



The Human Face of Medi-Cal Benefit Cuts

As part of devastating health and human services cuts in California, on July 1, 2009 the Medi-Cal program eliminated nine categories of medical and dental services for adults. These benefits are considered *optional* because federal law does not require the state to provide them. However, the need for these benefits is not a choice for many low-income health consumers in urgent need of root canals, crowns, eyeglasses, and treatment for foot problems among others. The following benefits and services were cut from Medi-Cal for adults aged 21 and older as of July 1, 2009:

- Dental Services
- Incontinence Washes and Creams
- Acupuncture Services
- Optometry and Optician Services
- Podiatry Services
- Audiology Services
- Speech Therapy Services
- Chiropractic Services
- Psychology Services

There are some exceptions. For example, adults with developmental disabilities can still get these services through Regional Centers and adults in nursing home facilities still have access to them. However, most of the more than four million adults on Medi-Cal – our poorest California parents, seniors and people with disabilities – no longer have access to critical services to keep them alive and healthy. The human suffering is real, as illustrated by the stories below of the people affected by these cuts.

These stories are from individuals who called the Health Consumer Alliance (HCA) for help when they could not get services through Medi-Cal. The HCA is a partnership of consumer assistance programs operated by nine local Health Consumer Centers serving thirteen counties that are home to over three-fifths of California's low-income population. HCA's mission is to help low-income people obtain essential health care. The Western Center on Law & Poverty (WCLP) and the National Health Law Program (NHeLP) provide statewide support and policy advocacy for these consumer centers. Since the Medi-Cal benefit cuts were implemented on July 1, 2009, the Health Consumer Centers have gotten calls from consumers on Medi-Cal in need of the terminated services. Many consumers were seeking assistance to resolve problems accessing emergency services or complex dental procedures, or completing a course of treatment that was left unfinished once Medi-Cal no longer covered dental or other services.

Despite the fact that Ms. Bo was unable to chew with her 20 year old dentures and her dentist submitted an authorization request before July1, her lower and upper dentures were denied. – San Mateo County Client

“Mrs. Bo” is a 49 year-old disabled woman who is raising her 10 year old granddaughter. Mrs. Bo has had problems with bleeding ulcers that ultimately resulted in her undergoing several surgeries to remove part of her abdomen. At present Mrs. Bo is unable to absorb iron and needs regular blood transfusions.

Mrs. Bo has worn dentures for over twenty years. Over the past year her dentures have become so badly worn that she is unable to chew. In June of 2009, she contacted a dentist for new dentures.

Mrs. Bo’s dentist confirmed that the dentures needed to be replaced because they were extremely worn. The dentist submitted a timely Treatment Authorization Request (TAR) to Medi-Cal for dentures in late June. In August, Mrs. Bo received a notice informing her that the request could not be approved as dentures were no longer a covered service.

Mrs. Bo contacted the HCC of San Mateo County for assistance. An HCC attorney filed a hearing request arguing that the request had been submitted prior to the elimination of adult dental benefits and should be approved under the guidelines in effect at the time the

request was submitted. On November 9, Mrs. Bo received a notice that her hearing request was being dismissed because the issue was a change in the law. However, Mrs. Bo was given 15 days to challenge the dismissal by demonstrating that her case involved issues of fact apart from the change in law and should therefore be heard. Mrs. Bo’s HCC attorney challenged the Department’s dismissal of the case, again arguing that the issue involved a request that had been submitted prior to the elimination of the adult dental benefits. No determination has been made as of mid-December 2009.

It is now five months since Mrs. Bo’s dentist confirmed that she needed new dentures and requested coverage and Mrs. Bo continues to struggle to obtain sufficient nutrition as she is unable to chew her food. If the dentures are not ultimately approved, Mrs. Bo fears she will never again be able to eat regular food because on her monthly income of \$850 she cannot afford dentures. In the meantime, Mrs. Bo continues to have difficulty eating and chewing with her worn-out dentures.

