



Talking to Your County Supervisor about the Low Income Health Program (LIHP)

SOME TALKING POINTS FOR ADVOCATES

California counties should take full advantage of the new opportunity to expand coverage to low-income Californians, using new federal funds

Counties can **maximize the federal funds** available under the new Medicaid waiver, and the Affordable Care Act, by establishing higher eligibility levels and bringing more people into coverage.

For those left out of Medi-Cal, this new county-based program can be a **valuable lifeline for uninsured Californians**. While Medi-Cal provides health coverage to 7.7 million low-income children, their parents, elderly, and disabled people in the state (you can find county specific data [here](#)), it leaves out low-income adults without kids at home, even if they are penniless.

These new federal funds not only go the county, but get recycled in the county's safety-net providers, thus bringing **more investment into our health system**, and **more dollars into our local economy**.

LIHP represents a **win-win-win situation for counties, the uninsured, and our health system**.

Counties will get new federal dollars to match some of the dollars they already spend on indigent care, for their health system and their economy.

Individual Californians get coverage prior to expansion in 2014, up to 500,000 could get a medical home providing primary and preventative care, not just care at the emergency room.

Since this coverage is grounded in county-based systems of care, these new dollars go to **shore up safety-net institutions**, including public hospitals, community clinics, and other providers;

Counties can bolster their health care systems, by **having uninsured people who might end up in the emergency room, instead get coverage and cost-saving primary care** in a network based with the county's safety net—and have these new federal dollars go to support that safety-net.

This serves as a **bridge to health reform**, ensuring these patients are getting treated and in systems of care before 2014, and ready to get full Medi-Cal (or exchange-based) coverage on day one, maximizing enrollment and federal funds for California.

This expansion is not a long-term obligation on the county, but the more the county does, the more relief it gets in 2014. The more people are enrolled in these programs, and thus quickly shifted to Medi-Cal in 2014 with 100% funding by the federal government, the **more county resources can be refocused to better serve the medically indigent who remain uninsured** after 2014.

In order for this Low-Income Health Program (LIHP) to succeed, the county should take into account **stakeholder input, including community groups and consumers** who may qualify for the LIHP.