

MEMORANDUM
PLACER COUNTY HEALTH AND HUMAN SERVICES
Human Services

TO: Honorable Board of Supervisors

FROM: Jeffrey S. Brown, M.P.H., M.S.W., Director of Health and Human Services
Linda Patterson, Human Services Division Director

DATE: June 16, 2015

SUBJECT: Policy Revisions to the County's Medical Care Services Program

ACTION REQUESTED:

1. Adopt the revised Placer County Medical Care Services Program (MCSP) Policy and Program Requirements.
2. Adopt the revised MCSP Notice and Hearing Procedures.

BACKGROUND:

Placer County is mandated by the State under Welfare and Institutions Code Section 17000 to provide health care to medically indigent program-eligible adults "when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions". This mandate is unfunded and all costs to provide medical services are borne by the county using county general funds.

To meet this mandate, your Board established the county-funded Medical Care Services Program (MCSP) and provided primary care services through the Placer County Community Clinic and specialized medical care by referral from the Community Clinic to local specialty care providers.

During the recent recession, the Department enrolled over 3,200 County residents annually in MCSP, providing on average of over 7,800 clinic visits annually. While the Department held county clinic costs stable, increased patient demand due to the economic downturn coupled with increasing healthcare costs resulted in over \$1.2 million annual increase in outside costs (e.g., specialists, hospital, laboratory, pharmaceutical).

In August 2012, Placer implemented the Low Income Health Program (LIHP) under a federal waiver that allowed for 50% cost sharing with the federal government of county medical services. LIHP was an early adopter program of the Affordable Care Act (ACA) Medi-Cal Expansion that served basically the same individuals served through MCSP.

During the 16-month period from August 2012 through December 31, 2013, over 4,400 residents enrolled in the LIHP. And on December 31, 2013, Human Services successfully transitioned 100% of LIHP enrollees to the expanded Medi-Cal program when the Affordable Care Act went into effect. At this time, there are no enrollees in the county's MCSP. Applicants for MCSP since January 1, 2014 have been screened for and enrolled in Medi-Cal.

Enrollment in MCSP is determined by the established Board policy around specific requirements. Current requirements include:

1. Eligibility: applicants must apply for all other coverage available to them
2. Age: 21 to 64 years old
3. Residency: Placer County residents and U.S. citizen or Legal Permanent Resident,
4. Property limits: Maximum of \$650
5. Institutional status: Cannot be residing in a public institution
6. Income level and Share of Cost obligations: 100% Federal Poverty Level (FPL) - \$11,770 for one person; over 100% FPL may receive MCSP but with a share of the cost of care.

The MCSP policy was last revised by your Board in 1988. In light of more recent changes to the applicable law, plus the implementation of the Affordable Care Act, the Department is recommending revisions to the MCSP policy that will keep the county in compliance with the legal mandates and better dovetail with the program changes under the Affordable Care Act. Legal Services of Northern California has been involved during all stages of the drafting of these two proposed policies, reviewed and commented on the Department's construction and calculation of the average minimum cost of living in Placer County, and reviewed these policies in final form.

DISCUSSION:

To follow are the primary requirements to be met for enrollment in MCSP, the recommended revisions to current Board policy around those requirements and the rationale for the recommendation.

1. Eligibility

Applicants for MCSP have always been required to apply for all other health care coverage available prior to approval for MCSP benefits. Failure to do so renders the applicants ineligible for MCSP.

With the implementation of the Affordable Care Act, additional health care programs are now available. Medi-Cal has been expanded to include adults, 19 to 64 years olds up to 138% of FPL (\$16,243 for one person) and the Advanced Premium Tax Credit (APTC) program offers subsidies and tax credits to make health care coverage affordable for those with incomes up to 400% FPL (\$48,080 for one person).