Once Ms. Jones’ root canal was completed, she needed a crown to protect her tooth, but Denti-Cal denied approval for services and the right to appeal the denial. – Placer County Client

“Ms. Jones” is 48 year-old woman who lives in Roseville. She had been suffering from tooth aches and her dentist determined that she needed a root canal and a crown. Ms. Jones’ dentist submitted the Treatment Authorization Request (TAR) for a root canal prior to July 1. Denti-Cal only accepts requests for crowns once a root canal is completed, so the dentist did not submit a TAR for a crown at the same time. Denti-Cal approved the root canal TAR prior to July 1.

Ms. Jones suffers from severe vertigo and was experiencing extreme bouts throughout June, and she could not get to the dentist to get her root canal until the first week in July. Once the root canal was completed, she needed a crown to protect her tooth. Her dentist told her that Medi-Cal was no longer covering dental services. Ms. Jones contacted the Health Rights Hotline (HRH) for help. In turn, HRH asked the dentist to submit a TAR for the crown. There is an exception to the benefits

cuts that a course of treatment approved prior to July 1 can be completed after July 1. The dentist submitted a TAR for the crown, but Denti-Cal denied it. Ms. Jones, with the assistance of HRH, filed for a State Hearing.

The hearing was dismissed, stating that there is no right to a hearing for the terminated benefits unless the benefit requested fits one of the exceptions. The HRH advocate appealed, arguing that the benefit requested fits the

exception that a course of treatment approved prior to July 1 can be completed after July 1. HRH, on behalf of Ms. Jones, is still waiting for a response to that appeal.

Ms. Jones has now gone five months without a permanent crown over the tooth that had a root canal. The tooth without a permanent crown is at risk for further infection and may collapse due to brittleness, necessitating the removal of the entire tooth.

Ms. Sanchez is a 71 year-old woman with difficulties eating and chewing because she does not have sufficient bone to support her dentures and cannot get the implants she needs. – Orange County Client

“Ms. Sanchez” is a 71 year-old woman with diabetes and disabilities who lives by herself. She needs dental implants because she does not have sufficient bone to support her dentures. She has dentures, but has difficulty eating and chewing because the dentures are unsupported and move when she hews. Eating is painful and her lack of nutrition is exacerbating her diabetes and blood pressure.

Ms. Sanchez contacted Orange County’s Health Consumer Action Center (HCAC) for help obtaining implants from Denti-Cal. HCAC later learned that Ms. Sanchez’s dentist submitted a Treatment Authorization Request (TAR) for the services in 2008, but Denti-Cal denied it; the reasons were unknown. Because

adult dental benefits are no longer covered under Medi-Cal, Ms. Sanchez will have to wait to find a dentist that is willing to spend time and other resources submitting a TAR to Denti-Cal arguing that she fits one of the exceptions and that her dental implants should be covered. She has tried to get a letter of medical necessity from her doctor but her doctor wants to speak to her dentist and she has not been able to get the two of them in contact.

The implants cost \$3,060 which she cannot afford on her monthly income of \$960 per month.

Ms. Hatfield is a young, hardworking woman in need of gum infection treatment. Because Medi-Cal no longer covers adult dental services, she could not get the gum surgery covered by Medi-Cal and was forced to take out a dental credit card for more than twice her monthly income. – Los Angeles County Client

““Ms. Hatfield”, a 47 year-old, single mom with a nineteen-year-old daughter is self-employed as a hair stylist. She has limited earnings of about \$950 a month.

Ms. Hatfield needs gum surgery to treat severe infection. Her doctors said that the endodontic treatment she requires is medically necessary because the infection in her gums may spread, causing additional medical problems. She

contacted the Health Consumer Center of Los Angeles (HCC-LA) for assistance and forwarded a list of the specific dental procedures she needed, but as a result of the Medi-Cal dental cuts, none of them are covered. HCC-LA advocates considered coverage under the exception for Federally Required Adult Dental Services, but none of the services Ms. Hatfield needed were covered. HCC-LA advocates discussed the findings with Ms. Hatfield's dental provider

and gave Ms. Hatfield dental clinic referrals.

She was able to get the services at one of these clinics, but had to open a line of credit for \$1,900 for the procedure. However, her treatment is not complete. Her gums are still infected so she will have to undergo further treatment and have to incur additional debt.

