do and what is our mission. CCRC was created to support families providing high quality child care and development services. She offered that when asked, we say what we do based on our contract rather than child and family well-being. Our role as leaders is to keep the greater goal. What we know is that families thrive when the Protective Factors are present and it takes a community of partners to implement. Ellen added that knowledge of what each other is doing is needed to make a warm handoff. She stressed, know the resources in the community and use the framework to make alignments between early care and education and those community resources. She referred member to the Center for the Study of Social Policy (www.cssp.org) for more information on Strengthening Families.

¹ The five Protective Factors are: Parental resilience, social connections, knowledge of parenting and child development, concrete supports in times of need, and social and emotional competence of children.

VII. Checking In: So what and what next?

Members and guests were asked for their reactions and comments. Among the comments, First 5 LA's Best Start communities are beginning to use the Protective Factors framework to bring together diverse service sectors and inform their work. Libraries are advocating for joining early care and education with their literacy work and are serving as centers for pulling together community resources. The Court-appointed Special Advocates (CASA), which initially focused on advocating on behalf of the child, is now using the Protective Factors to advocate for the child (e.g. infants and toddlers) and the family inclusive of foster, adoptive and biological families. Collaboration with attorneys and others in the system is helping children move to permanency more quickly. Protective Factors means coming from a place of empathy and understanding as a way to help us gain the perspective of the family. Another member referred to the work of Barbara Rogoff who discusses the child as a part of the family, an important piece as we "zoom in and zoom out", putting different aspects into focus to get to a whole.

Richard concluded by charging members, alternatives and guests to think about where is the fit with their existing work. He also asked who is missing from the table, including who should be invited to present or to attend. Answers included: health, law enforcement, probation, employment services (economic support), school districts, housing, and WIC (Women, Infants and Children).

VIII. Report on Investing in Early Educators – Stipend Program

Renatta Cooper, staff with the Office of Child Care, announced the launch of Cycle 15. One change to the program requirement allows participants three cycles to take classes towards earning their permits. Efforts are underway to increase participation in the Stipend Program, including calling to CDE/CDD-contracted programs to inform them of the change to the permit requirement, contacting providers rejected from the previous cycle, visiting practicum classes at the community colleges, and offering to send the applications via U.S. mail. Early results of the outreach efforts indicate that more applications for family child care providers have been received. Renatta emphasized the importance of participants contacting the Office of Child Care with address changes to ensure they receive the verification form, the second step of the Stipend Program and to ensure that they receive their Stipend upon issuance. Judy Sanchez of the California Preschool Instructional Network (CPIN) offered to send information on the Stipend Program to their database. Hard copies of the applications were distributed.

IX. Announcements and Public Comment

- The Workforce Work Group convenes monthly immediately following the close of the Planning Committee meeting.
- Department of Mental Health Service Area 7 is accepting housing applications from transitional age youth (TAY), including young parents with children. Eligibility requires the child or parent to be receiving mental health services. More information will be sent via e-mail.
- Assembly Member Richard Bloom is hosting two events in October; one in Santa Monica and another in Mid-Wilshire/Koreatown. The County Department of Health and Covered California will discuss the Affordable Care Act (ACA), implications for California and next steps for Medi-Cal expansion. Flyers are forthcoming via e-mail.
- The Southern California Association for the Education of Young Children (SCAEYC) is presenting "Hot Topics in Early Education" on September 12, 2013. An announcement was sent via e-mail just prior to the meeting.

X. Adjournment

The Chair called for a motion to adjourn. Lisa Wilkin made the motion; Mariana Arellano-Renteria seconded the motion. The meeting was adjourned at 2:05 p.m.



Policy Roundtable for Child Care and Development

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September 25, 2013

To: Patricia Carbajal
Intergovernmental Relations and External Affairs

From: Kathleen Malaske-Samu, Director
Office of Child Care
Service Integration Branch

Michele P. Sartell, Program Specialist III
Office of Child Care
Service Integration Branch

RECOMMENDATIONS FOR COUNTY OF LOS ANGELES STATE LEGISLATIVE AGENDA FOR SECOND SESSION OF 2013-14 CHILD CARE AND DEVELOPMENT ITEMS

This memorandum responds to the request for review and update of the County's State Legislative Agenda for the second year of the 2013-14 legislative session. In addition, it briefly explores ideas for potential County-sponsored State legislation contingent on a feasibility report relating to a countywide quality rating and improvement system due by early to mid-October to the Board of Supervisors in response to a motion by Supervisor Antonovich.

County Legislative Agenda – Items for Child Care and Development

Attached to this memorandum is the Child Care Planning Committee (Planning Committee) and Policy Roundtable for Child Care and Development (Roundtable) Public Policy Platform (Platform) identifying each of the legislative items in bold for inclusion in the County's State Legislative Agenda accompanied by examples of specific positions of the respective items. The Platform was considered by the Planning Committee on September 4, 2013 and then was approved by the Roundtable on September 11, 2013. The Roundtable recommends referencing the availability of the Public Policy Platform document in the material presented to the Board of Supervisors and be made available to the general public through the County and/or Office of Child Care website.

The following is the list the legislative items for sub-section 1.3 Child Care and Development covered in the Board-adopted State Legislative Agenda for 2013-14, with recommended edits to the items indicated in italics and yellow highlights. Items with recommended edits are immediately followed by a brief rationale for the change.

Jeannette Aguirre
Maria Calix
Sam Chan, Ph.D.
Fran Chasen
Duane C. Dennis
Maureen Diekmann

Robert Gilchick, M.D., M.P.H.
Jennifer Hottenroth, Psy.D.
Karla Pleitez Howell, Esq.
Carollee Howes, Ph.D.
Dora Jacildo
Sharoni D. Little, Ph.D.



Kathleen Malaske-Samu
Jacquelyn McCroskey, D.S.W.
Stacy Miller
Terri Chew Nishimura, MA, OTR/L
Faith Parducho
Nurhan Pirim

Adam Sonenshein
Nina Sorkin
Esther A. Torrez
John Whitaker, Ph.D.
Keesha Woods
Ruth M. Yoon

1.3 Child Care and Development

1. Support efforts to enhance the quality of early care and education that set high standards for all services and program types and address the needs of all children, including those with disabilities and other special needs, and their families.
2. Support efforts to develop and implement a statewide quality rating and improvement system and a system to adjust reimbursement rates based on demonstrated quality.
3. Support efforts to develop and sustain a well-educated and highly skilled professional workforce prepared to serve the culturally, linguistically and **economically** diverse child and family populations of Los Angeles County.

Rationale: The gap between high wage earners and low- to mid-wage earners is increasing. According to a brief released by the California Budget Report, while high wage earners have experienced gains in income to pre-recession earnings, the mid- and low-wage earners have experienced a decline in their wages, with low-wage earners suffering the steepest decline.¹ The field of early care and education needs to be sensitive to the challenges families face as incomes fluctuate and fail to keep pace with the economic recovery and subsequently be able to respond by helping families connect with concrete supports in times of need.

4. Support efforts to ensure the health and safety of all children cared for in licensed early care and education facilities as afforded by timely, regular, and frequent on-site monitoring by the California Department of Social Services, Community Care Licensing Division (CCLD).
5. Support efforts to adequately fund high quality early care and education services for all children from low and moderate income families.
6. Support efforts to expand the supply of appropriate early care and education services by including these services into city and county general plans.
7. Support proposals designed to prevent, detect, investigate and, when appropriate, prosecute fraud in subsidized **child care** programs.

Rationale: As raised by the Roundtable member representing the Department of Public Social Services (DPSS), the recommended edit would ensure that proposed actions relating to fraud apply to all subsidized child care and development programs inclusive of those contracted by the California Department of Education/Child Development Division and therefore not be misinterpreted to apply only to CalWORKs Child Care programs.

8. Support efforts to ensure that vulnerable children and their families have access to consistent, uninterrupted subsidized early care and education services.

¹ California Budget Project. *Uneven Progress: What the Economic Recovery Has Meant for California Workers.* Economy Brief, September 2013. Retrieved on September 23, 2013 from http://www.cbp.org/pdfs/2013/130901_Uneven_Progress_Labor%20Day.pdf.

An Exploration of County-sponsored Legislation

On August 20, 2013, the Board approved a motion by Supervisor Antonovich to assess the feasibility of a Countywide rating system to include all licensed family child care homes and child care and development centers that would provide parents with an accurate assessment of the facilities in which they entrust the care of their children. The Office of Child Care currently administers two quality rating and improvement systems (QRIS) – the Steps to Excellence Program (STEP) and the federally-funded Race to the Top-Early Learning Challenge (RTT-ELC) – to provide parents with information on the quality of individual child care and development settings, distinguish programs that meet higher standards and provide benchmarks to determine if the quality of the programs change over time. Both programs reach less than five percent of the family child care homes and child care and development centers throughout the County.

While the Office of Child Care anticipates that legislative remedies will be required to implement and sustain a Countywide QRIS, we are unable to predict what those remedies might be until the feasibility report has been submitted to the Board. However, a primary concern for implementing an expanded system is a solid foundation of health and safety as required by the California Department of Social Services, Community Care Licensing Division (CDSS/CCLD). The CCLD is responsible for licensing and regulating child care and development centers and family child care homes to ensure that minimal standards for health and safety are met. Since 2004, there has been erosion to CCLD's oversight, from annual unannounced inspections of centers and triennial unannounced inspections of family child care homes to the current rate of unannounced inspections every five years, except in cases of complaints. The attached brief provides a history of licensing oversight, a review of the CDSS/CCLD proposal to strengthen health and safety protections through the introduction of licensing inspection protocols, and implications of the existing system.

