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NOTES OF COMMUNITY HEALTH CARE ROUNDTABLE

Thursday, June 16, 2005

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The purpose of our Community Healthcare Roundtables and of our healthcare projects is to increase healthcare access that is appropriate medically, geographically, linguistically, and culturally and to improve public health. Other than the occasional Roundtable sponsor (Health Net, Kaiser Permanente, Children's Hospital Central California, there is no specific funding received to cover the cost of the Roundtables. The cost has been covered through Fresno Metro Ministry's budget that includes funding from individual donors, congregations, event and activity sponsors, and the following organizations: The California Health Care Foundation, Vitamin Cases Consumer Settlement, Hewlett Foundation, Kirsch Foundation, U.S.D.A., MAZON: A Jewish Response to Hunger, The California Wellness Foundation, Kaiser Permanente, California Alliance For Family Farmers.

Updates from Fresno Metro Ministry
Air Quality – Carolina Simunovic

The agricultural industry is being regulated to control pollution caused by dairy cows and engines used for pumping irrigation water

I'm going to talk about three things: cows, engines, and new development. Maybe you have all heard that dairy cows might pollute more than cars in the San Joaquin Valley. They've been reporting that, and it is truly a possibility. I worked very hard on a committee through the local air district called the Dairy Permitting Advisory Group that had to look at all of the science that was available now to see how much dairy cows really pollute. There is a wide range of numbers that our committee came up with because our committee was made up of a wide range of people including dairy industry folks, health representatives, and other community members. This data will give us a better grasp on how much dairy cows pollute. We have a lot of dairy cows here in

the San Joaquin Valley, and a quarter of a million more dairy cows are expected to come into the Kern County area. If these cows come in and the numbers are what they are, emissions from dairy cows will exceed by far emissions from light-duty and medium-duty motor vehicles in the valley, so the air district has to take a strong stance to regulate these major mega-dairies. It's not your mom and pop dairy anymore of 100 or 200 cows. These dairies can have 3000 to more than 5000 cows. That's what they're taking a look at over the course of this year. Next time you see a report about cows in the Fresno Bee, read through it and try to figure out what they're doing. I think that they're doing a good job in getting those types of emissions under control.

Next I'll talk about engines. As you know, we have a very vibrant agriculture industry here. Integral to the industry is their use of water and the need to pump water with irrigation pumps. Because of energy crises and things like that, the majority of farmers switched over to diesel irrigation pumps some years ago. These diesel pumps were very, very dirty. Now that agriculture has to be regulated by the air district, they are going through rules and making them change over from diesel to either natural gas or going back on the grid or even cleaner diesel to make significant reductions in the pollution that gets put into the air. That rule will be voted on today at the air district. It's the Agriculture Internal Combustion Engine Rule. They hope to get a good amount of reduction from that by 2008. For the farmers that start the process now and get their engines changed as soon as possible there will be monies available to help in that transition, so we should expect significant reductions from there because there are, I think, over 4000 or 5000 of these engines in the valley.

With the Indirect Source Review rule, some developers are voluntarily agreeing to incorporate design measures into their developments so that they pollute less

The other thing is indirect source review. We talked about this at the roundtable a couple years ago where they were going to come up with a rule that would impose an air pollution mitigation fee on new developments including new homes, new commercial buildings, and new industrial buildings because new development means more driving, which means more pollution. That rule was put on the back burner for a while or stalled because of different technical issues with computer software and also because of the threat of litigation from groups like the Building Industry Association that wanted nothing to do with something like that. Fortunately, that rule was a commitment that the air district had made. It was also part of the series of bills that became law with Senator Flores a couple years ago, so they have to do a rule like this and now they are starting up once more a new version. There will be a workshop on this rule on June 30th. I'll be attending, and I invite any of you to attend. It's at the local air district on Gettysburg and Blackstone. You might have heard a little bit about this in some contracts that have been issued recently, Castle and Cook developments and Tejon Ranch down in the southern part of the valley. These are a prelude to this ISR (Indirect Source Review) rule where developers are voluntarily agreeing to incorporate some of these design measures into their developments so that they pollute less, and whatever they can't mitigate with design they will be contributing to an air pollution mitigation fund. Those monies will then be used to retrofit engines, to change over school buses, and other projects like that so that we can reduce emissions in the valley.