Human Services staff screens all applicants for healthcare coverage to include Medi-Cal, and have been trained to also assist individuals apply for the APTC and enroll in a health care plan. MCSP is the program of last resort but with the new coverage options available under the ACA, to date no new applicants has fallen to MCSP. Individuals can enroll in Medi-Cal all year round. However, enrollment in APTC occurs during limited open enrollment periods each year unless the person has a "qualifying life event" outside open enrollment. Qualifying life events include gaining/losing employment, getting married/divorced, moving, etc.

The Department recommends the Board strike a balance between the County's role as provider of last resort and the personal responsibility of the individual. Individuals covered or otherwise eligible for certain identified health care coverage will be ineligible for MCSP.

Human Services staff will review the circumstances of all uninsured residents seeking coverage and will work to find the best option for them including applying for a qualifying life event when outside of open enrollment, and working with Covered CA on additional financial assistance towards premium

2. Age

The Department is recommending no changes to the age requirements of 21 to 64 years of age. Under 21 years of age, the young person is eligible to Medi-Cal while those 65 and older are eligible to both Medi-Cal and Medicare.

3. Residency

The Department is recommending no changes to residency requirements. Only current Placer County residents who have resided in Placer County for at least 15 days are eligible to apply for MCSP. Additionally, only U. S. citizens, non-citizens who are Legal Permanent Residents or those who are otherwise residing in the United States under color of law, are eligible to apply for MCSP.

4. Property Limits

Personal property is expected to be used to meet basic needs including health care. Currently, any property \$50 over the individual's income level but not to exceed \$650 renders the applicant ineligible for MCSP.

The department recommends in the revised policy that personal property in excess of limits \$2,000 for one person, \$3,000 for two person results in an applicant being ineligible to participate in MCSP.

Following other aid programs, the Department is also recommending that one vehicle be exempt regardless from consideration of property values. This allows the applicant to have transportation to and from work or medical appointments.

5. Institutional status

The Department is recommending no changes to this requirement. Individuals residing in institutions are not eligible to MCSP.

6. Income and Share of Cost

The Department is recommending the Board increase the income eligibility limit for no cost MCSP from 100% FPL to 138% FPL, and provide for eligibility with a share of cost to be paid by the applicant from 139% of FPL to 185% FPL. Individuals with income above 185% FPL would be ineligible for MCSP except under specified, limited circumstances. These changes were based on calculations guided by current legal standards. In particular, eligibility for programs like MCSP must be based on calculations which include an identification of an average minimum cost of living in the county to include housing and utilities, food, transportation, certain personal items, and subsistence medical care costs or health insurance.

Human Services calculated the following basic need level for a single person living in Placer County using established rates from reliable federal and state programs and market research as further identified in the chart:

NEED	SOURCE	AMOUNT
One Bedroom Apartment	PC Housing Authority Average	\$ 811
Utilities	HUD Allowance	\$ 83
Food	CalFresh benefit for Single person	\$ 194
Transportation	Placer County market research & Welfare to Work average transportation allowance	\$ 175
Clothing/Incidentals	CaWORKs & Medi-Cal Incidental Allowance	\$ 81
Total		\$1,344
% FPL		138%
% FPL		(\$1354)

Based on this formula, the Department is recommending a standard of basic need of 0% to 138% FPL for a single person to receive no cost medical services under the Medical Care Services Program.

To determine the maximum amount up to which an individual can enroll in county funded medical services but with a share of the cost, Human Services used the basic need calculation and added the cost of a local health care premium through Covered CA without tax credits and including the maximum out of pocket expenses. As a result, the Department recommends that single persons with incomes between 139% and 185% FPL may be eligible to receive MCSP services with a share of cost. The monthly share of cost that must be paid to the Community Clinic is the actual monthly income of the individual minus the basic need factor.

Example for one (1) person household:

Total Net Monthly Income	\$1,500
<u>Minus Basic Need</u>	<u>-\$1,354</u>
Equals Share of Cost each 30 day period	\$ 146

During open enrollment, with tax credits available, the individual in this example could secure healthcare coverage through Covered California for as little as \$63 per month.