The costs of sustaining a QRIS could be substantially reduced if the training component and financial incentives were incorporated into the existing "system". Such changes would require legislation and could include:

- defining the role of the child care resource and referral programs to provide training and coaching to QRIS participants – centers and family child care homes – as core activities; and
- developing a tiered reimbursement system that builds upon the current rate as the baseline and rewards programs receiving higher ratings with higher reimbursement rates.

In closing, thank you for this opportunity to weigh in on the County's State Legislative Agenda and enter into a preliminary discussion of potential legislation that supports implementation of the quality rating and improvement systems.

If you have any questions regarding these recommendations, please contact Kathy by e-mail at kmalaske@ceo.lacounty.gov or by telephone at (213) 974-2440 or Michele by e-mail at msartell@ceo.lacounty.gov or by telephone at (213) 974-5187.

KMS:MPS

cc: Cheri Thomas, Service Integration Branch/Chief Executive Office
Dora Jacildo, Policy Roundtable for Child Care and Development
Richard Cohen, Child Care Planning Committee

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County of Los Angeles
Child Care Planning Committee and
Policy Roundtable for Child Care and Development



Office of Child Care

PUBLIC POLICY PLATFORM
Second Year of 2013-14 Legislative Session

Introduction

The Child Care Planning Committee (Planning Committee) and Policy Roundtable for Child Care and Development (Roundtable) promote policies designed to increase the availability of and access to affordable, high quality early care and education programs for all children and their families of Los Angeles County. This public policy platform presents current and emerging policy issues in early care and education that are consistent with the County of Los Angeles State Legislative Agenda for the Second Year of the 2013-14 Legislative Session. The platform identifies each of the legislative agenda items in **bold** followed by examples of efforts that may be addressed by proposed legislation and/or the proposed state budget.

Platform Issues

- 1. Support efforts to enhance the quality of early care and education that set high standards for all services and program types and address the needs of all children, including those with disabilities and other special needs, and their families.**

Such efforts should include, but not be limited to:

- Addressing the early care and education needs of children from birth through age 12, including infants and toddlers, preschool and school age children, and children with disabilities and other special needs up to age 22, and their families.
- Enhancing the quality of centers, family child care homes, and license-exempt care providers.
- Promoting a strengthening families approach to meet the needs of children at risk for abuse, neglect or sexual exploitation or under the supervision of the child welfare system and children of families under the supervision of Probation.
- Integrating early identification and intervention systems that recognize and respond early to young children who may be at risk for disabilities and other special needs.
- Developing policies that encourage collaboration between early care and education programs and locally-funded projects and public agencies that foster child and family well-being through the provision of coordinated services.
- Incorporating optimal health promotion policies and procedures as an integral component that contributes to the overall quality of early care and education services and programs.

2. Support efforts to develop and implement a statewide quality rating and improvement system and a system to adjust reimbursement rates based on demonstrated quality.

Such efforts should include, but not be limited to:

- Providing parents with clear, concise information on the quality of early care and education settings.
- Fostering the engagement of parents that promotes their child's optimal healthy growth and development and learning.
- Incorporating early learning standards that are research-based, culturally responsive to children from diverse cultural and linguistic backgrounds, aligned with existing regulatory systems and local quality initiatives, recognize and respond to the individual needs of children in group settings, and attend to families' needs for comprehensive services.
- Building an infrastructure of technical assistance, financial supports and training, all of which are tied to defined quality standards, to help early care and education programs achieve and maintain high quality services.

3. Support efforts to develop and sustain a well-educated and highly skilled professional workforce prepared to serve the culturally, linguistically and **economically diverse child and family populations of Los Angeles County.**

Such efforts should include, but not be limited to:

- Focusing on teachers and other members of the workforce gaining skills and demonstrating competencies in the following areas: how to provide instructional support to children, best practices in working with dual language learners, proficiency in recognition and response to children with disabilities and other special needs, health and nutrition best practices, engaging parents and guardians, and expertise on the spectrum of child development from birth through early adolescence. Workforce practice must be based on established early care and education research.
- Offering coursework and instruction responsive to a multi-lingual, multicultural workforce, including but not limited to providing content in students' home language and offering classes during non-traditional hours.
- Expanding early childhood educators' access to higher education through stipend programs, grant funds and loan forgiveness programs, higher compensation when they attain post-secondary degrees, and benefits (i.e. health insurance and retirement plans).
- Facilitating child development or early childhood education coursework coordination and articulation between the community colleges and California State University (CSU) and University of California (UC) systems.
- Supporting efforts to enhance the quality of the license-exempt care workforce and facilitating connections between license-exempt care and the larger system of early care and education.



- Supporting alignment of teacher requirements under Title 22 with teacher requirements under Title 5.

4. Support efforts to ensure the health and safety of all children cared for in licensed early care and education facilities as afforded by timely, regular, and frequent on-site monitoring by the California Department of Social Services, Community Care Licensing Division (CCLD).

Such efforts should include, but not be limited to:

- Increasing to, at a minimum, annual inspections of centers and family child care homes.
- Advocating for, at a minimum, annual unannounced inspections of all licensed facilities.
- Providing that CCLD is sufficiently funded, staffed and held accountable to meet the standards, conduct timely reviews of licensing applications and responses to complaints, and provide technical assistance and resources to current and future licensees.
- Ensuring that costs of obtaining and renewing the license (or licenses for programs with multiple sites) is reasonable and not an extraordinary burden to the licensee's cost of doing business.

5. Support efforts to adequately fund high quality early care and education services for all children from low and moderate income families.

Such efforts should include, but not be limited to:

- Expanding access to high quality subsidized services for all eligible children, including infants and toddlers and children with disabilities and other special needs as well as preschool and school age children.
- Increasing levels of reimbursement in the Standard Reimbursement Rate (SRR) and the Regional Market Rate (RMR) to compensate providers for the true cost of high quality services.
- Prioritizing funds targeted to infants and toddlers to meet the growing demand for high quality services.
- Increasing funds for expansion of high quality full-day, full-year services for all ages.
- Offering tax incentives to businesses to provide or subsidize employee's early care and education services.
- Ensuring that the income ceiling for eligibility for State subsidized care reflects the current State Median Income (SMI), adjusted by region if appropriate.
- Opposing proposals that would reduce subsidized rates based on geographic location.



6. Support the streamlining of California Department of Education/Child Development Division (CDE/CDD) administrative processes to expand access for low-income families, ensure continuity of care, and promote flexible use of early care and education funding to meet the needs of families.

Such efforts should include, but not be limited to:

- Allowing administrative efficiencies such as multi-year contracting, grant-based funding, and waivers on program rules and regulations to allow flexibility of services based on community and family needs.
- Establishing a 12-month annual eligibility redetermination to allow for more stable enrollments for early care and education programs and continuous services for children and their families.
- Ensuring agencies have the capacity to connect with and serve the most vulnerable and the most difficult-to-serve families.
- Maintaining affordable family fees that do not exceed eight percent of gross family income.
- Eliminating parent fees for part-day State Preschool.
- Allowing for various systems that serve vulnerable and low-income children and families to streamline administrative functions and share information in order to facilitate the enrollment of children in subsidized early care and education programs and to participate in joint data collection efforts.

7. Support efforts to expand the supply of appropriate early care and education services by including these services into city and county general plans.

Such efforts should include, but not be limited to:

- Integrating early care and education in specific plans for land use, housing, transportation, economic, workforce, and community development.
- Facilitating the cost effective construction or renovation of early care and education facilities in communities with unmet needs for these services.

8. Support proposals designed to prevent, detect, investigate and, when appropriate, prosecute fraud in *subsidized programs*.



9. Support efforts to ensure that vulnerable children and their families have access to consistent, uninterrupted subsidized early care and education services.

Such efforts should include, but not be limited to:

- Making sure that California Work Opportunity and Responsibility to Kids (CalWORKs) families have access to child care and education services, ensure that participating families are afforded the time and information needed to evaluate their child care and education options and make sound choices, and that allow parents to pursue or maintain employment.
- Promoting, facilitating and supporting consistent and continuous participation of children under the supervision of the child welfare system and Probation and their families in high quality programs that promote healthy child development and support effective parenting.
- Ensuring that all subsidized children – infants and toddlers, preschool age, and school age children – and their families have access to consistent and continuous high quality early care and education services that partner with parents to promote children’s healthy growth and development and prepare them for school and life, and meet the needs of families.
- Addressing the needs of pregnant and parenting teens to ensure their access to high quality early care and education services that support their academic goals, promote positive and effective parenting skills, and contribute to their child’s healthy growth and development.
- Facilitating access to high quality early care and education programs that are responsive to the unique needs of children and families experiencing homelessness.



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Regulatory Oversight of Child Care and Development Program by the California Department of Social Services/Community Care Licensing Division A Brief History, Implications for Health and Safety, and Current Status

The purpose of this document is to provide a brief history of changes to regulatory oversight of child care and development programs inclusive of centers and family child care homes by the California Department of Social Services/Community Care Licensing Division (CDSS/CCLD) since 2003 and the implications of the changes. Next, it will review the efforts that CCLD set forth to propose new facility visit protocols from 2010-11. CDSS/CCLD also regulates foster homes for children and facilities for the elderly and disabled.

