

**THE BOARD OF SUPERVISORS OF CONTRA COSTA COUNTY,
CALIFORNIA**

Adopted this Order on April 21 2009, by the following vote:

AYES: *Groia, Wilkema, Piepho, Glover and Bonilla*

NOES: *None*

ABSENT: *None*

ABSTAIN: *None*

SUBJECT:	Standards for Administration)	
	of Indigent Health Care)	RESOLUTION
	(Basic Health Care Program))	No. 2009/187
	_____)	

WHEREAS the County is responsible under Welfare and Institutions Code section 17000 for the health care of persons qualified as indigent for its General Assistance program; and

WHEREAS in accordance with Welfare and Institutions Code section 17001, the County established the Basic Adult Care Program by Resolution No. 82/1486; superseded by Resolution No. 83/191, as amended by Resolution No. 83/1025; superseded these Resolutions by Resolution No. 85/35, as amended by Resolution No. 85/114; and thereafter superceded these Resolutions by Resolution No. 85/376, as amended by Resolution No. 91/261;

WHEREAS the Basic Adult Care Program was transferred out of the Contra Costa Health Plan by Resolution No. 92/760;

WHEREAS the County changed the name of the Basic Adult Care (BAC) Program to the Basic Health Care (BHC) Program and otherwise updated the administrative elements of the program by Resolution No. 2002/312;

The Contra Costa County Board of Supervisors hereby supercedes Resolution No. 2002/312 and adopts the following standards for the provision of health care services to eligible indigents, effective on May 1, 2009:

I. BASIC HEALTH CARE PROGRAM

The Basic Health Care (BHC) Program is the county health care program for the General Assistance and medically indigent eligibles as defined herein.

II. ELIGIBILITY

A. The following persons are eligible for the Basic Health Care Program:

1. Children under the age of 19 who are medically indigent as determined by the income and resources criteria established by regulation by the Health Services Director and who are not eligible for any other health insurance program, including but not limited to, the California Medi-Cal program and employer-sponsored health programs.
2. Adult (age 19 and older) legal residents of Contra Costa County who are medically indigent as determined by the income and resources criteria established by regulation by the Health Services Director and who are not eligible for any other health insurance program, including but not limited to, the California Medi-Cal program and employer-sponsored health programs.
3. Persons eligible for Contra Costa County General Assistance as determined by the Department of Employment and Human Services under those Resolutions of the Board of Supervisors governing General Assistance eligibility pursuant to Welfare and Institutions Code section 17000.

B. Eligibility Determination:

Medically indigent eligibility will be determined, and General Assistance eligibility will be verified, by the Health Services Department.

III. TERM OF ELIGIBILITY

A. The Health Services Director, by regulation, will determine and may modify the term of eligibility of persons entitled to receive BHC Program benefits. A determination that a person is eligible for the BHC Program is effective for not less than five calendar months, including the month during which application is made, provided that at all times during such period such person meets the eligibility requirements set forth in Section II.A. and

fulfills the Health Partnership obligation, if any, set forth in Section VII.B. The Health Services Director may, by regulation, establish the terms and conditions under which persons enrolled in the BHC Program may be re-enrolled for consecutive eligibility periods.

B. Upon termination of eligibility, the person must reapply and his or her eligibility must be redetermined. Neither an initial application for enrollment nor an application for re-enrollment after termination may be made, nor may eligibility be determined for a person not then enrolled, until the applicant needs health care services under the BHC Program and applies at a Contra Costa County Health Services Department facility.

C. An applicant is entitled to receive medically necessary services at a Contra Costa County Health Services Department facility before eligibility has been determined. If the applicant who has received medical services is determined to be ineligible for the BHC Program or any other program, the Health Services Department will bill the recipient for the services rendered.

IV. ENROLLMENT IN BASIC HEALTH CARE PROGRAM

Eligible persons who are enrolled in the Basic Health Care (BHC) Program are subject to termination as follows:

A. Termination for Cause. If, after reasonable efforts, any BHC member, hospital, or medical staff member is unable to establish and maintain a satisfactory hospital-patient or physician-patient relationship with any BHC member, then the rights of the BHC member may be terminated after the mailing of written notice of termination to the BHC member, at least 15 days before the proposed effective date, specifying the reasons for termination, and providing the BHC member with 10 days to respond (orally or in writing) to the BHC Program Grievance Coordinator, who shall make a written recommendation to the BHC Program for or against termination.