Senate Bill 999 would restructure our local air district governing board to include four public members – a medical doctor, a transportation and land use specialist, an air quality scientist, and a representative from environmental justice communities

Senate Bill 999 is a Senate bill that's authored by Senator Mike Machado out of the Stockton area. This is a bill that would restructure our local air district governing board, the folks that actually sit on the board and make the decisions, which are currently supervisors from each of the eight counties that are in our air district and three city council members that rotate from the district. Right now Supervisor Susan Anderson is representing Fresno County, but there is no one representing the City of Fresno. The City of Fresno hasn't been represented since 1993, and we're the biggest city in the valley. This bill would restructure the air district to maintain the eight county supervisors, but it would secure seats for the cities of Fresno, Stockton, and Bakersfield, the three largest cities in the valley. It would also give two seats to city council members from a small city and a medium-size city so that those perspectives are still in the mix, but most importantly to me, it will infuse the governing board with the expertise of four public members. These would be members that would be appointed either by the governor or by the state legislature through the involvement of local groups, possibly even the local Public Health Officer's Association or something like that. These four public members would include 1) a medical doctor with some expertise in air quality. Right now that perspective isn't reflected on the board; 2) a transportation and land use specialist. With the oncoming growth of our valley it is going to be very important that someone has that expertise making decisions about our air quality; 3) an environmental or air quality science person that understands what's going on. Many times when I go to these meetings it's very evident that, as skilled and as educated as our public officials are that represent us on this board, they're a little bit clueless as to the technical aspects of air quality, and it will be good to have a colleague on the board that would have that expertise; 4) a representative from environmental justice communities. I think we've had discussions here about environmental justice and communities that get overlooked or share a disproportionate burden of our pollution problem or of our health and economic problems, and so having a voice from one of those communities to safeguard their communities from potential harm is going to be key. That bill right now has made its way through the Senate side and it's now on the Assembly side. It's going to go through two committees, the Local Government Committee and the Natural Resources Committee, and then possibly Appropriations and then hit the Senate floor. While the Senate side was fairly easy, the Assembly seems to be a rough place for this bill because there have been several valley assembly members that have been vocal against it. We genuinely think that this is going to be a good bill that can only improve our local air district and will give it the public health expertise that it needs because, after all, our air pollution problem is a public health problem and without these types of experts on the board we might not get there so quickly or we might not take into consideration the health impacts of air pollution versus the economic impacts, which have seemed to win out year after year.

Fresno County Nursing Outreach Program – Karen Bailey, Peggy Richardson, and Bill Musso, Department of Community Health

Karen Bailey: Good morning. I'm a supervising public health nurse with Fresno County Nursing Outreach Services, and I'd like to introduce my fellow supervisors, Bill Musso and

Peggy Richardson. We would like to give you an overview of nursing outreach services this morning.

Public health nurses have a Bachelor of Science in Nursing and they also have additional certification in Public Health issued by the California Board of Registered Nurses

First we would like to give you just a brief overview of California Health and Safety Codes that regulate public health nursing services within the community health setting in the State of California. According to the California Health And Safety Code Title 17 in the area of public health, there shall be a public health nursing staff under the supervision of a director of public health nurse and such additional supervisors who are necessary to provide effective service. The public health nurses shall be qualified and knowledgeable in matters pertaining to health, safety, and sanitation within a local health jurisdiction, which shall include but not be limited to the control and prevention of communicable and chronic disease, the promotion of maternal, child, and adolescent health, the prevention of abuse and neglect of children, spouses, and elderly adults within the home environment, the case management of California Children's Services or handicapped children, the assessment and prevention of accidents within the home environment, and the provision of services for populations at risk. All members of the public health nursing staff who are employed as public health nurses including supervisory personnel shall be certified. Just an aside, public health nurses are registered nurses with a Bachelor of Science in Nursing, and they also have additional certification in public health issued by the California Board of Registered Nurses. In nursing outreach services there are three areas, the Immunization Program, Child Health and Disability Prevention, and Field Nursing Services.