History – Erosion of Oversight

The CCLD is responsible for licensing and regulating child development centers and family child care homes to make certain that minimal standards for health and safety are met. In recent years, there has been a steady dismantling of the CCLD staff and its ability to provide oversight of licensed child care and development programs – centers and family child care homes. Prior to 2004, CCLD was required to conduct unannounced visits of child development centers annually and family child care homes triennially. Reductions included in the Budget Act of 2003-04, resulted in annual visits only to programs on probation and the establishment of annual random visits to 30 percent of the remaining facilities, with the requirement that all facilities be visited at least once every five years. In 2008-09, Governor Schwarzenegger proposed to further reduce random unannounced inspections to 14 percent of child development programs, resulting in programs being inspected approximately once every seven years, however legislators successfully opposed his proposal.

According to a recent report published by Child Care Aware® of America, California scored in the bottom 10 of the nation for oversight and program requirements, ranking 50 out of 52 states counting the District of Columbia and the Department of Defense. In fact, the Department of Defense received the highest ranking of 1. Eleven program and four oversight benchmarks were used to score the states and included such things as background checks, education in child development and credential requirements, orientations and trainings on CPR, licensing staff ratios, regular inspections, and the availability of inspection and complaint reports to parents, among others.¹

Implications of Existing Licensing Oversight

Children, as young as six weeks, spend significant portions of their days in child development settings while their parents are working, in school, or training. Rigorous and frequent licensing inspections offer some assurance that these programs are meeting basic health and safety standards. Currently, programs could enroll an infant and, five years later; celebrate that child's "graduation" to kindergarten, without ever having an on-site licensing inspection. Consequently, opportunities are ripe for the risk of serious harm to children, particularly for those who do not participate in a program with quality standards, such as our own Steps to Excellence Program

¹ Child Care Aware® of America. *Ranking of States. We Can Do Better 2013 Update: Child Care Aware® of America's Ranking of State Child Care Center Regulations and Oversight*. Retrieved on September 24, 2013 from <http://www.naccrra.org/node/3025>.

(STEP) or Race to the Top-Early Learning Challenge,² Los Angeles Universal Preschool (LAUP),³ Head Start, or programs accredited by the National Association for the Education of Young Children (NAEYC) or the National Association for Family Child Care (NAFCC).

In a report prepared by CCLD in 2008, the most frequent deficiencies noted in child development programs were related to:

- The safety and sanitation of the facilities and access to items that could pose a danger to children,
- Staffing items including records of criminal record clearances and staff to child ratios, and
- The maintenance of children's records.

Those programs with citations often were deficient in multiple areas. Since the analysis was conducted as a result of five-year visits as well as random annual visits, it is disconcerting that child development programs may be operating with multiple deficiencies, posing serious risks to the children under their care and supervision, for a full five years.

In fact, licensing is currently out of step with quality rating and improvement systems, such as STEP and RTT-ELC, in which regulatory compliance is the base. A strong monitoring system sets the bar for improving the quality of child care and development programs. Regulatory compliance with licensing is a cornerstone of STEP and RTT-ELC and demonstrating a track record of meeting health and safety standards is required of all participants. Furthermore, it is a key element of information for parents seeking a child care and development program that is safe while also promoting their child's healthy growth and development, preparing the child for school and lifelong learning.

CCLD Proposed New Facility Visit Protocol

In May of 2010, CCLD launched *New Directions*, a proposal to increase the frequency of inspections and implement Health and Safety Compliance Reviews. In addition to strengthening health and safety protections, the CCLD proposed to reduce its dependence on the State General Fund. The CCLD proposed the following protocols:

- Annual unannounced compliance reviews of all child care centers.
- Biennial unannounced compliance reviews of family child care homes.
- Unannounced traditional full health and safety compliance inspections of all facilities on probation or on a compliance plan.

² Race to the Top-Early Learning Challenge is a federally-funded pilot program being implemented over the next three years in 16 counties across the state. The California Department of Education/Child Development Division (CDE/CDD) administers the federal funds and is coordinating statewide efforts.

³ In addition to the Office of Child Care, Los Angeles Universal Preschool (LAUP) is implementing RTT-ELC.

- Pre-licensing inspections of all new license applications, unless determined that a simple administrative change is occurring and all other program, staffing and client factors are unchanged.
- CCLD proposed to design and implement a Health and Safety Compliance Review system (the “system”) to include new tools with key indicators of high and low compliance and risk, which would incorporate comprehensive inspection review categories: Physical Plant, Administration, Evaluation of Care and Supervision, Records Review, and as appropriate, health related services or special client needs. The key indicators to be established were the six “zero tolerance” violations: fire clearance, absence of supervision, access to bodies of water, access to firearms or ammunition, refusing entry to a facility, and the presence of an excluded person on the facility.
- The annual compliance inspections would expand to a comprehensive review depending on the results of the facility’s performance on the key indicators.
- No change to the pre-inspection facility file review or plan of correction processes.
- The purpose of the new system was to spend less time conducting annual inspections of facilities with high compliance and more time providing technical assistance to help programs meet licensing rules and conduct annual and follow-up inspections of programs with low compliance.
- No changes would be implemented related to complaints, applications, required annual inspections to programs on probation or compliance plans, and pre-licensing inspections.
- Violations noted during inspections would be cited.
- Increased application and annual licensing fees by ten percent. In addition, CCLD proposed assessing a fee of \$100 to any facility in which a citation was issued and a follow-up inspection would be required to verify compliance.

CCLD pilot tested the key indicator inspection protocol during the summer of 2010 in different programs types and compared the results with the existing system. The findings showed little difference in the type of citations issued under each system and supported the trigger for serious violations. A stakeholders meeting was later held in October 2011. As of November 2011, no further action has been taken to pursue the new protocol.⁴

Conclusion

California is in desperate need of a robust licensing system that sets basic health and safety standards and oversees compliance with those standards in child care and development settings. Furthermore, a strong licensing system guarantees a solid base for quality rating and improvement systems. In the end, the QRIS cannot replace the role of licensing to rigorously monitor and enforce basic standards that ensure the health and safety of children.

Questions about this brief may be referred to Kathleen Malaske-Samu by e-mail at kmalaske@ceo.lacounty.gov or by telephone at (213) 974-2440, or to Michele Sartell by e-mail at msartell@ceo.lacounty.gov or by telephone at (213) 974-5187.

⁴ For more information on CCLD’s *New Directions*, including accessing updates, fact sheets and key indicator tools, visit http://www.mycccl.ca.gov/default.asp?b=New_Directions.

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[CLASP: Policy Solutions That Work for Low-Income People](http://www.clasp.org/) (<http://www.clasp.org/>)

What a Federal Government Shutdown Could Mean to Low-Income People

[Receive e-Updates](http://org2.salsalabs.com/o/5728/p/salsa/web/common/public/content?content_item_KEY=5471) (http://org2.salsalabs.com/o/5728/p/salsa/web/common/public/content?content_item_KEY=5471)

Tweet

Oct 01, 2013 | Tom Salyers

By [Tom Salyers](http://www.clasp.org/about/staff?id=0068) (<http://www.clasp.org/about/staff?id=0068>)

On the eve of the partial government shutdown, I sat down with CLASP analysts [Elizabeth Lower-Basch](http://www.clasp.org/experts?id=0013) (<http://www.clasp.org/experts?id=0013>), [Hannah Matthews](http://www.clasp.org/experts?id=0005) (<http://www.clasp.org/experts?id=0005>) and [Marcie Foster](http://www.clasp.org/about/staff?id=0034) (<http://www.clasp.org/about/staff?id=0034>) to talk about the impact this event could have on low-income families and individuals. Here's a summary of our discussion.

Q: What is a government shutdown? Would this mean that everything the federal government does and funds will come to a screeching halt?

A: No, the government won't lock its doors and cease all operations. First off, there are specific exemptions for programs that directly ensure public health and safety. That covers services like air traffic control and meat inspections. In addition, mandatory programs that help low-income people will not be affected. For instance, the government will continue to send **Social Security** checks and pay for both **Medicaid** and **Medicare**. Almost everything else will be affected, including some major programs for low-income people. It is worth noting that this is all happening against the backdrop of the sequester (http://www.clasp.org/issues/in_focus?type=poverty_and_opportunity&id=0083), which has already stretched many budgets to the near-bursting point.

Q: What about the **Temporary Assistance for Needy Families (TANF)** block grant - is that program vulnerable in a shutdown?

A: Even though TANF (<http://www.clasp.org/admin/site/publications/files/TANF-Reauthorization-Goals.pdf>) is a mandatory program, it is only authorized through September 30, 2013. Under a shutdown, the federal government will not be awarding any new funds for TANF. But states provide benefits with a mix of state and federal funds (<http://www.clasp.org/admin/site/publications/files/Options-for-Continuing-TANF-Benefits-and-Services-in-the-Absence-of-an-Extension-of-Federal-Funding.pdf>), and most have some money left over from previous years. So, we strongly encourage states to keep providing benefits and services to families - and expect that most, if not all, will do so, at least at the start.

Q: Are federal **child care subsidies** safe?

A: Much like TANF, states run child care programs with a mix of state and federal funds. The program rules allow state to spend dollars over several years, so most states have some money from previous years to

spend. Therefore, low-income working families receiving **child care subsidies** (http://www.clasp.org/admin/site/publications/files/10-1-13_GovernmentShutdown_CCEarlyEd.pdf) can likely expect their state to keep the program running in the short term.

Q: How about **unemployment insurance**?

A: Federal funds for extended unemployment benefits will continue. However, administrative funds will be affected, so there may be delays in getting benefits approved, or longer waits for phones to be answered.

Q: How about **SNAP (food stamps)**?

A: The **food stamp program** (http://www.clasp.org/issues/topic?type=work_supports&topic=0004) is operating under a slightly different schedule. According to the Food and Nutrition Service of the US Department of Agriculture, SNAP benefits are funded until October 31, 2013, thanks to a provision of the American Recovery and Reinvestment Act.

