

## **BASIC HEALTH CARE (BHC) PROGRAM REGULATIONS**

### **I. PURPOSE:**

To outline the process for determining and granting eligibility for the Basic Health Care (BHC) Program for uninsured residents of Contra Costa County.

### **II. REFERENCES:**

- California Code of Regulations, Title 22
- 42 Code of Federal Regulations
- Welfare and Institutions Code Section 17000

### **III. POLICY:**

County employed Patient Financial Services Specialists (PFSS) will screen applicants via a telephone or face-to-face interview at Contra Costa Regional Medical Center using the BHC online system. Eligibility criteria will be used to determine an applicant's eligibility per the Board of Supervisors' Resolution No. 2009/187 (adopted May 1, 2009) on *Standards for Administration of Indigent Health Care* and the Board Order on *Basic Health Care Program for Indigent Adults and Children*. Enrollment in the BHC Program is offered to applicants on a voluntary basis. Discrimination of applicants based on ethnic/national origin, gender, religion, medical diagnosis, or for any other reason, is prohibited.

### **IV. AUTHORITY:**

The BHC Program is operated by the County's Health Services Department and administered by the Department's Contra Costa Health Plan (CCHP) Division. The BHC Program replaces the County's former Basic Adult Care (BAC) Program for Medically Indigent Adults, effective May 1, 2002.

### **V. ENROLLMENT PROCEDURE:**

**A. Basic Eligibility Requirements:** To be eligible for the Basic Health Care Program (BHC), applicants must:

1. Be a resident of Contra Costa County;
2. Be a U.S. citizen, a U.S. Permanent Resident, a Political Asylee, or a Refugee who has resided in the United States for no less than eight months.
  - a. An applicant may have possessed a Permanent Resident card for any length of time.
  - b. Children under the age of 19 who do not meet the U.S. citizenship or immigration requirements as listed above, may qualify for the BHC program upon enrollment in Restricted Medi-Cal.
3. Not be a member of, nor have membership available in any Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO), nor be eligible for any other health insurance program, including, but not limited to, the California

Medi-Cal Program, and employer-sponsored health programs.

- a. Applicant may be eligible to apply for coverage the month following involuntary disenrollment from other health insurance programs.
  4. Meet certain income and asset standards, as set forth below.
  5. Apply for any and all health coverage programs for which they are eligible or have available to them, including the State Medi-Cal Program, Medicare and employer sponsored health plans.
  6. Pay a required Health Partnership Fee (as set forth below), if applicable.
1. **Residency:** A person is considered to be a resident of Contra Costa County when he or she has no other place of residence outside of Contra Costa County, is physically present in this County, and is able to demonstrate the intent to continue to reside in this County. Visitors, students, tourists, and others, regardless of visa or other entry permit status, who have residency out-of-state or in another county are considered non-residents and are not eligible for BHC. Individuals who have overstayed their period of authorized visitation in the United States, and can show an expired I-94, will be considered undocumented.
  2. **Persons Who May Be Disabled:** Any applicant who is potentially eligible for the State Medi-Cal Disability Program may also apply for BHC program coverage, pending Medi-Cal approval or denial. The applicant must file a Medi-Cal Disability (MAD) Application with the County's Employment and Human Services Department (EHSD) and follow through with the MAD application process and any applicant who fails to do so will be disenrolled from the BHC Program, denied BHC coverage, and designated as a private pay patient. If designated as private-pay, the applicant will become financially liable for the cost of any health and treatment services that have been provided. If Medi-Cal coverage is granted retroactively, the applicant shall be disenrolled from the BHC Program retroactively to the date of initial Medi-Cal eligibility and shall be financially responsible for any corresponding Medi-Cal Share-of-Cost amounts; and County will reimburse such applicants for the amount of any BHC Partnership fee payments that are in excess of the Medi-Cal share-of-cost amounts that are owed to the County.
  3. **Persons with a Medi-Cal Share of Cost:** Persons with a Medi-Cal Share of Cost (SOC) may be eligible for the BHC Program on a month-by-month basis, but only until their SOC is met each month, provided that they meet all other BHC eligibility requirements. Such persons are considered to be ineligible for Medi-Cal coverage until their SOC is met each month. On the date that the SOC is met in any given month, the person will become ineligible for BHC coverage for the remainder of that month.
  4. **General Assistance Recipients:** Recipients of Contra Costa County General Assistance (under the Resolutions of the Board of Supervisors governing General Assistance eligibility pursuant to Welfare and Institutions Code Section 17000) are eligible for BHC Program coverage.