The Immunization Program provides immunizations for children in the community who have no access or limited access to healthcare

Peggy Richardson – Immunization Program: Currently the immunization program has about 23 staff consisting of one nurse practitioner, two public health nurses, an RN, a supervising public health nurse, health education staff, and clerical support. We primarily spend our days focusing on two goals. In order to reach the Healthy People 2010 goal we are striving to have every child by the age of 2 up to date with their immunizations, and in order to do that we also strive to have every child by 2010 under the age of 5 enrolled in a children's immunization registry. A lot of people have a myth that the Health Department's immunization program is on the first floor and that we primarily give immunizations and that's how we're going to raise these rates. Basically, we're a safety net for children in the community that may have no access to care or limited access to care who might fall through the cracks. They can come into our direct-care clinic located on the Fulton Mall or go and visit us in the Shot Mobile which services about 18 different sites throughout Fresno County. We are basically just that safety net. We rely on private providers and other community health centers to actually service the bulk of the community and the bulk of the children to provide immunizations, so in no way are we ever in competition with providers. We're there to support them and to try to get children back into their medical homes.

This program also provides disability prevention screening for children, well child checkups, immunizations and vaccines for international travelers, and senior flu clinics

We also provide child health and disability prevention screening services to approximately 2,000 children a year. Those are also clinics where we go out and utilize churches and community

health centers and provide well child checkups and refer children into appropriate followup for conditions that need treatment. We also provide immunizations and vaccinations for individuals that are lucky enough to have international travel. Certain countries have requirements for yellow fever and other vaccinations, and we also suggest that other recommended vaccines are given so that they don't become ill when they're overseas. We are currently seeing about 1,000 travelers a year in our International Travel Clinic. We also are responsible for putting together the annual senior flu clinics, and again, we are an adjunct to supporting the private physicians in the community in giving immunizations for influenza every year. Last year we provided about 10,000 flu shots to seniors and other at-risk individuals.

The Immunization Program is a resource for providers and school nurses for learning about new vaccines and best practices

I've covered the direct services aspect. Now I'm going to move into the outreach and education. We are sometimes seen in the community as the expert in immunizations. A lot of school nurses and providers contact our office to ask about specific vaccines, new vaccines, and best practices. With our health education class we provide presentations to school districts. We also do quality assurance reviews within providers' offices in the community to make sure that they are utilizing best practices, and we offer any technical assistance if we can. We have one-and-a-half public health nurses – that's one full-time and one half-time nurse – that spend most of their day going out and doing vaccine preventable disease followup. For all of those vaccines that we administer in our direct-care clinic we do have illness that breaks out in the community, and these public health nurses go out, interview the families, do teaching, and try to contain the illness and prevent the spread of disease. Probably the one that is on the Richter scale right now is pertussis. Last year we had about 18 cases throughout the whole year and this year during I think the first three or four months we were up to about 60, so you can see this keeps us very busy. We also do some tetanus followup as well as measles and mumps on a much more limited basis. We also provide case management services. Those same public health nurses that do vaccine preventable disease followup also case manage approximately 80 to 100 women that are either pregnant or parenting children. These women come to us by referral from either laboratories or a private provider's office if during pregnancy they're given a test and they're deemed to be a hepatitis B carrier, which could have a negative impact on their babies. We follow those women during pregnancy and we ensure that before their infant is discharged from the hospital after delivery the child gets appropriate vaccination, and then we follow that child up to a year of age to make sure that all the other subsequent vaccines are administered.

The Central Valley Immunization Information System tracks which vaccines children have had. This is helpful if children move from one county to another.

Last but not least, we do participate in the six-county immunization registry called CVIIS, or Central Valley Immunization Information System. This is a six-county database where we all enter on a real time basis children's immunizations as we give them, so if we have a child that moves from Fresno County to Tulare County to Kern County, that new provider can actually get online and see real time what vaccines that child has had. This really helps in the way of not having duplicate vaccines and it also discourages missed opportunities because you can actually tell what vaccines are needed that day and be able to administer them.