Q: Will the **WIC (Women, Infants and Children) Program** be temporarily discontinued?

A: Federal funds will not be provided for WIC. States probably won't cut families off right away, but ongoing benefits if the shutdown continues beyond about a week depend on states being willing and able to front the money. Here's an **article** (http://www.huffingtonpost.com/2013/09/28/government-shutdown-wic_n_4004887.html) with more details about WIC and a shutdown.

Q: What about **Head Start** and **Early Head Start**?

A: Because of the way the federal government funds local **Head Start and Early Head Start** (http://www.clasp.org/issues/topic?type=child_care_and_early_education&topic=0010) providers, only a very small number of programs - about **20 out of approximately 1,600** (<http://www.washingtonpost.com/blogs/wonkblog/wp/2013/10/01/the-nine-most-painful-consequences-of-a-government-shutdown/>) - would be affected by a shutdown at this particular time because this happens to be when their contracts are expiring. The remaining providers have funding that is not in jeopardy until their contracts are up for renewal on a rolling basis. That said, Head Start providers have already been hit hard by **funding reductions** (http://www.nhsa.org/advocacy/advocacy/sequestration_fact_sheets) due to the sequester.

Q: Do **public schools** need to worry about their federal funding?

A: Public schools are "forward funded," which means they obtain their funding in the prior fiscal year and begin using those funds on October 1 (the start of the new federal fiscal period). Therefore, schools do not have immediate funding concerns.

Q: What about **financial aid for higher education** (http://www.clasp.org/postsecondary/in_focus?id=0104)?

A: Fortunately, recipients of Pell Grants and student loans will still have access to this financial aid during a short-term government shutdown. However, students who receive aid from campus-based programs (such as Supplemental Educational Opportunity Grants federal work-study) will **not** receive these funds since the government workers who administer these programs will be furloughed. In addition, federal workers will not be available to answer students' questions about financial aid and the Free Application for Federal Student Aid (FAFSA).

Q: Will students in **adult education programs** still have access to classes?

A: Federal funding for adult education is also forward funded and most states also provide additional *state* funding for these programs to supplement what the federal government provides. Therefore, adult education programs should not face immediate funding issues.

Q: Will **American Job Centers (AJCs or One Stops) or other services for job seekers** be affected?

A: States are currently operating AJCs with prior year funding and will have to rely solely on this carry-over funding to continue operations. This could impact the ability of AJCs to provide assistance to job seekers and employers. A **government shutdown** (http://wdr.doleta.gov/directives/attach/TEN/TEN_8_13_Att.pdf) may delay the Adult and Dislocated Worker Formula allotments under the Workforce Investment Act (WIA).

Q: What happens if the shutdown lasts more than a few days?

A: The impacts of the shutdown will get worse the longer it lasts, particularly for programs that are administered by the states. The states have some ability to provide the funding to keep these programs running for a few days or even weeks. But at some point, they'd run out of funds and would need to cut services.

Q: What happens next?

A: No one knows for sure. Most of the controversy between the House and the Senate has not been about the actual budget levels for FY 2014, although there **are important differences** (<http://www.clasp.org/page?id=0066>) between their proposals, but rather about the **Affordable Care Act**. (http://www.clasp.org/issues/in_focus?type=work_supports&id=0114). In just a few weeks, Congress must act to raise the debt ceiling. Failure to do so would be far more serious than the partial federal shutdown, as no programs would be protected. It would also result in the U.S. defaulting on its loans, raising the cost of borrowing and shaking world financial markets

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October 1, 2013

Impact of Government Shutdown On Child Care and Early Education Programs

Congress did not enact a continuing resolution bill by midnight September 30, thereby triggering a partial government shutdown effective October 1. We hope that most child care and early education programs will continue operating as usual, but that will depend on how long the shutdown lasts and the circumstances of individual states.

October 1 began the federal fiscal year 2014. Most discretionary programs, those that are subject to the annual Congressional appropriations process, will not receive 2014 funding. Most, but not all, mandatory programs—those entitlement programs not subject to annual appropriations, including Medicaid, the Children’s Health Insurance Program (CHIP), and Social Security—will continue unaffected. Certain programs that directly ensure public health and safety will also continue.

Status of child care and early education funding:

Child Care and Development Block Grant (CCDBG). CCDBG has both mandatory and discretionary funding streams but neither have received funding at this time. Mandatory child care funds are authorized through TANF funding which expired September 30 (discussed further below) and the discretionary funds rely on Congressional appropriations. A [letter](#) issued by the Administration for Children and Families (ACF) clarifies that states may use unspent CCDBG funds from prior-year appropriations for any allowable CCDBG expenditures. States routinely spend federal funds over several years so most states have some prior-year funds they can use.

States also have a requirement to spend state funds for matching and maintenance of effort (MOE) obligations each year. States may begin spending state funds to continue child care services, which are expected to count towards MOE and match obligations once legislation is passed making 2014 federal

funds available. Between prior-year federal funds and state funds, states should be able to keep their child care programs running without interruption in the short term.

Temporary Assistance for Needy Families (TANF). Even though TANF is a mandatory program, it was only authorized through September 30 so the federal government will not be awarding any new funds for TANF at this time. This [letter from](#) ACF explains options available allowing states to continue to provide TANF-funded benefits and services without interruption, at least for some period of time. States are permitted to use unspent federal TANF funds from prior years for expenditures allowable under TANF (including child care). States may not, however, transfer prior-year funds to CCDBG. CLASP has [written a memo](#) with options for states in the absence of federal funding.

Head Start. [According to the National Head Start Association](#), 23 programs serving 19,000 children will be affected because their grants are expiring and HHS will not be issuing any new grants. Other Head Start programs will not be immediately affected by a shutdown. The longer the shutdown continues, the more programs will be affected as they reach the dates when their grants would be up for renewal. Head Start providers have already been hit hard by [funding reductions](#) due to the sequester.

Child and Adult Care Food Program (CACFP). Some child nutrition programs, including CACFP, will continue operations into October. Limited carryover funding will be available during a lapse in funding. USDA [anticipates](#) reimbursing providers for October services once an appropriation is enacted.

IDEA Part B and Title I of ESEA. Most public [education funding](#) is “forward funded,” which means funds were awarded in advanced appropriations; therefore, these funding streams will be largely unaffected.

For more information, contact:

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Raising Smart, Healthy Kids in California

Expanding Early Education Initiatives with Funding from the Federal Tobacco Tax

The proposal to expand high-quality early learning opportunities with a 94¢ increase in the federal cigarette tax would produce the following benefits in California.

Projected Benefits in California from Increased Federal Funding for Early Education

The proposed early learning initiative would benefit many California children who currently lack the opportunity to participate in high-quality preschool.

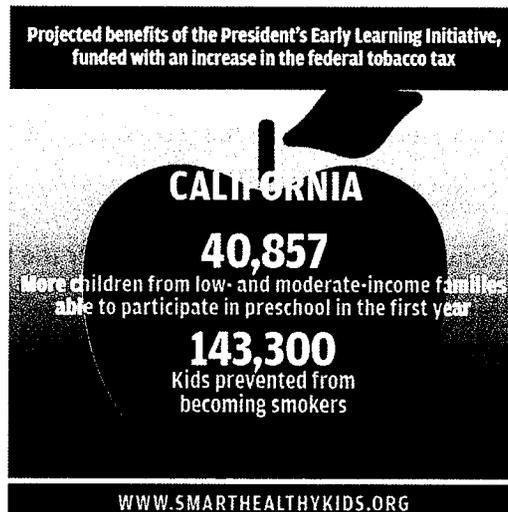
Currently, 16% of the state's three-year-olds and 31% of the state's four-year-olds are enrolled in publicly funded preschool (state preschool, preschool special education, or Head Start).

The initiative would initially focus on children in low- and moderate-income families. In California, 1,462,331 children under age six (48.6%) live in households with incomes below 200% of the federal poverty level.

The proposed early learning initiative could result in the following additional federal funding for and increased participation in preschool and voluntary home visiting in California in the first year alone:

Additional funds provided to the state for preschool:	\$334.30 million
Additional children from low- and moderate-income families able to participate in preschool:	40,857
Additional funds provided to the state for expanded voluntary home visiting program:	\$20.90 million
Number of low-income women who give birth each year; these women and their children may benefit from voluntary home visiting:	138,337

In subsequent years, the funding and the benefits will be even larger, because the national funding for the initiative is \$75.00 billion over ten years for preschool, only \$2.74 billion of which would be provided to states in the first year, and \$15.00 billion over ten years for home visiting, only \$433.40 million of which would be provided to states in the first year.



Projected Benefits in California from a 94-Cent Federal Cigarette Excise Tax Increase

Each year, smoking kills 36,600 California residents and costs the state \$9.14 billion in health care expenditures. In addition, 122,200 of California youth try smoking for the first time each year. Increasing the federal excise tax on cigarettes would reduce the toll of tobacco in California, including the following public health benefits:

Kids alive today prevented from becoming addicted adult smokers:	143,300
Current adult smokers who would quit in the first year:	138,500
Smoking-affected births avoided over the next 10 years:	44,500
Residents saved from future premature smoking-caused death:	84,000
10-year health care cost savings from fewer smoking-caused lung cancer cases, heart attacks & strokes, and smoking-affected pregnancies & births:	\$293.62 million
Long-term health care cost savings from adult and youth smoking declines:	\$5.33 billion

For more information including explanations and sources for the projections, see [Appendices A and B](#).