**5. Property and Asset Standards and Limitations:**

1. **Liquid Assets.** Liquid assets, such as cash, bank accounts, stocks, bonds, trust accounts, IRA accounts, retirement accounts, certificates of deposit, money market funds, or other personal property, cannot exceed a combined total of \$2,000 per family unit of one or \$3,000 per family unit of two or more. The following assets are exempt from consideration:
  - a. Non-negotiable trust deeds,
  - b. One motor vehicle per individual and two per couple,
  - c. Jewelry, and
  - d. Funds that are not accessible, as determined by Contra Costa Health Services.
2. **Real Property (Real Estate).** The value of any real estate (real property) cannot exceed \$6,000. However, the home in which the applicant lives is exempt from consideration.
3. **Spending Down.** Applicants whose assets exceed the BHC asset limits may become eligible by spending down their assets to within the BHC asset limits by paying CCHS for any outstanding medical bills. Such payments must be made within the month of the application.
4. **IRA Withdrawal Penalties.** If the value of an IRA minus any withdrawal penalty keeps the applicant within the BHC asset limits, the applicant will not be required to liquidate the IRA and suffer the withdrawal penalty.

**6. Income Standards and Limitations:**

1. **Gross Income:** All forms of income, both earned and unearned, and the receipt of "in kind" contributions and other resources, are considered when determining BHC eligibility and fee obligations, including income of spouses, children, and their parents who are living together (representing a family unit). For any unmarried person under the age of 21 who lives in the home with a parent, the incomes of all family members living together will be used to determine eligibility and fee obligations. Income includes, but is not limited to:
  - a. Salary and wages from employment,
  - b. Self-employment income, minus deductions as reported to the IRS on form 1040, Schedule C.
  - c. State disability insurance (SDI),
  - d. Unemployment insurance benefits (UIB),
  - e. Social Security benefits,
  - f. Financial assistance from governmental agencies or charitable organizations,
  - g. Retirement benefits or pensions,
  - h. Earned interest,
  - i. Child support and alimony,
  - j. Gifts and prize winnings,
  - k. Trust income,
  - l. Workers compensation,
  - m. Training payments,

- n. Rental income received, minus deductions as reported to the IRS on Form 1040, Schedule E
- o. Non-earned income: housing (including utilities) or food provided free or in exchange for work is considered income with the following monthly values:
  - (1) One person per month: \$178 for housing  
\$82 for food  
\$260 housing/food combined
  - (2) A couple per month: \$233 for housing  
\$174 for food  
\$407 housing/food combined

2. **Adjustments to Income.** Gross income will only be reduced by excluding the expense of Court-ordered spousal and/or child support payments made to others, and payments made to residential treatment facilities in Contra Costa County, subject to proof of payment.

I. **BHC Program Income/Fee Schedule:** BHC income standards shall be based on Federal Poverty Guidelines issued by the U.S. Department of Health and Human Services (HHS). Applicants must meet the corresponding income standards set forth in the current *BHC/LIHP Program Income/Fee Schedule*, which shows the maximum amount of adjusted gross income that an individual or family can have in order to qualify for the Basic Health Care Program. Adjusted gross income shall not exceed 300% of FPL for BHC applicants. These income standards will be updated annually on April 1<sup>st</sup>, in accordance with changes in Federal Poverty Guidelines. The Health Services Director, or his designee, may change and adjust the income and fee schedule amounts at any time by issuing a revised *BHC/LIHP Program Income/Fee Schedule*.

J. **Payment of Health Partnership Fee:** Each enrollee's Health Partnership Fee shall be determined in accordance with said *BHC/LIHP Program Income/Fee Schedule* and the enrollee shall pay a corresponding Health Partnership Fee per adult or per child per month. An adult is any qualified person who is 19 years of age or older and a child is any qualified person who is under 19 years of age.