The Child Health And Disability Prevention Program has only three public health nurses who have numerous responsibilities

Bill Musso: The Child Health and Disability Prevention Program is responsible for a number of different programs in the Department of Community Health. CHDP is a federal and state program that provides health screening assessments for children who meet Medi-Cal age and income requirements. CHDP administration administers that program for the providers and practice sites in Fresno County. The public health nurses that work in the program enroll providers, approve practice sites, review billing forms that identify medical conditions that require followup, and follow up to make sure that the children with medical conditions get the treatment that they need through the specialists that they're required to see. They conduct follow-up visits and provide trainings and assist the providers with any type of training they need for gateway services or billing issues, so they're consultants, and they also conduct quality assurance visits. They make sure all the sites meet the requirements that the state sets forward. With about 190 providers, there are three public health nurses that do this work. There is a health education unit component of the CHDP administration, and these people are responsible for providing training, they do in-services for all agencies in Fresno County that provide support for low-income children, they provide education materials for all the CHDP providers, and they also provide technical assistance. They also coordinate vision and hearing screening workshops. Finally, they're also very active with all the coalitions in Fresno that provide services to low-income children.

There are a variety of programs under CHDP that work closely with the state

The healthcare program for children in foster care is a public health nursing program that works collaboratively with the child welfare service agencies and probation departments. These nurses provide the expertise in working with social workers and probation officers. There are approximately 2,500 children in welfare services and I have four nurses that work with these children, so they're kept busy. The Child Ride Safe car seat program was established in 1992 in response to Senate bill 1073. The programs works closely with Fresno Police Department, Clovis Police Department, California Highway Patrol, and the traffic courts. The program is responsible for the provision of child passenger safety education and distribution of low-cost car seats. We also have the Childhood Lead Poisoning Prevention program. This staff provides services to lead poisoned children in Fresno County. On initial assessment of the homes, they go out with registered environmental health staff and they help identify any lead dangers in the home. I believe Fresno County has the second highest number of lead poisoned children in the State of California. All these programs work very closely with the state.

Public health nurses work in programs for seniors as well as several programs for children that promote school readiness

Karen Bailey: For our field nursing services we have one supervising public health nurse, 12 public health nurses, one health education assistant, one health aide, and four clerical support. The Preventive Health Care For Aging Program is a collaborative effort with the Fresno-Madera Agency on Aging. This program provides comprehensive health assessments linking to area resources and anticipatory guidance to individuals age 55 and older at various senior center sites

throughout Fresno County. The Nutrition and Education Program for seniors is a program that's linked with the Preventive Healthcare For the Aging Program. This program provides specifically for nutrition education to individuals age 55 years and older through educational presentations, health fairs, and media campaigns. The Childcare Health Linkages project is a collaboration with First Five Fresno, and this program provides health and safety education and technical assistance to early childhood care providers within Fresno County. It also provides health and safety education to parents with children in childcare in addition to identifying at-risk children ages 0 to 5 and assisting with linkage to appropriate services. The specific goal of this program is to promote school readiness. The High-risk Infant Follow-up Services program provides skilled nursing assessment and ongoing case management of at-risk young children in Fresno County aged 0 to 5 and linkage to area resources for the child and their family including the detection of and early intervention for potential delays in development. Again, this program's goal is to help children be ready for school by early identification and early intervention. In-home Supportive Services is a collaboration with Adult Services to assist the In-home Supportive Services social workers with health-related assessments of individuals within Fresno County in need of specialized services to remain in their home. This program also provides nursing assessment and consultation to Adult Protective Services social workers and assists the In-home Supportive Services unit with quality assurance case reviews. The Bioterrorism and Emergency Preparedness program assists in the development of required state and federal disaster plans for Fresno County and participates in the planning and provision of local trainings in emergency response and disaster preparedness.