How the ACA Affects Children & Employers

LA County Child Care Planning Committee
October 2, 2013

Key Features of ACA

- Insurance market reforms
- More affordable health insurance options
 - Medicaid expansion
 - “Marketplaces”
- No significant changes for those currently insured
- Lg. employers must provide insurance or pay a fee
- Sm. employers can provide insurance via the SHOP
- All required to have insurance, unless exempt



Adults without children living in the home

Who does the ACA help?

People with preexisting conditions

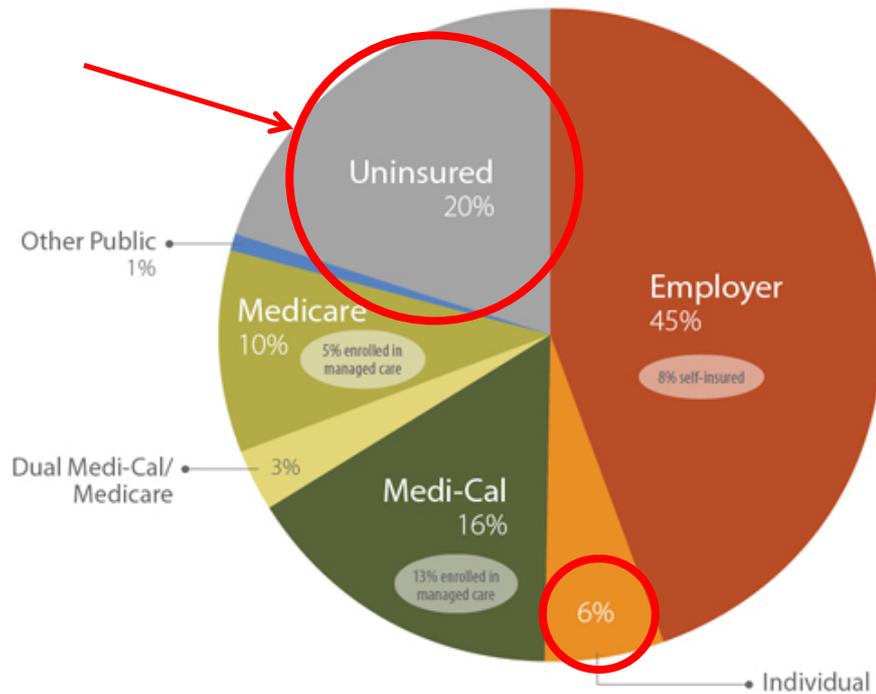


Young adults and former foster youth up to age 26



Who will be most helped by the ACA?

Health Insurance Coverage, by Source
California, 2010–2011

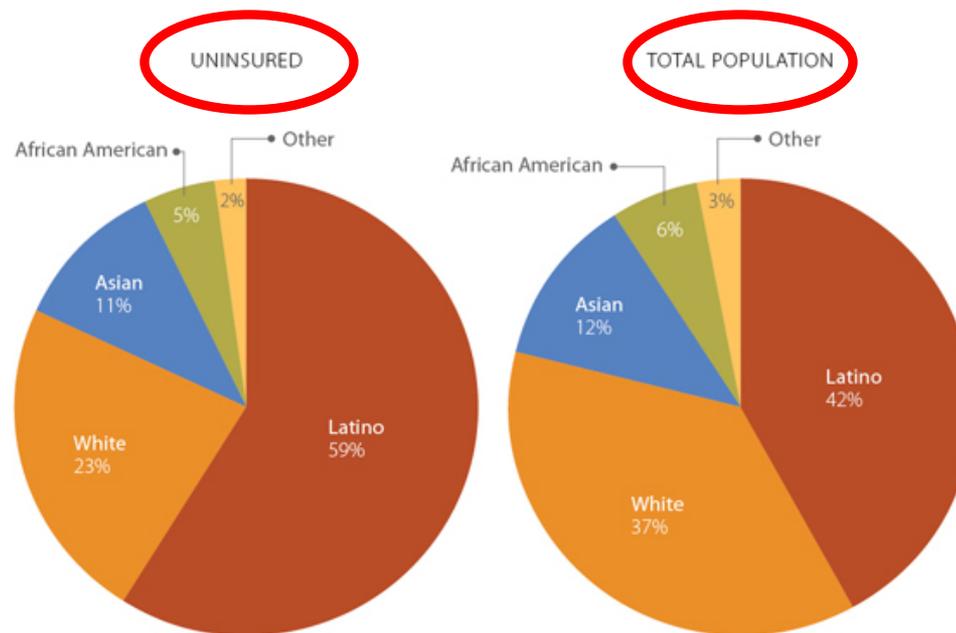


Notes: For the estimated 8% (3.1 million) of Californians covered by self-insured employers, carriers provide administrative services only. Children's Health Insurance Program (CHIP) included in Medi-Cal. Other Public includes Veterans Administration and Department of Defense coverage such as Tri-Care. Figures may not total 100% due to rounding. Commercial refers to health insurance individually purchased or obtained through an employer group. It excludes Administrative Services Only and self-insured enrollment.

Source: Kaiser Family Foundation, State Health Facts, based on Census Bureau's Current Population Survey, Annual Social and Economic Supplements, 2010 and 2011.

The ACA can help CA's communities of color

Race/Ethnicity of the Uninsured vs. Total Population
California Residents, 2011*



*All numbers reflect the nonelderly population, under age 65.
Source: Employee Benefit Research Institute estimates of the Current Population Survey, 2012 March Supplement.

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LANGUAGE: **ENGLISH** ▼

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266 DAYS 13 HRS 7 MINS

UNTIL NEW COVERAGE BEGINS FOR
MILLIONS OF CALIFORNIANS

Health care coverage begins January 1, 2014

How Does the ACA Expand Coverage?

Program	Who Is Impacted?
Covered California with Advance Premium Tax Credits (APTC)(subsidized)	Californians between 139-400% FPL
Covered California without APTC (unsubsidized)	All Californians
Small Business Health Options Program (SHOP)	Employees in businesses with 50 or fewer staff

How Does the ACA Expand Coverage?

Program	Who Is Impacted?	How Will Their Coverage Improve?
Medi-Cal	<i>Childless adults</i>	New eligibility category, adults up to age 65 with income up to 138% FPL. -No asset test.
	<i>Former foster youth up to age 26</i>	New eligibility category
	<i>Currently eligible applicants/beneficiaries</i>	Streamlined application and eligibility processes

Who are CA's remaining uninsured?

3-4 million Californians will remain uninsured, of which:

- 25% are undocumented immigrants
- 50% will be “eligible, but not enrolled”
- More likely to be Latino, LEP, and have incomes below 200% FPL
- More than 60% are from S. California (esp. LA)
- Most will be exempt from mandate for different reasons

Medi-Cal

New Group – Childless Adults

- 19 to 64 years of age
- U.S. Citizens/ Lawfully Present Immigrants
- Not pregnant
- Not eligible for Medicare Part A or B
- With household income below 133% FPL

MEDI-CAL COVERAGE GROUPS

MAGI

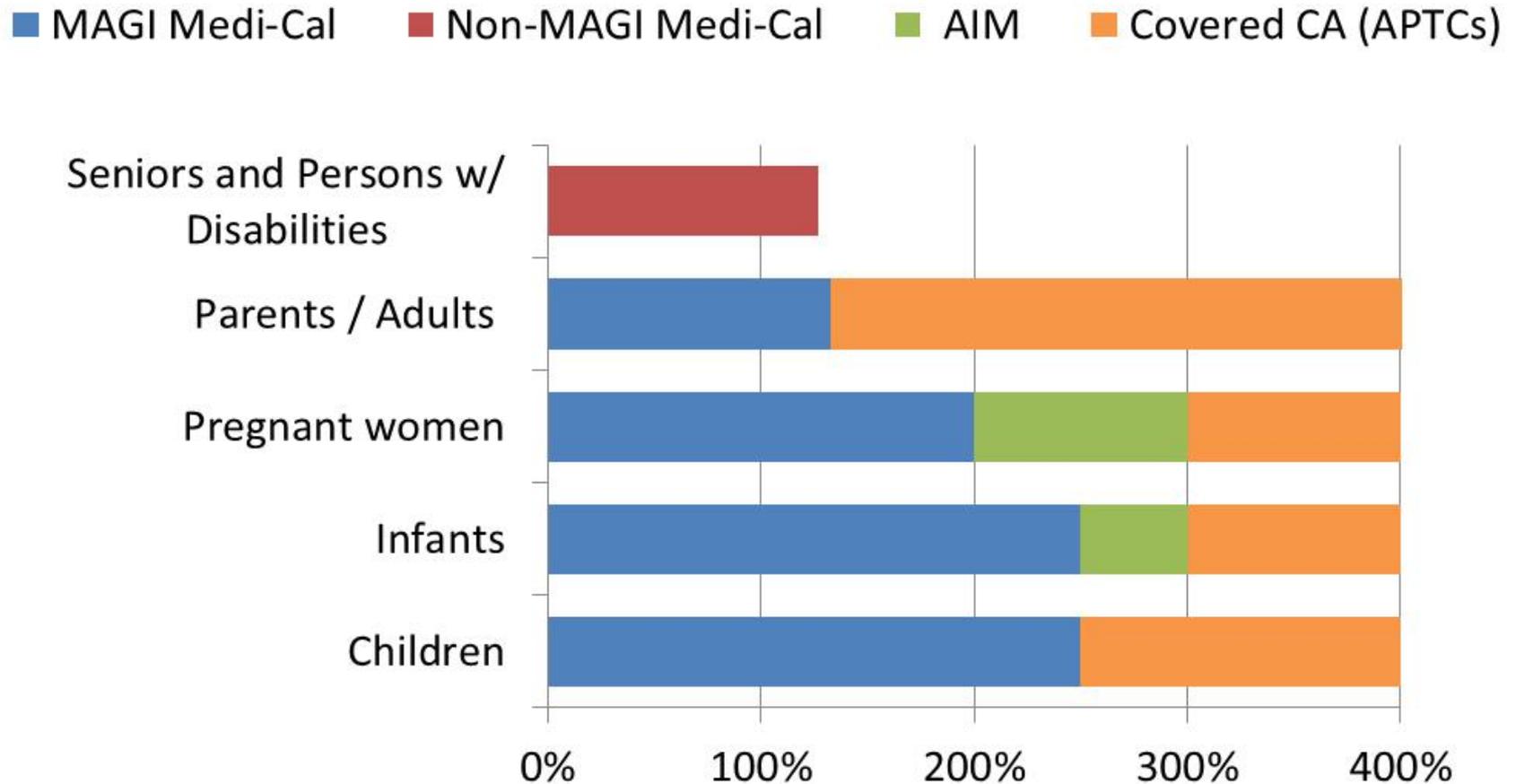
- Childless adults 19-64
- Pregnant
- Children up to age 19 (or 21 if a full-time student)
- Parent/Caretaker Relative
- Disabled (prior to disability determination)