Medi-Cal approved Mr. Escobar's teeth extractions, but denied his dentures even though the original request was submitted prior to July 1 and is part of a continuing course of treatment. The Presiding Administrative Law Judge also denied the right to appeal. – Fresno County Client

"Mr. Escobedo" is a 64 year-old man with disabilities in need of dentures. Several months ago, his dentist concluded that Mr. Escobedo needed dentures, but first he would have to have some remaining teeth extracted. In May 2009, his dentist submitted a Treatment Authorization Request (TAR) for teeth extractions and dentures including supporting evidence such as x-rays. The Department approved the extractions, but asked for a second set of x-rays to assess Mr. Escobedo's need for dentures. Since the Department had approved the extractions, Mr. Escobar's dentist was confident that the dentures would be approved. He took another set of x-rays and submitted them after July 1, 2009. After Mr. Escobedo had several teeth removed he found out that his dentures were denied because the second set of x-rays was submitted after July 1.

Mr. Escobedo called the Fresno Health Consumer Center (FHCC) for help in getting

his dentures. FHCC attorneys filed for a State Hearing and received a letter from the Presiding Administrative Law Judge stating that because the second set of x-rays was submitted after July 1, 2009, when Medi-Cal no longer covered adult dental services, there was no appeal right. FHCC attorneys argued that one of the exceptions were cases in which the dental services to be received after July 1, 2009 were part of a continuing course of treatment that began prior to July 1, 2009. In addition, FHCC stated that Mr. Escobedo was not disputing the cut in dental benefits, but that the original request had been submitted on May 6, 2009 and his dentures were part of a continuing course of treatment.

FHCC attorneys have been waiting for a response from the Administrative Law Judge for a month. Mr. Escobedo is eating and chewing with only a few teeth and needs dentures to eat properly.

Despite the cuts, advocates at the HCA were able to secure some benefits for health consumers in need by challenging the lack of access to covered services. Unfortunately, these cases are the exceptions; most people cannot access the terminated services.

With the help of an advocate Ms. Petrov was able to get approval from Medi-Cal for her foot surgery since the authorization was approved before July 1, 2009. – Sacramento County Client

“Ms. Petrov”, a 57 year-old Russian speaking woman, needed bunion and hammertoe surgery. Medi-Cal approved Ms. Petrov’s Treatment Authorization Request (TAR) prior to July 1; however, the hospital did not have openings for a surgery room prior to July 1. When the podiatrist’s office called Medi-Cal to ask what would happen if the surgery was not performed before July 1, the provider was told that Medi-Cal would not cover the surgery. The podiatrist refused to do the surgery as he thought he would not be paid. HRH called the Medi-Cal Benefits Line and was also told that Medi-Cal would not

cover the surgery even though the TAR was approved prior to July 1. An attorney at the Western Center on Law & Poverty contacted the Department of Health Care Services (DHCS) to confirm that Medi-Cal would cover the surgery even if it was performed after July 1, because the TAR was approved prior to July 1. The podiatrist agreed to do the surgery only after speaking directly with someone at DHCS. Ms. Petrov had her surgery December 1st. Had the authorization not be submitted before July 1 she simply would not have been able to get the surgery covered by Medi-Cal.

Mrs. Smith had no teeth and her dentist submitted the authorization for dentures well before the cuts went into effect on July 1. Only when a legal advocate appealed the denial, was she able to get the dentures. She’s one of the lucky ones. – Kern County Client

“Mrs. Smith” is a 40 year-old woman – mother of a seven-month-old baby boy. She spends her time with her baby and volunteering for the elderly in Bakersfield. In early January 2009, Mrs. Smith went through a dental procedure to remove the majority of her upper and lower teeth in order to get dentures. Having no teeth she could only eat yogurt, apple sauce, and milk. Mrs. Smith’s dentures were medically necessary, but not having teeth also affected her emotional state. She felt she could not smile because her son would be scared of seeing her with no teeth. She also experienced personality changes; she was much less sociable because she was embarrassed, and although she continued volunteering, she was uncomfortable. Her dentist submitted a Treatment Authorization Request (TAR) for an upper and lower denture in February 2009. However, in mid July she was still waiting for a response from Denti-Cal. Since