B. Loss of Eligibility. If a BHC members' eligibility ceases for any reason, including failure to pay a Health Partnership fee, such loss of eligibility shall result in an automatic loss of benefits concurrent with the loss of eligibility. Services received after the effective date of termination will be billed directly to the recipient.

C. Appeals on Termination. A BHC member may appeal a termination for cause to the Contra Costa County Health Services Director.

V. SERVICES PROVIDED

The services provided by the BHC Program are limited to those set forth in Attachment A, attached hereto. The County of Contra Costa is not responsible for unauthorized medical services rendered by non-County facilities.

VI. PROGRAM CHANGES

Nothing in this Resolution shall preclude the County of Contra Costa from modifying, reducing, or eliminating any or all of the services provided by the BHC Program or from terminating the BHC Program at any time.

VII. HEALTH PARTNERSHIP PAYMENTS

A. Health Partnership Obligation:

Individuals otherwise qualified under Section II.A. for the BHC Program who are determined by the Health Services Department to be able, based on income and resources, to contribute to the cost of their health care, will be required as a condition of eligibility to pay a proportionate share of their Health Plan monthly cost. Said proportionate share will be based on each eligible's gross income, resources, and family size.

B. Payment of the Health Partnership Obligation:

1. Persons subject to a Health Partnership obligation will be enrolled in the BHC Program, advised of their financial obligation, and asked to pay for not less than the minimum five (5) month eligibility period upon approval of their application.
2. Persons who do not pay the entire amount of the five month Health Partnership Obligation in advance, must pay the balance due by the first day of the following month, and must pay any further obligation as directed by the Health Services Director.
3. Persons who fail to make timely payment of their Health Partnership Obligation are subject to disenrollment from the BHC Program effective as of the date of eligibility after notice and the opportunity for an appeal to the Enrollment Supervisor of the Contra Costa Health Plan.

4. Persons with an unpaid Health Partnership Obligation under the BHC Program are ineligible for re-enrollment upon the expiration of their eligibility period.

VIII. 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.

IX. REGULATIONS

The County Health Services Director is empowered to adopt written regulations and procedures consistent with this Resolution for the operation of the Basic Health Care Program.

Resolution No. 2002/312 is hereby superseded.

Contact: William Walker, M.D. (957-5403)

cc: County Administrator
Health Services Director
County Counsel
Auditor-Controller

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF AN ACTION TAKEN AND ENTERED ON THE MINUTES OF THE BOARD OF SUPERVISORS ON THE DATE SHOWN.

ATTESTED April 21, 2009
DAVID TWA, CLERK OF THE BOARD OF
SUPERVISORS AND COUNTY ADMINISTRATOR

BY  DEPUTY

ATTACHMENT A

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

SERVICE	COVERAGE
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 or for Aphakia or Keratocomas
Cosmetic Surgery	Not covered

SERVICE	COVERAGE
Custodial Care	Not covered
Dental Care	Not covered, except for emergency dental services limited to dental x-rays, dental examinations, and extractions, only.
	<p>Children ages 5 through 14, inclusive, are limited to the following covered services:</p> <ol style="list-style-type: none"> 1. Emergency dental services 2. Dental examinations 3. Dental x-rays 4. Dental fillings 5. Extractions 6. Preventive dental care that includes teeth cleaning, sealants, and fluoride applications.
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

SERVICE	COVERAGE
Experimental Treatment	Not covered
Family Planning	Covered
Hearing Aids & 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 Skilled Nursing Facility	Not covered
Maternity Care	Not covered (covered by MediCal)

SERVICE**COVERAGE**

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
Orthoptic (eye training)	Not covered
Outpatient Visits	Covered, but some visits require prior authorization
Over the Counter Drugs	Only those drugs listed on the Preferred Drug List, as periodically amended by the Pharmaceuticals and Therapeutics Committee, are covered.
Personal & Comfort Items	Not covered
Physical Examinations	Not covered, except back-to-work programs are covered
Prescription Drugs, Outpatient (legally require a prescription)	Only those drugs listed on the Preferred Drug List, as periodically amended by the Pharmaceuticals and Therapeutics Committee, are covered.
Prosthetic devices, corrective appliances & artificial aids	Not covered

SERVICE	COVERAGE
Radial Keratotomy	Not covered
Refraction	Covered
Skilled Nursing Facility	Not covered
Sterilization	Covered
Supplies, disposable	Covered
Therapy: outpatient, physical, speech and occupational	Covered only in cases of expected short term improvement (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.