NON-MAGI*

- Aged
- Blind
- Disabled
- Long-Term Care
- Medically Needy
- Foster Care

*Not a complete list

Income Limits in Affordability Programs



Federal Poverty Level

Income Eligibility

- Adults:

0-138% FPL: Medi-Cal

139-400% FPL: Exchange with subsidies

- Children:

Ages 1-19: from 0-250%: Medi-Cal

Ages 1-19 from 250-400% : Exchange with subsidies

Infants Age 0-1 from 0-300%: Medi-Cal

- Adults & children above 400% FPL: Exchange, no subsidies

Income Eligibility

Pregnant Women

0-100% FPL: Full scope Medi-Cal

100-200% FPL: Pregnancy Medi-Cal & Exchange subsidies

200-300% FPL: AIM

300-400% FPL: Exchange with subsidies

Above 400% FPL: Exchange without subsidies

PARENTS/CARETAKER RELATIVES

- Currently enrolled parents & caretaker relatives will be evaluated under MAGI Medi-Cal at the time of their annual redetermination
- A caretaker relative is a person:
 - Related to the dependent child by blood, adoption, or marriage,
 - Lives with the child, and
 - Assumes primary responsibility for the child's care
 - Can be a registered domestic partner as of 1/1/14

INFANTS AND CHILDREN

- Currently enrolled children will be evaluated under MAGI Medi-Cal at the time of their annual redetermination
 - Includes children up to age 19, and children up to age 21 who are full-time students and claimed as tax dependents
- The Targeted Low Income Children's Program (TLICP)
 - Higher-income children will continue to pay premiums to receive Medi-Cal
 - Coverage only up to age 19

FORMER FOSTER YOUTH

- Former Foster Youth who turn 21-years-old between 7/1/13 and 12/31/13 will stay covered
- Beginning 1/1/14, individuals in foster care on their 18th birthday will be eligible for Medi-Cal until their 26th birthday regardless of income
- Simplified redetermination process

LARGE EMPLOYER COVERAGE

- 50 or more employees
- Not required to provide coverage that is “essential health benefits
- Employer coverage offered to employees and dependents is always considered “minimum essential coverage”
- Can cover only preventive benefits (mammograms, immunizations, screening but not treatment)
- Not required to offer coverage, but will have to pay a fee if a full-time, non-seasonal employee enrolls in the Exchange & receives tax credit.

EMPLOYER-SPONSORED COVERAGE

- Some employers may offer coverage that:
 - Costs a relatively high percentage of the person's wages
 - Covers less than 100% of the cost of care
 - Has a relatively high deductible
 - Covers children but not spouses
- A worker can be eligible for Medi-Cal whether or not they are offered employer-based coverage.
- A worker is barred from the Exchange if offered employer-coverage
 - Unless employer coverage costs more 9.5% of wages or covers less than 60% of the cost of care

Covered California



SHOP

- Small Business Health Options Program
- <50 FTE Employees in 2014
- <100 in 2015
- Employers pay $\geq 50\%$ of a Bronze level premium
- Employees can “buy up” for more coverage

Who Can Buy Insurance from Covered California?



- Citizens, nationals, lawfully present immigrants
- Residents of CA
- Ineligible for Medi-Cal

Who Is Eligible for Advance Premium Tax Credits?

- Individuals and families with income between 138%* to 400% FPL
 - Must be US citizens or lawfully present in the US
 - Must not be eligible for other “minimum essential coverage” (MEC)
- Lawfully residing immigrants with incomes below 138%* FPL who are not eligible for Medicaid because of their immigration status

Covered CA Calculator

HOME SHOP AND COMPARE ABOUT GET CONTACTED ESPAÑOL Like 448 Tweet 177



The Covered California Shop and Compare Tool

Before you get started: If you currently receive affordable health insurance through an employer or public program, unfortunately, you won't receive premium assistance to help you afford insurance purchased through Covered California. Covered California is primarily designed to help individual Californians get coverage, many of whom will get financial help.

Household Information

Number of people in the household *

Household income *

ZIP Code *

Enrollee Information

Only enter members of your household who would enroll in Exchange coverage.

www.coveredca.com/fieldcalc/#calculator

How Much Are the Tax Credits?

Income	Premium Cost
100–133% FPL	2% of income
133–150% FPL	3–4% of income
150–200% FPL	4–6.3% of income
200–250% FPL	6.3-8.05% of income
250–300% FPL	8.05-9.5% of income
300-400% FPL	9.5% of income

What If Someone Has Employer Coverage? Are There Still Credits?

If coverage to the employee

- Offers minimum value (AV of at least 60%); AND
- Is considered affordable (i.e., coverage for the employee costs 9.5% of income or less)

Then anyone in the employee's family who is offered coverage is not eligible for tax credits.

Reconciliation of APTC

- Final amount of credit based on *actual* income
 - More income than estimated: repayment due
 - Less income than estimated: refund to enrollee
- Avoid repayment by reporting increase in income during year
- Cap on amount of repayment
- Must file tax return to get credit

What are Cost Sharing Reductions?

- Federal benefit that reduces the out-of-pocket charges an enrollee must pay for medical care covered by the plan
- Cost sharing = deductibles, co-insurance and co-pays
- Limit on out-of-pocket maximum also used to reduce cost sharing

Who is Eligible for Cost Sharing Reductions?

- People with income up to 250% FPL
- Must enroll in a silver level plan
- No CSRs available if enrolled in bronze (or other) level plan

Application and Enrollment Procedures

What Are the 4 Main Application Channels?



- Online

- Through Covered California website
- Through SAWS Portal



- By Phone

- To the statewide Covered California Service Center
- Direct to county or county call center



- Mail

- Sent to Covered California
- Sent to county human services department



- In person

- At a county social services office
- Assisted by certified enrollment counselors

The Online Portal: CoveredCA.com



Your destination for affordable health care



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 LANGUAGES: ENGLISH



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[I Need Help Before 2014](#)



[Help Me Enroll](#)

Real People

Tell us, in one word, what having coverage will mean to you in 2014.

[Read About Real People »](#)



Get the 4-1-1 on Coverage

Let boil-it-down-guy explain how health coverage works.

[View More Videos »](#)



Get the Latest News On Covered California

Stay on top of Covered California health care news.

[Go to News Center »](#)



How Does a Phone Application Work?

- Covered California-operated **Service Centers** (Sacramento, Contra Costa and Fresno) take phone applications, answer questions/provide assistance, and process mail-in applications.
 - Hours: Monday – Friday 8 am to 6 pm,
Saturdays 8 am to 5 pm.
- County social services offices can also take phone applications.



Where Can Consumers Apply in Person?

- With an enrollment counselor or at a county welfare office.
 - County workers will be trained on Exchange eligibility as well as plan choice.
 - “Certified enrollment counselors” will be certified and trained by Covered California and overseen by certified enrollment entities

New Single, Streamlined Paper App

Application for Health Insurance

FIND OUT IF YOU CAN GET FREE OR LOW-COST INSURANCE



APPLY NOW THROUGH COVERED CALIFORNIA™



See Inside

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Covered California is a new marketplace where individuals and families can get affordable health insurance. With just one application, you'll find out what you qualify for: free or low-cost programs, such as Medi-Cal, or affordable private health insurance.

The state of California created Covered California™ to help you and your family get health insurance.

Having health insurance can give you peace of mind and help make it possible for you to stay healthy. With insurance, you'll know you and your family can get health care when you need it.

Use this application to see what insurance choices you qualify for:

- Free or low-cost insurance from Medi-Cal
- Information about buying private health insurance plans available through Covered California
- Help paying for health insurance
- ➔ You can use this application to apply for anyone in your family, even if they already have insurance now.

Call: 1-800-300-1506 (TTY: 1-888-889-4500)

You can call Monday to Friday, 8 a.m. to 6 p.m. and Saturday, 8 a.m. to 5 p.m.

Or visit: CoveredCA.com

You can get this application in other languages

Español	1-800-300-0213
繁體字	1-800-300-1533
Tiếng Việt	1-800-652-9528
한국어	1-800-738-9116
Tagalog	1-800-983-8816
Русский	1-800-778-7695
Հայերեն	1-800-996-1009
فارسی	1-800-921-8879
മലിയാളം	1-800-906-8528
Hmong	1-800-771-2156
العربية	1-800-826-6317

Call 1-800-300-1506 to get this application in other languages and formats such as large print.