- 1. Eligible enrollees must pay this Health Partnership Fee (corresponding to their gross income level and family size) to the County on a quarterly basis (or as otherwise determined by CCHS). The first quarterly fee payment is due 30 days from the date of the written eligibility determination and notification of the fee amount due. The second quarterly fee payment is due 30 days after the due date for the first quarterly fee payment.
- 2. Failure to pay any Partnership Fee will result in termination, disenrollment, and loss of program coverage, effective at the end of the month for which the last Partnership Fee payment was made.
- 3. Enrollment in BHC is not complete until the required Health Partnership Fee is paid and received by the County. If an applicant should become ineligible for the BHC Program during the enrollment period, the applicant will only be responsible for the Health Partnership Fees during the months of eligibility.

**VI. ELIGIBILITY DETERMINATION AND ENROLLMENT PERIOD:**

- A. Eligible applicants may be enrolled in BHC for up to 6 calendar months at a time, at County's discretion, including the month during which the application is made. Eligible applicants may be enrolled the BHC program for up to 12 calendar months at a time, including the month in which the application is made. The enrollment periods are maintained under the provision that at all times during such period the applicant continues to meet the eligibility requirements specified above and fulfills the Health Partnership Fee payment obligation. Once enrolled, applicants may reapply for the program within 30 days of the expiration date of their current enrollment. The Contra Costa Health Services Department (CCHS) shall determine and may modify the period of eligibility for any individual entitled to receive services under the BHC Program
- B. Applicants must provide CCHS staff with all documentation that is requested to verify County residence, gross household (family budget unit) income, value of all assets and real property, and eligibility for any health insurance coverage. These documents must be received by CCHS within 20 calendar days of the date of CCHS's written request for the documents to be provided. Failure to provide the required documents will result in denial of the application and the applicant will be personally responsible for the cost of any health care received. Any applicant who is unable to provide all required documents by the due date may request an extension of time for a new due date to supply the documentation and CCHS may set a new date at its discretion, provided that the request for an extension is made by the applicant prior to the original due date for the required documents to be provided. CCHS staff will make an eligibility determination no more than 45 days after all verification documents are received.
- C. Upon expiration or termination of eligibility, each person must reapply to continue enrollment, and his or her eligibility must be redetermined.
- D. An applicant may receive medically necessary services at CCHS facilities before the BHC eligibility determination is completed. If the applicant who has received such medical services is determined to be ineligible, then such person shall be responsible for the full cost of services and CCHS shall bill the applicant directly on a private-pay, fee-for-service basis for all services rendered. Applicants may apply for a discount on the cost of services.
- E. If any eligibility information provided by an applicant is found to be false, incomplete, erroneous, misleading, or otherwise fraudulent, the applicant or enrollee will be denied enrollment or terminated and may be deemed to remain ineligible for such period of time as may be determined by the Health Services Director or his designee.
- F. All persons enrolled in the BHC Program must notify CCHS if any of the information in their application changes during their BHC enrollment period. This information must be provided no later than 10 calendar days after the occurrence of the change in circumstances, and failure to make this notification may result in a termination of enrollment and loss of BHC coverage, effective on the date that the change of circumstances occurred.

- G. BHC eligibility will be determined, and General Assistance eligibility will be verified by CCHS.
- H. Persons applying for BHC may be eligible for a period of retroactivity, at the discretion of CCHS.

**VII. DENIAL AND TERMINATION OF PROGRAM ENROLLMENT:**

Applicants or eligible persons who are enrolled in the BHC Program are subject to denial of enrollment or termination as described below. The rights and enrollment of the BHC member may be terminated after the mailing of a written notice of termination to the BHC member at least 15 calendar days before the proposed effective date of termination. The termination notice will specify the reasons for termination and give the BHC member 10 calendar days from the date of the written notice to respond (orally or in writing) to the Department's BHC Program Grievance Coordinator, who shall make a written recommendation to the Health Services Director or his designee regarding the proposed termination and effective date. Discrimination of applicants/enrollees based on ethnic/national origin, gender, religion, medical diagnosis, or for any other reason, is prohibited.