she had not gotten a response, Mrs. Smith called the Denti-Cal office and was told that her request for dentures was denied. She only received a verbal denial and not the required written notification. When Mrs. Smith finally received a written denial from Denti-Cal in late July 2009, the Kern health advocate found that the reason for the denial was missing diagnostic X-rays and lack of evidence for needing dentures instead of root canals. Mrs. Smith’s dental provider determined that root canals would have been of no help because of the bad state of her teeth. With the support of her dental provider, Mrs. Smith requested that the Kern Health Consumer Center file for a State Hearing on her behalf. Two months after requesting the hearing, Ms. Smith received a letter from Denti-Cal approving the requested services and dentures. Ms. Smith was very happy to obtain the dental services she needed, but worried that the Medi-Cal program no longer covered these services for other

After Mr. Lee had four root canals before July 1, he could not complete his treatment when Denti-Cal denied reinforcing posts and crowns after July 1. Fortunately, an Administrative Law Judge cancelled the denial and made a favorable decision. – Alameda County Client

“Mr. Lee” is a 60 year-old whose dentist told him in early 2009 that he needed four root canals and submitted a Treatment Authorization Requests (TAR). Medi-Cal approved them and Mr. Lee had the last of the four root canals done in late June 2009. Medi-Cal does not allow the dentist to submit the TAR for the reinforcing posts and crowns (a necessary follow-up procedure done after the actual root canal) until after the root canal has been completed. Because of this, Mr. Lee’s dentist did not submit the TARs for the reinforcing posts and crowns until after the first of July 2009.

Mr. Lee’s reinforcing posts and crowns were denied by Medi-Cal. Consequently, he was left with only temporary crowns that within a week or two had already started to break. The four teeth for which he had the root canals done were left so jagged and uneven that he sometimes cut his tongue on the edges of his own teeth. Without the appropriate posts to reinforce the strength of the tooth and without the appropriate crowns to protect the tooth itself, Mr. Lee was left at great risk that bacteria would be able to get into the interior root of his tooth and cause a deeper root infection that could have drastic medical consequences.

Mr. Lee contacted the Community Health Advocacy Project (CHAP) of Bay Area Legal Aid to ask for help. CHAP requested a State Hearing with Denti-Cal. At the hearing, CHAP argued that the reinforcing posts and

crowns that the client needed were part of the same continuing course of treatment as the broader root canal treatment. Thus, when Medi-Cal approved the root canal procedure, they were implicitly also approving the subsequent reinforcing posts and crowns. The advocate also argued that Medi-Cal had left the dentist with no option other than to request the TAR for the reinforcing posts and crowns after the root canal. Therefore, anyone who had a root canal done in the last days of June 2009 would inevitably have run into the July 1, 2009 deadline and would have had those TARs denied. CHAP included a letter from Mr. Lee’s dentist reiterating that the reinforcing posts and crowns were not only medically necessary, but also were part of the same continuing course of treatment as the root canal procedure.

The Administrative Law Judge agreed with CHAP’s position and approved the TAR for the reinforcing posts and crowns. Mr. Lee was able to get the reinforcing posts and crowns and maintain the stability of his teeth.

Despite successful efforts to obtain the benefits for a few individuals, most clients have suffered without them, as access to these services elsewhere is difficult, if not impossible. Without access to these benefits, low-income Californians' overall health is suffering. The Surgeon General reports that problems of the mouth can cause infection and signal trouble in other parts of the body.¹

Left untreated, dental conditions result in severe pain; infection that leads to other health problems; impaired eating that contributes to poor diet and nutritional status; speech difficulties; tooth loss; morbidity and mortality associated with oral cancer; inability to concentrate in school; sleeplessness; loss of vitality; lost school and work days; damaged self-esteem; and negative impact on social and financial well-being because of poor appearance.²

Restoring Medi-Cal *optional benefits* is the only healthy option to ensure that low-income clients get necessary care and treatment, and avoid worsening medical conditions, which are often more expensive to treat. In addition, without coverage of these services low-income Medi-Cal consumers who need them are being forced to incur medical debt and unfair creditor arrangements when they must pay out-of-pocket for these essential services.