- For Medi-Cal and Exchange coverage (AIM forthcoming)
- For non-MAGI Medi-Cal, counties will use supplemental form for additional info (e.g. assets)

Can the Exchange Screen for Other Public Programs?

- Horizontal Integration with CalWORKs & CalFresh is coming!
- Applicants will also be given the option of linking to the website to register to vote.

What About Current Application Forms?

- MC 210 and the MC 321 valid til 1/1/2016
- Health-e-App is being decommissioned
- CHDP Gateway, PE for pregnant women, One-E-App will continue

State of California Health and Human Services Agency Department of Health Care Services

APPLICATION FOR MEDI-CAL

To complete this form, use the instructions. Print clearly. Use black or blue ink only.

SECTION 1 Tell us about the person who wants Medi-Cal for themselves, their family or children in their care.

1 LAST NAME FIRST NAME MIDDLE INITIAL
 2 HOME ADDRESS (NUMBER AND STREET). DO NOT LIST A P.O. BOX (A LESS HOMELESS) 3 APARTMENT NUMBER 4 HOME PHONE #
 5 CITY/STATE 6 COUNTY 7 ZIP CODE 8 WORK PHONE #
 9 MAILING ADDRESS (IF DIFFERENT FROM ABOVE OR P.O. BOX) 10 APARTMENT NUMBER 11 MESSAGE PHONE #
 12 CITY 13 ZIP CODE
 14a WHAT LANGUAGE/ELECT DO YOU SPEAK BEST? 14b WHAT LANGUAGE DO YOU READ BEST?

SECTION 2 Tell us about the person listed in Section 1, his or her family and the children they care for, even if they don't want coverage.

	Adult 1/Self	Adult 2	Child 1	Child 2	Child 3
15 Name:					
Last					
First					
Middle					
16 Relationship to person in Section 1.					
17 If address where living is not the same as listed in Section 1, put address where living:					
18 Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female				
19 Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
20 Name of spouse(s) of married minors in the home.					
21 Date of Birth:	MO / DAY / YR				
22 Pregnant:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Due Date:	MO / DAY / YR				
23 Has a physical, mental or emotional disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Disability expected to last:	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More	<input type="checkbox"/> 30 Days or More <input type="checkbox"/> 12 Months or More

MC 210 2/10 APPLICATION (A1) CONTINUED

Where does the application go?

- No wrong door for consumers
- Once initially determined eligible for **Medi-Cal**, counties get the application & does case management.
- Once initially determined eligible for Covered California and APTCs, Covered California gets the application & does case management.

Health Plan Enrollment

Medi-Cal

- No change to existing enrollment process
- Continue w/paper enrollment forms
- On-line enrollment may be available by Apr 2014

Private Ins via Covered CA

- Online, phone, mail, in person (eventually).
- Starting Oct 1, can enroll in Covered CA exchange plans via Covered CA website

Essential Health Benefits

1. Ambulatory patient services;
2. Emergency services;
3. Hospitalization;
4. Maternity and newborn care;
5. Mental health and substance use disorder services, including behavioral health treatment;
6. Prescription drugs;
7. Rehabilitative and facilitative services and devices;
8. Laboratory services;
9. Preventive and wellness services and chronic disease management; and
10. Pediatric services, including oral* and vision care.

When Can Someone Enroll in Covered CA?

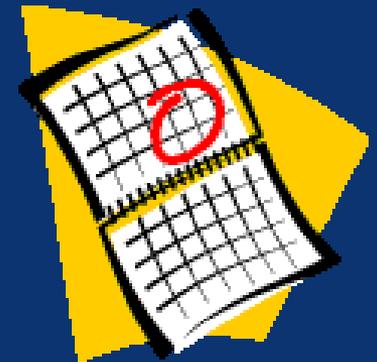
- Initial 2014 open enrollment period:

October 1, 2013 to March 31, 2014

- Annual open enrollment thereafter:

October 15 to December 7

- Enrollment notices to be sent in
September



Special Enrollment Periods

1. Loss of Minimum Essential Coverage
2. Gains or becomes a dependent
3. Gains citizenship or LPR status
4. Error on enrollment or non-enrollment by Covered CA or HHS
5. Health plan violations
6. Change in eligibility for payment assistance (APTC/CSR)
7. Existing employer plan no longer affordable
8. Access to new health plan due to moving
9. Native American exception (can change QHPs once a month)
10. Exceptional circumstances (loss of exemption, court order to cover child's health care)

When Does Coverage Take Effect?

Date of Event or Plan Choice	Date Coverage Effective
Select a plan before the 15 th of the month	1 st day of the following month
Select a plan between the 16 th and the last day of the month	1 st day of the 2 nd following month
Birth, adoption, or placement for adoption	Date of birth, adoption or placement



Individual Mandate

- After January 1, 2014, most individuals must have health insurance that is “*minimum essential coverage*” or potentially pay a tax penalty
- Certain individuals are exempt from mandate (e.g., :
 - 1) People who cannot afford coverage
 - 2) Undocumented immigrants
 - 3) People who are uninsured for less than three months
 - 4) Individuals with incomes below the tax filing threshold
- Will have to apply for Certificate of Exemption from Covered California or HHS or directly to IRS

Minimum Essential Coverage (MEC) for Individual Mandate

- Covered California individual/SHOP coverage
- Full-scope Medi-Cal
- Medicare Part A coverage and Medicare Advantage plans
- Employer-sponsored coverage (including COBRA coverage and retiree coverage)
- TRICARE

Tax Penalty

Flat rate or % of household income, whichever amount is greater.

Year	Flat Rate	Share of Income
2014	\$95	1% taxable income
2015	\$325	2% taxable income
2016	\$695	2.5% taxable income

Questions?

Sonal Ambegaokar
Senior Attorney
National Health Law Program

(310) 736-1646
ambegaokar@healthlaw.org

EARLY CHILDHOOD DEVELOPMENT

An Office of the Administration for Children & Families

Due to the lapse in government funding, only web sites supporting excepted functions will be updated unless otherwise funded. As a result, the information on this website may not be up to date, the transactions submitted via the website may not be processed, and the agency may not be able to respond to inquiries until appropriations are enacted. Updates regarding government operating status and resumption of normal operations can be found at <http://www.usa.gov>

<http://www.acf.hhs.gov/programs/ecd/the-affordable-care-act-what-it-means-for-children-families-and-ece>

The Affordable Care Act: What It Means for Children, Families, and Early Childhood Programs

(<http://www.healthcare.gov>)

Beginning in 2014, **48 million** uninsured Americans will have new opportunities for health insurance coverage through the **Health Insurance Marketplace**. (<http://www.healthcare.gov>)

Health and **school readiness** (<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/Health/Health%20and%20Wellness/Health%20and%20Wellness%20Children%20%28ages%200-5%29/HealthyChildren.htm>) begin long before a child enters a classroom. Health is a foundational aspect of children's ability to develop, learn, and thrive. No one plans to get sick or hurt, but most people need medical care at some point. Children who have health insurance generally have better health throughout their childhood and into their teens. They are less likely to get sick and more likely to:



1. Get the treatment they need when they are sick or injured;
2. Receive needed shots that prevent disease;
3. Get treatment for recurring illnesses such as ear infections and asthma; and
4. Get **preventative care** (<https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=3>), like immunizations and comprehensive screenings, to keep them well.

Early Head Start, Head Start, and child care programs can play a vital role in making sure people learn how to get coverage and how to get help applying. Many more family members — including parents, older siblings and grandparents under age 65 — may qualify for coverage. Find out **what resources are available to early care and education providers** (<https://www.acf.hhs.gov/programs/ecd/marketplace-resources-for-ece-providers>) to support the children and families they serve.

Your Options as a Head Start or Child Care Provider

You and your family may be eligible for health insurance coverage. The new Health Insurance Marketplace is the place to find information about how to apply for coverage, including Medicaid and CHIP. In addition to seeing a doctor when you are sick, you have access to **preventative care** (<https://www.healthcare.gov/what-are-my-preventive-care-benefits/#part=1>) without a copayment or coinsurance even if you haven't met your yearly deductible. From mammograms and well-woman check-ups to alcohol and tobacco counseling, preventative health care helps you stay healthy so that you can take good care of yourself, your family, and the children who are counting on you.

Some early childhood providers are also small businesses. Small employers will be able to choose from a range of coverage options for their employees through the **Small Business Health Options Program, or SHOP** (<https://www.healthcare.gov/marketplace/shop/>). Eligible employers may qualify for a tax credit worth up to 50% of the employer's premium contribution to a SHOP plan. Learn **what small businesses need to know** (<https://www.healthcare.gov/what-do-small-businesses-need-to-know/>) about the SHOP Marketplace.

If your child care or Head Start center has 50 or more full time employees, you are considered a "large business" under the health care law. Check out the **important parts of the law** (<https://www.healthcare.gov/what-do-large-business-owners-need-to-know/>) that apply to you.

Open enrollment in the Marketplace starts **October 1**, with coverage starting as soon as **January 1, 2014**. But families and small businesses can visit **www.HealthCare.gov** (<http://www.healthcare.gov>) or **CuidadoDeSalud.gov** (<http://www.cuidadodesalud.gov>) **TODAY** to find the information they need prepare for open enrollment. Want quick answers to your questions? Visit the Health Care **Help Center** (<https://www.healthcare.gov/contact-us/>) and the **Health Care Glossary** (<http://www.healthcare.gov/glossary/>) for more information, or **find help in your area** (<https://localhelp.healthcare.gov/>).