- A. **Termination for Cause:** BHC members will be disenrolled if:
  - 1. Any eligibility information provided by the enrollee is found to be false, incomplete, erroneous, misleading, or otherwise fraudulent;
  - 2. The member fails to fully pay any required Health Partnership Fee obligation;
  - 3. After reasonable efforts, any BHC member or any CCHS hospital or medical staff member is unable to establish and maintain a satisfactory hospital-patient or physician-patient relationship. Inability to establish or maintain such relationship as defined as (but not limited to):
    - a. BHC member failing to comply with CCHS rules of behavioral conduct, resulting in serious impairment of the Hospital and Health Centers' ability to furnish services to the member;
    - b. Fraud or abuse of patient information, including improper use of enrollment and clinic cards.
- B. **Loss of Eligibility:** If a BHC enrollee ceases to continue to meet BHC eligibility requirements for any reason, such failure to meet eligibility requirements shall result in an immediate termination of BHC enrollment without notice and in the loss of BHC benefits concurrent with the cessation of eligibility.
- C. **Appeals on Termination:** A terminated BHC member may appeal a termination for cause to the County Health Services Director or his designee. Any such appeal must be in writing and must be received by the Contra Costa Health Services Department (CCHS) within 60 calendar days from the effective date of the termination. Applicants/enrollees will be notified in writing of their due process (appeal) rights at the time they receive a notice of action to terminate their coverage.

- D. **Denial of Application and Appeal:** If CCHS determines that an applicant fails to meet the above eligibility requirements; such person's application will be denied. CCHS will send any person who is denied enrollment a denial notice within 15 calendar days of making the determination. Notification of the applicant's due process rights shall be included in the denial notice. Persons who have their enrollment denied may appeal the denial of enrollment to the County Health Services Director or his designee. Appeals must be in writing, must specify new eligibility information or other basis for redetermination, and must be received by CCHS within 60 calendar days from the date of the denial notice.
- E. **Timeframe of Disenrollment:** BHC enrollees/applicants will be denied/disenrolled from the BHC Program at the time CCHS staff determines the applicant to be ineligible. Such disenrollment will remain in effect until applicant complies with program requirements, experiences a change of circumstances, or otherwise becomes eligible for BHC. An approved disenrollment will take place no later than the first day of the second month following the month in which the enrollee files the request for an appeal.

#### **VIII. PROGRAM SERVICES AND EXCLUSIONS.**

- A. **BHC Services, Limitations, and Exclusions:** The health care services which are provided and excluded under the Low Income Health Programs are specified in Attachment A: *Basic Health Care Program Covered Benefits, Limitations and Exclusions.*
- B. **Choice of Providers:** Enrollees shall be entitled to a choice of health care providers, including a Primary Care Provider (PCP).
- C. **Pharmacy Prescription Refills:** BHC enrollees may only obtain their prescription medications (both new prescriptions and refills) at pharmacies authorized by the County's Contra Costa Health Plan (CCHP). All such authorizations are administered by CCHP.
- D. **Exceptions for Special Circumstances:** The CCHP Medical Director may grant exceptions from excluded services on a case-by-case basis for special circumstances.

#### **IX. PROGRAM CHANGES:**

Nothing shall preclude the County of Contra Costa from modifying, reducing, or eliminating any or all of the services provided by the Basic Health Care Program or from terminating the BHC Program in its entirety at any time.

#### **X. CHOICE OF PROGRAM:**

Eligible persons who choose not to participate in the County's BHC Program will not be enrolled in the Program and will be treated by the County as private-pay, fee-for-service patients. The County will not pay for care provided to such fee-for-service patients at non-County facilities.

**XI. ADMINISTRATIVE PROCEDURES:**

The Patient Financial Services Director or designee may establish and modify administrative procedures to further specify how the above BHC requirements may be carried out.

**XII: MODIFICATION OF REGULATIONS:**

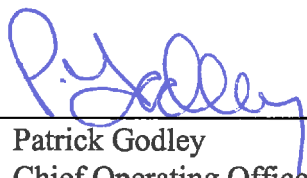
Pursuant to the County Board of Supervisors' Resolution on *Standards for Administration of Indigent Health Care (Basic Health Care Program)* and the Board Order on *Basic Health Care Program for Indigent Adults and Children*, the County Health Services Director is empowered to adopt these Regulations for the operation of the BHC Program. These Regulations may be modified in writing from time-to-time by the Health Services Director, or his designee, in order to further specify and up-date operating policies, procedures, eligibility requirements and limitations, income and asset standards and limitations, sliding scale fee schedules, and other requirements, including procedures for the denial and termination of enrollment, in accordance with said Board Resolution for the operation of the BHC Program.