Care About Medicare – Yolanda Reeves, Fresno Health Consumer Center

How many of you think of Medicare Part D and say it has nothing to do with me or my organization? How many think Bush, Congress, Medicare reform, some kind of prescription drug program, I know it's coming, I'm not quite sure? How many of you when I say Medicare Part D know that social security is doing outreach and taking low-income subsidy applications, plans are being hooked up through CMS as we speak, and people are going to be enrolling in plans? CMS is funding the HICAP (Health Insurance Counseling and Advocacy Program) agencies nationwide to present the information to the public. Social Security is for the first time in their life coming to the outreach table. They are wanting our assistance in helping with outreach, and the state is trying to frantically figure out how on July 1 they're going to meet the people who are going to show up on their doorstep. California Health Advocates is the parent organization of HICAP, and they at the state level are handing out the information that you may need. Families USA is an incredible organization at the national level. If you go to their Medicare site they have it laid out. They have monthly conference calls. Yesterday was a call on how this is going to hit the younger population, and so they've really taken each issue and broken it down.

People who have both Medicare and Medi-Cal will provide the greatest challenges for Fresno in terms of Medicare Part D. Most of these people reside in nursing homes.

I thought we'd get on the same playing field and identify some of the terms. Most of you, of course, know Medi-Cal. It provides longterm healthcare coverage for low-income people, seniors, and those under 65 with disabilities. California took Medicaid and changed it into

Medi-Cal Managed Care. We manage to have three different service systems within our counties. Fresno County has Health Net, Blue Cross, and then the seniors at this point in our county are in fee for service. For dual eligibility I tend to use the term Medi-Medi, which means Medicare-Medi-Cal. It's kind of the shorthand that you're going to hear down the pike. They are the group that will have the most challenges for our community. Most of this group is actually in nursing homes and they suffer cognitive impairment and mental disorders, so the idea that they're going to on their own wind their way through the maze of finding the plans that they need is a little ludicrous. Of course, we're here for Medicare, which is health coverage for individuals over 65 and the younger population that tends to actually utilize their services more because of disabilities such as MS, polio, leukemia, that type of situation.

California has the largest Medicare population in the United States and the largest population with dual coverage, Medicare and Medi-Cal combined

Currently the Medicare Managed Care Program is called Advantage. Part D is the new Medicare drug benefit. We have A, which is hospital nursing care; B, the physician, the outpatient; C, the HMO, and D, which we're looking at, the prescription drug part. California has the largest Medicare population in the United States. We have the largest population with dual coverage. We have more Medicare-Medi-Cal than the rest of the nation, and if you think back to what that means, we have more people in nursing homes and we have more people with the disorders that we need help with. Of course, diversity. Fresno has a large Hispanic and Hmong population, so not only are we dealing with system changes, we're going to have to deal with some language issues. Up until now, of course, there has been no drug benefit. Medicare only pays for the first 100 days out of a hospital stay. There is no hearing aid, glasses, or dental care. For some people the costs are high. It's the yearly $912 for part A. Part B is deducted from Social Security. In 2007 they are actually going to start means testing the part B premium, so based on your income that payment is going to go up.

The first sign-ups for Medicare prescription drug benefits will be based on client statement only with no verification required

Social security, as we know now, is doing outreach with low-income subsidies, and they need our assistance in helping people through these applications. The applications are being mailed out July 1. They're actually online, and in a perfect world, on July 1 every senior would open up their laptop or go to their computer, fill out the online application, and send it in. Well, we know what the chance of that happening is. The good part about the application is it can be scanned. One thing good that Social Security has done with this part of the system is that it's based on client statement only. You don't have to provide any verification, so you actually can do it online, send it in to CMS, and they process it. During the year there will obviously be computer matches, so if you're tax income is showing $1000 in interest, that bank account is going to be attached to Social Security at some point. At renewal they will have to start providing verification, but for this first big push it is client statement only.

Some clients will have a choice about the plans and others won't

CMS put out a formulary update one or two weeks ago stating that if there are some drugs on your plan that your formulary didn't have when you submitted it you can resubmit your formulary, so they're kind of negotiating it at the state level. The stakeholders are concerned that the drugs that their particular population needs aren't going to be on the formulary. In October the plans will be known and people will be making choices. If you're a retiree that has a decent plan, and the phrase will be a "comparable plan," if your plan offers comparable drugs to what social security or the other plan does then you're fine to stay in your plan. Clients will be making choices and looking at things and looking at the drugs that they're on and what their plan provides versus what these other plans provide. Your dual eligibles, Medicare-Medi-Cal, don't have a choice. As of January 1, Medi-Cal will not be paying for drugs for that population. CMS will be dropping them into a plan in October or November. They have the choice of moving to another plan within 30 days. Think of the nursing homes that are out there that are tied into one pharmacy that has 24-hour delivery. CMS, someone back east, is going to drop those 100 people in five different plans and somebody is going to have to negotiate those guys back into a single plan. On January 1, New Years Day, part D begins and Medi-Cal prescription drug coverage ends. However, last week Jay Rockefeller and someone in the Assembly introduced bills putting off the reincarnation of Medi-Cal into Medicare until June 2006, so obviously somebody at the national level doesn't think we're ready to start, but we certainly need to act as if it's going to go in January. It is expected for the average person to actually reduce their out-of-pocket costs about 65 percent under the standard drug benefit.

Medicare and All its Parts: What We Need to Know and Do – Toni Mares Cortez, Manager, HICAP

Our HICAP office covers Fresno and Madera counties. We are one of the 24 programs in the State of California. Our parent agency is Valley Caregiver Resource Center. Under the umbrella of the VCRC is the Caregiver Resource Center, which deals primarily with caregivers that are assisting a loved one with a brain impairment. Then, of course, we have our HICAP. We have Oasis, which is a day program for people with dementia, and the Ombudsman Program, which are mediators for people in skilled nursing and residential care facilities.

HICAP deals with many different Medicare issues

I just want to briefly state what HICAP does. We deal primarily with Medicare issues. With those Medicare issues we come across all kinds of billing problems and appeals. We're also dealing with the drug discount card, the HMO comparisons, longterm care policy analysis, Medi-Cal, QMBY, SLMBY, prescription drug coverage, and supplemental health insurance. We provide free confidential information. We do have an 800 number that is statewide. We don't endorse any products, agencies, or companies.

There are different options within Medicare, and some people opt out altogether and become a member of an HMO

CMS is the Center for Medicare and Medicaid Services. HICAP in the State of California is known as SHIP (State Health Insurance Assistance Program), and the State of California does get a little bit of money from the government CMS. Under that also we receive our funding through the Department of Aging through the Area Agency on Aging. Medicare is broken up into two parts, A and B. A basically is free to most people, although sometimes you can buy into Part A. One has to purchase Part B. You do pay a premium of $78.20 this year. In Fresno and Madera Counties we have 113,000 Medicare beneficiaries and so we have a lot of people to serve in our areas. As I mentioned before, there are all types of categories that people may fall into. Of course, you have your category where clients pay 20 percent out of pocket. Medicare only pays 80 percent of costs of any kind of medical services or hospitalization. Some people just have plain Medicare with no type of supplements. Some people, of course, are covered through employer group plans. Some people have supplements, which vary between your age and your zip code. Some have VA services, TRICARE, or Medi-Cal. In the year 2005 something new came out through Medicare, a new physical exam introducing anyone to the Medicare program if you're 65 or have just signed up for part B. Some people opt out and are members of HMOs. In Fresno County we're having a change in the HMOs, and Secure Horizons will be providing generic drug coverage starting July 1. HMOs contract with CMS. For 2005 the insurance companies receive $654.22 per member. I remember four or five years ago they were receiving $396 per member, I believe, and now it has gone up to $654. For the year 2006 it's going up to $685.62.

HICAP is there to help people understand Medicare and to clear up some of the confusion and misconceptions

At our HICAP office most of our program consists of volunteers. Last year we saved $850,000 for our beneficiaries, so we're very proud of our volunteers and staff who have done that. With Medicare Part D there is going to be, of course, a lot of confusion. I tell people to keep all of the paperwork they receive and come into our office. There are going to be quite a number of misconceptions. We are there to assist you. We're free. We will assist that Medicare beneficiary, even the pre-Medicare individuals. Please come and get your free consultation.