Benefits for Women

Providing insurance options, covering preventive services, and lowering costs.

Young Adult Coverage

Coverage available to children up to age 26.

Strengthening Medicare

Yearly wellness visit and many free preventive services for some seniors with Medicare.

Holding Insurance Companies Accountable

Insurers must justify any premium increase of 10% or more before the rate takes effect.

TIMELINE

October	January	March	Future
Open enrollment begins	Coverage begins	Open enrollment closes	All Americans have access to affordable health care

Ten Ways Your Head Start Program Can Promote New Health Insurance Opportunities

As millions of Americans become eligible for health insurance in 2014, Head Start programs can play a vital role in making sure people learn how to get coverage and how to get help applying. In keeping with Head Start performance standards, programs are required to make efforts to determine children's health status and to help parents get a regular source of health care for their children. Making sure that Head Start children and their families are enrolled in health insurance is an important way to meet these goals.

Beginning in 2014, many more Head Start family members — including parents, older siblings and grandparents under age 65 — may qualify for coverage. The new Health Insurance Marketplace is the place to find information about how to apply for coverage, including Medicaid and the Children's Health Insurance Program (CHIP). Open enrollment begins October 1, 2013; as always, individuals may apply for Medicaid or CHIP at any time.

Here's how State and local Head Start programs can contribute to the outreach effort:

Spread the Word

1. State Head Start Collaboration Directors and State Head Start Associations can keep local programs informed about health insurance opportunities.

Work with state agencies such as the Medicaid agency and the Health Insurance Marketplace to get current, reliable information for families on health coverage eligibility and getting help applying. The state Medicaid agency may be able to share information on where Head Start families can find application assistance in their communities.

2. Offer information about health insurance opportunities in Head Start centers.

Display consumer materials from HealthCare.gov explaining the basics of Medicaid, CHIP and coverage through the Health Insurance Marketplace. Include eligibility and enrollment information in newsletters and other take-home items.

3. Post information on the Head Start website.

Post the **Health Insurance Marketplace** widget on the Head Start Program website.

4. Include health coverage messages when talking with Head Start families about children's health.

Talk about the availability of health insurance whenever Head Start staff is focusing attention on a child's health — when you are providing immunizations, conducting dental and vision screenings, or discussing developmental milestones. Head Start children may already be enrolled in Medicaid, but parents and other family members may not realize that they now may qualify.

5. Build on the Head Start intake process.

Add information about the value of health insurance and the about eligibility for Medicaid and other health insurance eligibility to recruitment, intake and orientation materials. Let families know how to get help applying for health coverage and plan to offer help at the Head Start program.

6. Focus on health coverage opportunities at parent meetings.

Invite local health coverage experts to parent meetings to share news about new health coverage opportunities and how to enroll. Ask for a speaker who can answer questions about eligibility, benefits, access to providers and other pressing concerns.

Help Head Start Families Apply for Health Coverage

7. Partner with community organizations that help people apply.

Connect Head Start families with community health centers and health departments that are likely to be able to offer application assistance.

8. Bring application assistance on site.

Arrange for trained helpers to provide application help at the Head Start program. Helpers may have laptops; or the Head Start program may be able to make a computer station available. All states will have online applications, and people will also be able to apply by phone, by mail or in person.

9. Take advantage of available state training so that Head Start health or social service staff can offer families help.

Identify staff to become trained, especially in large Head Start programs, so families can get enrolled at Head Start and can get help when it's time to renew coverage.

Promote Promising Practices

10. Share successful ideas among Head Start programs throughout the state.

Collect strategies Head Start programs are using to inform families about health insurance and to help get them enrolled. Present in statewide training sessions and through other channels that reach Head Start agencies in other states. Include successful approaches in Head Start handbooks and consider making them standard operating procedure.

For more information about the Marketplace

Visit HealthCare.gov, or call the Health Insurance Marketplace Call Center at **1-800-318-2596**. TTY users should call 1-855-889-4325.

Visit Marketplace.cms.gov for Marketplace widgets and badges and other partner materials.

The Affordable Care Act – What It Means for Parents and Teachers

The US Department of Education is working to make all schools healthier and safe. To help states, districts, and schools ensure healthy schools and students, the Department encourages school communities to make use of exciting new provisions of the Affordable Care Act. The Affordable Care Act contains important benefits to improve the health care system, and is already making a difference in the lives of millions of Americans, including our nation's neediest school communities. Most important, new provisions of the law will allow parents and teachers to focus on the important work of learning, rather than the cost of health care.

To get all of America's schools covered, the Health Insurance Marketplace begins with YOU. Learn how the Affordable Care Act offers important reforms to improve the health of every school's parents and teachers.

New Health Insurance Marketplace Key Facts:

- 6-month open enrollment period begins Oct. 1, 2013 and ends March 31, 2014.
- Coverage begins as soon as Jan. 1, 2014.
- You may be eligible to get lower costs right away to help you pay for insurance in the Marketplace (individuals with incomes less than \$45,960 or families of four with incomes less than \$94,200).
- For more information, visit HealthCare.gov.

Too often, parents and teachers cannot afford critical health coverage, including preventive services, medicine, and insurance. To promote healthy families and schools, the Affordable Care Act establishes important reforms and consumer protections, so that parents and teachers can focus on preparing children to succeed in school.

The healthcare law:

- Allows parents and teachers to easily compare and purchase high quality health insurance plans starting October 1st, with coverage set to begin as soon as January 1, 2014.
- Offers families one-stop-shopping to learn about health insurance options and to make apples-to-apples comparisons of private insurance plans.
- Establishes tax credits for middle-class families to afford health insurance and expands Medicaid, in participating states, to Americans making up to 133 percent of the federal poverty level (\$31,320 for a family of four).
- Prohibits insurance companies from placing annual or lifetime caps on family plans or denying coverage to parents or teachers with pre-existing medical conditions.
- Makes health insurance more affordable for small businesses. If you or your spouse owns a small business, you may qualify for a tax credit of up to 50% of health expenses, starting in 2014, to help offset the costs of covering your employees.
- Expands health care access to mothers and female teachers by requiring insurance plans to cover mammograms with no copayment and assures women the right to see an OB-GYN without having to obtain a referral first.

To learn more about the new benefits and cost savings available to you, visit HealthCare.gov. A first-of-its-kind website, HealthCare.gov helps you make informed decisions about health care coverage by offering easy-to-understand information about new benefits and protections for you, your family, and your business and allowing you to compare public and private health insurance options tailored to your age, location, and health needs.

Remember, getting America's schools covered begins with **YOU!**

Let's create healthier schools and communities so our children can reach their full potential.

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AFFORDABLE CARE ACT (ACA)

FACT SHEET

FOR PARENTS AND FAMILIES



For more information and to enroll, contact Covered California:

www.coveredca.com
1 (800) 300-1506

AFFORDABLE HEALTH COVERAGE JUST GOT EASIER!

- ▶ Financial assistance will be available for many families and individuals, students, parents, and employees.
- ▶ No one can be denied coverage because of a pre-existing health condition, such as asthma or diabetes.
- ▶ Several plans and cost choices will be available.

Affordable Health Coverage Means

- ▶ Preventive care for children and adults will be provided at no cost. For example, there will be no co-payments for services like check-ups and immunizations for children or health screenings for adults.
- ▶ Insurers can no longer set annual maximums on care received.

Two Health Care Options for Children and Families:

1 COVERED CALIFORNIA— Affordable Health Insurance

Covered California is the new health insurance marketplace in the state. Four different levels of health insurance plans are available through Covered California. The level determines how much you pay each month, but ALL plans include the same comprehensive benefits.

Financial assistance may be available to help with monthly premium costs. For example, a family of four making between \$32,500 and \$94,200 or a family of two making \$21,400 to \$62,040 a year may be eligible for financial assistance.

2 MEDI-CAL— No or Low-Cost Health Coverage

FOR ADULTS— If, for example, annual income for a family of two is less than \$21,400, adults (including those without children) may be eligible to enroll in Medi-Cal.

FOR CHILDREN— If annual income for a family of four is less than \$58,875, children may qualify for Medi-Cal.

Apply online at www.coveredca.com. For more information or assistance, call 1 (800) 300-1506.

CHECK IT OUT

- ▶ Use Covered California's online calculator to find out what you may qualify for:
www.coveredca.com/fieldcalc/#calculator
- ▶ Find out what health care plans and benefits are available on Covered California's website:
www.coveredca.com/individuals_and_families.html

ENROLL NOW!

- ▶ Open Enrollment:
October 1, 2013 – March 31, 2014.
- ▶ Enroll by December 15, 2013 for health coverage that starts January 1, 2014.
- ▶ Children eligible for Medi-Cal can enroll any time for coverage that starts right away.

DID YOU KNOW?

2.6 MILLION Californians may be able to get financial assistance through Covered California.

461,000 currently uninsured children can NOW enroll in Medi-Cal.

2.4 MILLION adults—including those without children—can enroll in Medi-Cal.

1 2 3 WAYS TO ENROLL

- 1 ONLINE:** go to www.coveredca.com
- 2 BY PHONE:** call 1 (800) 300-1506
- 3 IN PERSON:** call 1 (800) 300-1506 for the location nearest you

Open Enrollment: **October 1, 2013–March 31, 2014**



www.allinforhealth.org
(916) 844-2413

A PROJECT OF THE CHILDREN'S PARTNERSHIP

ALL IN is a Campaign to inform millions of people in the school community who are uninsured about health coverage options and help them enroll. This includes children, parents, school and child-care employees, and after-school staff.

OUR ANCHOR PARTNERS:

