

## **SUMMARY OF CURRENT STATE EFFORTS TO IMPROVE FARMWORKER ACCESS TO SCHIP AND MEDICAID**

### **California:**

The California model is focused on:

- Establishing portability of Medicaid within the State of California.
- Establishing reciprocity between California, Oregon and Washington.

### **Status of Intra-State Portability:**

"The California Department of Health Services has agreed in meetings with CPCA that the current Medi-Cal intercounty transfer process is burdensome and unnecessarily complex for Medi-Cal beneficiaries including farmworkers. DHS officials are sending out a preliminary letter to counties, instructing them of the new policy to bring the state into compliance with federal law. CPCA advocated for a provision in this letter to allow migrant farmworkers who are temporarily moving to simply submit a change in address when they move, rather than having their case transferred to the new county; thereby eliminating portability barriers.

Other issues regarding intercounty transfers, especially for those migrants who are not moving temporarily and for those in managed care, will be resolved this year via the DHS Workgroup on Intercounty Transfers and the Advisory Committee on Medi-Cal Managed Care." (CPCA Policy Team, 2002, Medicaid Portability for Migrant Workers).

### **Status of Inter-State Portability:**

"Just recently, California's Governor has committed to improving the health of migrant farmworker children by resolving portability barriers for children migrating into California via presumptive eligibility. The development of presumptive eligibility within the Child Health & Disability Prevention (CHPD) program will ensure that farmworker children are covered with full-scope Medicaid coverage for 60 days while their applications are being processed. Because California has higher eligibility levels than other states, the vast majority of these farmworker children will be found eligible to continue their Medicaid Coverage." (Letter from Vivian Huang, CPCA Policy Analyst, to Elizabeth Arendale, May 22, 2002.)

"Despite the state's budget deficit situation this program is set to begin April 1, 2003." (Letter from Vivian Huang, CPCA Policy Analyst, to Elizabeth Arendale, May 22, 2002.)

For more information on the California model please contact Vivian Huang, MHS, CPCA Policy Analyst at [vhuang@cPCA.org](mailto:vhuang@cPCA.org) or via phone at (916) 440-8170, extension 238.

### **Texas:**

The Texas model, called the Migrant Care Network (MCN), is focused on establishing Medicaid portability for Texas migrants traveling to selected pilot states. Targeted states include: Texas, Minnesota, Wisconsin, Indiana, Illinois, Washington, Florida, California, Colorado, and Ohio. Although a new approach with the farmworker population, it is not a new model. The MCN is a managed care model that has effectively been used with other populations (i.e. Medicare program for the elderly).

### **Status of the Texas Migrant Care Network:**

- Texas House Bill 1537, was passed and signed by the Governor of Texas, Rick Perry, on June 11, 2001. Under HB 1537 the Texas Health and Human Services Commission (HHSC), was charged to conduct and report its "finding and recommendations regarding the establishment of a migrant care network" for children of migrant and seasonal farmworkers (MSFWs) enrolled in Medicaid and the Children's Health Insurance Program (CHIP).
- The draft report was completed during the second quarter of FY 2002. Based on the findings, HHSC has recommended that a pilot be implemented.
- The Texas HHSC and TACHC are currently working on the model design, conducting focus groups with providers, and identifying potential partners in targeted to states to establish provider networks.
- Conducting legal analysis (i.e.: necessity for waiver or Medicaid plan amendment)
- State issued RFPs for contractors to establish and manage a provider network due to the State on January 27, 2003.

For more information on the Texas Migrant Care Network Model please contact Jana Blasi, TACHC Deputy Director, at [jblasi@tachc.org](mailto:jblasi@tachc.org) or via phone at (512) 329-5959.

### **Michigan:**

In late 2000, The Michigan Primary Care Association formed a coalition to establish a plan of action for improving the health of migrant and seasonal farmworkers. The plan identified six priority focus areas for the state. Goal B of *The Plan of Action for Improving the Health of Migrant and Seasonal Farmworkers* [in Michigan] is to increase access to publicly funded health insurance programs. Objectives identified within Goal B of the Michigan Action Plan are:

- Encourage Michigan Providers to participate in the Texas Migrant Care Network (MCN) pilot.
- Advocate for presumptive eligibility of migrant farmworkers in Medicaid, MICHild and MIFamily programs.
- Promote migrant farmworker enrollment in Medicaid, MICHild, and MIFamily.
- Advocate for modifying existing Medicaid policy to carve-out migrants from the managed care program.

### **Status of Goal B of the Michigan Migrant Health Plan:**

- *The Plan of Action for Improving the Health of Migrant and Seasonal Farmworkers* was published by MPCA on October 9, 2002.
- The Michigan Primary Care Association, and Migrant Health Coalition are poised to collaborate with the Texas on the implementation of the Migrant Care Network Pilot.
- MPCA has begun discussions with the state Medicaid office regarding carving migrants out of managed care.
- Presumptive eligibility efforts have been scheduled to start in November of 2002.

For more information on *The Plan of Action for Improving the Health of Migrant and Seasonal Farmworkers* please contact Carol Parker Lee, MPH, MPCA Chief of Policy & Planning at [cplee@mpca.net](mailto:cplee@mpca.net) or via phone at (517) 458-8000, ext. 205.