Help With Medicare Prescription Drug Costs – Linda Popovich, District Manager, Southeast Fresno Social Security Administration

Years ago I might have thought that Medicare was for the senior citizen. Well, Medicare really isn't just for the senior citizen. If you're on social security benefits for a disability, the 25th month of that disability you get Medicare, so we have Medicare beneficiaries of all ages. It wouldn't be under age 18, but certainly above that age, so let's not look at it just as being for the older generation. In listening to the presentations, Toni and Yolanda both did me a favor by giving a background of everything, so I don't have to repeat that. It's an enormous thing that's happening, honestly, and I think as flawed or as unflawed as it might be, it is coming, so we do have to realize that this Medicare prescription drug program is coming and people will have to be making decisions.

Social Security is involved in Medicare Part D in terms of the subsidy issues

Social Security is involved in this primarily only in one way, and that is the subsidy issue. Social Security's role is to address the people who are not going to be automatically converted to getting Medicare part D. We're to develop and operate a process for establishing eligibility, train employees, and do outreach. That's why you see me here today. I think someone made a comment that Social Security is coming out of the woodwork now. Well, we are because we want to get to know people and we want to educate people and be helpful if we can. To get the subsidy, first of all you need to be enrolled in Medicare, obviously. Your income has to be under 150 percent of the federal poverty level. For an individual that is $14,355. For a two-member household that's $19,245. Resources cannot exceed $10,000 for one person or $20,000 for two. We are trying to find that element of the population who will fit into that category. We say subsidy, but we call it extra help now. We're looking for the people who will need extra help in meeting the cost of the Medicare Part D. What do we count as resources? That would be cash, any personal property a person owns, bank accounts, stocks, bonds, retirement accounts, mutual fund shares, and real property other than the residence. We don't count your residence. We don't count non-liquid resources like family heirlooms, wedding or engagement rings, or vehicles. We don't count burial spaces and we do exclude some funds for burial expenses. Who is included in a family when we're determining whether you meet this poverty level or not? A spouse or a relative who lives with and are dependent on or receives at least one-half support from that person. What do we count as income? Anything that the individual receives in cash or in-kind used to meet needs for food and shelter. That would be earned income and unearned income.

Social Security is sending out applications to over 30,000 people in Fresno County who might be eligible

Social Security spent a lot of money in trying to make the subsidy a self-help process. What we were saying is that everyone should have a copy on their table. We sent this application out. This is an expensive document because it is scannable. It tells you that you have to prepare it with a number 2 pencil. When a person thinks that they want to apply for the subsidy all they have to do is fill this out, stick it in an envelope that's provided, and mail it in. We have sent this in Fresno County to over 30,000 people that we think are going to be potentially eligible for the subsidy. The mailings began on May 27 and they will end in the month of August, so we're hoping people will open it, read it, fill it out, send it in, and get their decision. But the realities are that we're out here in the community talking to people saying if this person, your mom, or your neighbor can't apply, maybe you can help them because now you know a little bit about it as well. Other ways to apply could be a telephone interview with Social Security, an in-person interview with Social Security, or by calling the 800 number. The 800 number effective July 1 will start helping assist people with the subsidy application. People who have the Internet available and are interested can go into the Social Security website and do a qualifier. If you're wondering if someone may or may not be eligible, you just feed in the information and it tells you whether or not you might qualify, so that option is available, but again, I realize not all people have the Internet available.