**XIII: RESPONSIBLE STAFF PERSON:** Health Services Finance Administrator

**XIV: ATTACHMENTS:**

1. Attachment A: *Basic Health Care Program Covered Benefits, Limitations and Exclusions*
2. Attachment B: *BHC/LIHP Program Income/Fee Schedule*

Signature: \_\_\_\_\_



Patrick Godley  
Chief Operating Officer/Chief Financial Officer

Date: \_\_\_\_\_

7/1/13

**XV. ANNUAL REVIEW/APPROVAL**

Signature: \_\_\_\_\_



Health Services Finance Administrator

Date: \_\_\_\_\_

7/1/13



**ATTACHEMENT A**  
**BASIC HEALTH CARE PROGRAM**  
**COVERED BENEFITS, LIMITATIONS AND EXCLUSIONS**

<b>SERVICE</b>	<b>COVERAGE</b>
Abortions	Not Covered (Pregnancy is covered by MediCal)
Acupuncture	Not Covered
Advice Nurse	Covered
Allergy Injections and Allergy Testing	Covered
Alcohol Abuse	Not Covered (Covered by other programs administered by the Health Services Department)
Biofeedback	Not Covered
Blood	Covered, except self donation is not covered
Chiropractic Care	Not Covered
Contact Lenses	Not Covered, except for implants following cataract surgery for Aphakia or Keratocomas
Cosmetic Surgery	Not Covered
Custodial Care	Not Covered

SERVICE	COVERAGE
Dental Care	<p>Not covered except for emergency dental services limited to dental x-rays, dental examinations, and extractions only.</p> <p>Children, ages 5 through 14 inclusive, are limited to the following covered services:</p> <ol style="list-style-type: none"> <li>1. Emergency dental services</li> <li>2. Dental examinations</li> <li>3. Dental x-rays</li> <li>4. Dental fillings</li> <li>5. Extractions</li> <li>6. Preventive dental care that includes teeth cleaning, sealants, and fluoride applications</li> </ol>
Diabetic Supplies	Covered
Diabetic Testing	Covered
Drug Abuse	Not Covered (Covered by other programs administered by the Health Services Department)
Durable Medical Equipment	Covered
Emergency and Urgent Care	Covered
Eye Glasses	Not Covered
Experimental Treatment	Not Covered
Family Planning	Covered

<b>SERVICE</b>	<b>COVERAGE</b>
Hearing Aids and Batteries	Not Covered
Hearing Tests (Audiology)	Covered
Hemodialysis - Acute	Covered
Hemodialysis - Chronic	Not Covered
Home Health Services	Not Covered
Hospitalization	Covered
Hospice	Not Covered
Hypnotherapy	Not Covered
Immunizations and Inoculations	Covered, except travel inoculations and medications are not covered
Infertility Services	Not Covered
Long Term Care at a Skilled Nursing Facility	Not Covered
Maternity Care	Not Covered (Covered by MediCal)
Mental Health Services	Not Covered (Covered by other programs administered by the Health Services Department)
Newborn Coverage	Not Covered (Covered by MediCal)
Organ Transplant	Not Covered

SERVICE	COVERAGE
Orthoptic (Eye Training)	Not Covered
Outpatient Visits	Covered, but some visits require prior authorization
Over the Counter Medications	Only those medications listed on the Preferred Drug List; periodically amended by the Pharmaceuticals and Therapeutics Committee, are covered.
Personal and Comfort Items	Not Covered
Physical Examinations	Not covered, except back-to-work programs are covered
Prescription Medications, Outpatient (Legally requires a prescription)	Only those medications listed on the Preferred Drug List; periodically amended by the Pharmaceuticals and Therapeutics Committee, are covered.
Prosthetic Devices, Corrective Appliances and Artificial Aids	Not Covered
Radial Keratotomy	Not Covered
Refraction	Covered
Skilled Nursing Facility	Not Covered
Sterilization	Covered
Supplies, Disposable	Covered

<b>SERVICE</b>	<b>COVERAGE</b>
Therapy: Outpatient, Physical, Speech and Occupational	Covered only in cases of expected short-term improvements (2 month maximum)
TMJ Treatment	Not Covered
Transportation	Not Covered

**NOTE:** All Covered Services are provided only at Contra Costa County facilities unless referred and preauthorized by Contra Costa County.