High out-of-pocket spending for dental care restricts some people from getting preventive and other necessary services, particularly when dental bills compete with medical or other basic living expenses.³

Adults with gaps in health insurance coverage or those underinsured were most at risk of medical bill problems—about 60 percent reported medical bill problems, more than double the rate of those who had adequate insurance all year (26%).⁴

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- 1 *Links Between Oral and General Health*, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, October 4, 2004, http://www.cdc.gov/OralHealth/publications/factsheets/sgr2000_fs4.html.
- 2 U.S. Department of Health and Human Services, National Institutes of Dental and Craniofacial Research, National Institutes of Health, *Oral Health in America: A Report of the Surgeon General Executive Summary*. U.S. Department of Health and Human Services, May 2000, http://www.cdc.gov/OralHealth/publications/factsheets/sgr2000_05.html.
- 3 Nadereh Pourat, Ph.D., UCLA Center for Health Policy Research, California Health Care Foundation, *Coverage Matters: The Role of Insurance in Access to Dental Care in California*, September 2009, <http://www.chcf.org/topics/view.cfm?itemID=134069>.
- 4 S. R. Collins, J. L. Kriss, M. M. Doty, and S. D. Rustgi, *Losing Ground: How the Loss of Adequate Health Insurance Is Burdening Working Families: Findings from the Commonwealth Fund Biennial Health Insurance Surveys, 2001–2007*, The Commonwealth Fund, August 2008.



Health Consumer Alliance

The Health Consumer Alliance is a collaboration of nine local health consumer centers that cover thirteen counties and are home to over three-fifths of California's low-income residents. HCA offices cover both urban and rural counties providing a broad picture of the health care needs of individuals in different settings and systems. The local HCA offices are supported by two statewide support centers, the National Health Law Program and Western Center on Law and Poverty.

Fresno County

Fresno Health Consumer Center
Central California Legal Services
1401 Fulton Street, Suite 700
Fresno, CA 93721
(800) 300-1277

Imperial County

Health Consumer Center of Imperial Valley
California Rural Legal Assistance, Inc.
449 Broadway Avenue
El Centro, CA 92243
(800) 935-9288

Kern County

Kern Health Consumer Center
Greater Bakersfield Legal Assistance
615 California Avenue
Bakersfield, CA 93304
(800) 906-3982

Los Angeles County

Health Consumer Center of Los Angeles
Neighborhood Legal Services of Los Angeles
13327 Van Nuys Blvd.
Pacoima, CA 91331
(800) 896-3203

Orange County

Orange County Health Consumer Action Center
Legal Aid Society of Orange County
2101 N. Tustin Avenue
Santa Ana, CA 92705
(800) 834-5001 and (714) 571-5200

Sacramento, El Dorado, Placer & Yolo Counties

Health Rights Hotline
Legal Services of Northern California
519 12th Street

Sacramento, CA 95814
(888) 354-4474

San Diego County

Consumer Center for Health Education & Advocacy
Legal Aid Society of San Diego County
1475 Sixth Avenue, 4th Floor
San Diego, CA 92101
(877) 734-3258

San Francisco & Alameda Counties

Community Health Advocacy Project
Bay Area Legal Aid
50 Fell Street, 1st Floor
San Francisco, CA 94102
(415) 354-6360 for San Francisco and
(510) 250-5270 for Alameda

San Mateo County

Health Consumer Center of San Mateo County
Legal Aid Society of San Mateo County
521 East Fifth Avenue
San Mateo, CA 94402
(800) 381-8898 and (650) 558-0915

Statewide Support

National Health Law Program
2639 South La Cienega Blvd.
Los Angeles, CA 90034
(310) 204-4900

Western Center on Law and Poverty

3701 Wilshire Blvd., Suite 208
Los Angeles, CA 90010
(213) 487-7211 and
1107 9th Street, Suite 801 Sacramento, CA 95814
(916) 442-0753

www.healthconsumer.org