The Medicare and Social Security websites have a lot of very helpful information that can be downloaded

Once you're on the subsidy, the things that can change your being entitled or eligible to that subsidy are very specific – marriage, divorce annulment, separation that's not temporary, cohabitation after separation, and death of a spouse. Notice it doesn't say anything about inheriting $1,000,000, so for that year you're still on until we recertify. What we envision with that is every year there will be some form of redetermination to see if that person still qualifies for the subsidy. I can't stress enough how going into the Medicare website and the Social Security website provides so much information that you can download. We have Power Point presentations, we have the qualifier, and just a whole bunch of information that you might want to read and learn and not have to memorize, because I realize this is all quite overwhelming. We at Social Security realize that we're addressing a vulnerable part of our population, people who may not understand things. That's one reason why we're out here trying to get partners, people who are interested. If you have events where you think that Social Security could be a part of that event by either providing a presentation or helping people actually complete the subsidy application, that would be great, or if you are interested in doing an event yourself where you would like to invite Social Security to participate, we would be grateful and would like to do that, because our goal is to get that subsidy application filed. We started early in Social Security because we thought that by the crunch, when they have this open season starting on November 15, we could have some of that done ahead of time. The only problem from my perspective is that in order to explain the subsidy you have to know what Part D is, and the plans aren't ready yet, frankly. How are you going to know if you want to be in Part D unless you see the plans? But if you qualify for the subsidy, certainly for the 100 percent coverage of that, why wouldn't you want to get that ball rolling?

If a client is eligible for the subsidy but doesn't pick a plan, a plan will be chosen for them

One thing that did change is that if you apply for the subsidy and you are found to be eligible for the subsidy, if you don't pick a plan they will pick a plan for you, so it's the same as the deemed eligibles, or the Medi-Medi. A plan will be picked for them as well. Part of the problem, maybe, of the Medicare discount prescription drug card is that you had to actually select. Well, something will be selected for people, either the dual eligible, the Medi-Medi, or the person who applies for and is eligible for the subsidy. If you were to mail in your subsidy application today, say for your mother, you will get a receipt that the application was received and when the decision comes you will get the decision, but it will not be before July 1 because they're not starting to make those decisions until July 1. Who knows how many they're going to have to make, too, so it won't be before July 1. I can't promise when. They're being mailed to one central place in Social Security, the ones that we get, anyway, to be processed. It's overwhelming, but it's going to be here.

Participant question: I work at the legal services office and Fresno Health Consumer Center with Yolanda Reeves. If a client comes into the office with this application, with the very little information that we have right now I don't think that we feel confident doing the application for people. Is there someone within your office who is going to be a community liaison where if we have a question we would have a phone number or the name of a person that we could contact to

get help with the application? We are willing to help with the application, but we also want to make sure that we don't do anything that may detrimentally affect any client.

Linda Popovich: You don't really have to train people to take the applications because it's more a matter of the person applying is going to have to know the information if you ask, "Do you have a bank account, and how much money do you have?" The problem comes when they don't know. On July 1 the 800 number will be there if you have a question about how to complete something. If a person completes most of it but not all of it and you want to get that subsidy application in, if you mail it in they'll be contacted. Just make sure they have a good phone number. That would be helpful.

Participant question: After they've done the application and the plan is selected for them in November, since they didn't make a knowledgeable choice themselves and they may be placed in a plan that doesn't have the formulary or the prescriptions that they want is it easy to move from one plan to the next?

Linda Popovich: It's supposed to be easy to change. I hope so.

Yolanda Reeves: At this point the Medi-Cal people can change their plans on a monthly basis. As far as the mechanism for changing the plan, we don't quite know what that's going to be. The problem is, for the people who are actually choosing a plan, that choice will last for 12 months. The plans have the right to change their formulary every 30 days, so you may be stuck with a choice for 11 months that doesn't really meet the formulary needs that you have. That's the issue as it is.

Linda Popovich: Maybe we could say if it's someone who is not interested or knows they don't qualify for the subsidy and they don't have an insurance plan that gives creditable coverage, they're probably going to want to apply for Medicare Part D and then they're going to have to choose a plan.

Participant comment: The rumor is already out there that the premium is not set. It could go to $40 from $37. It could increase any amount in any year. My question is what's the residency requirement? In other words, can illegal immigrants get any of this plan? Is that designated anywhere like in SB 840, a residency requirement?

Linda Popovich: You have to be eligible for Medicare. I'll be around if someone would like to talk afterwards. I'd like to say thank you to the roundtable for having us today.