FISCAL IMPACT:

While the policy recommendations expand the eligibility criteria for MCSP to include a higher income level and property limit, with the implementation of the Affordable Care Act, it is anticipated that there will be minimal impact to the numbers of individuals enrolled in the program and the cost of their care. Currently there are no enrollees in MCSP. The Department expects no increased costs as a result of these policy changes.

Attachment A: Proposed (MCSP) Policy and Program Requirements.

Attachment B: Proposed MCSP Notice and Hearing Procedures.



**Placer County
Health and Human Services Department**

Placer County Medical Care Services Program (MCSP)

Policy and Program Requirements

July 2015

Placer County Medical Care Services Program

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Placer County Medical Care Services Program

It is the intent of the County of Placer that the Medical Care Services Program (MCSP) be the medical provider of last resort for those residents who could not otherwise obtain necessary medical services. Placer County has adopted a medically needy standard as the basic eligibility requirement for certification for medical services provided under the MCSP.

A. Requirements for Participation in MCSP.

In order to be eligible under this program, all persons must meet the following requirements as specified in this Policy and determined by Placer County Health and Human Services:

1. Eligibility requirements
2. Age requirements
3. Residency requirements
4. Property limits
5. Institutional status requirements
6. Income and/or share of cost requirements.

B. Eligibility.

All of the following must be true in order for a person to be eligible to apply for MCSP:

1. The person is unable to meet the Medi-Cal eligibility requirements.
2. The person may meet Medi-Cal eligibility requirements, but has not yet been determined eligible for Medi-Cal because of a pending application based on blindness or disability, where the determination of blindness or disability has not yet been made by the State.
3. The person is not covered or otherwise eligible to participate in any the following: The Affordable Care Act including California's Health Benefits Exchange (currently Covered California), California's Major Risk Medical Insurance Program (currently MRMIP), , Medicare related programs, Medicaid related programs (currently Medi-Cal), military or veteran's health care programs, California's Pre-existing Condition Insurance Program (currently PCIP), private insurance or insurance coverage through a responsible third party, retiree medical coverage, or other similar programs or health coverage situations.

A person who refuses to cooperate in determining their eligibility under the above is not eligible to apply for MCSP.

C. Age Rule.

Only persons who are at least 21 years old, but not older than 65 years of age may apply for participation in MCSP. For purposes of MCSP eligibility, persons are considered 21 years or 65 years of age on the first day of the month following the month of which they reach age 21 or 65.

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D. Residency.

Only current Placer County residents who have resided in Placer County for at least 15 days are eligible to apply for MCSP.

Only United States citizens, non-citizens who are Legal Permanent Residents (LPR), or those who are otherwise residing in the United States under color of law, are eligible to apply for MCSP.

E. Institutional Status

The following are identified as public institutions and MCSP is not available to residents who are inmates or patients of these institutions:

1. State or Federal Prisons
2. Correctional Facilities
3. County, City or Tribal Jails
4. Detention Centers
5. California Youth Authority (CYA) Camps
6. California State Hospital Commitments
7. Other public institutions organized/maintained similarly to the above.

F. Face-To-Face Contact

1. A face-to-face contact between Health and Human Services staff and the applicant for MCSP is required before certification for participation in MCSP can take place.
2. The County may waive the face-to-face requirement and a telephone interview may be allowed, on a case-by-case basis, and when requested by the applicant. Staff will document in the applicant's case file that a request for waiver was made and the reasons the request was either granted or denied. The face-to-face contact may be waived only in the following circumstances.
 - a) The applicant is unable to meet the face-to-face requirement because of a prolonged, extraordinary hardship, and the applicant was previously certified to participate in MCSP during the current calendar year.
 - b) A hardship may include, but is not limited to: illness or disability, transportation difficulties, care of a disabled household member, or severe weather.
 - c) The hardship must be prolonged, that is, should be of such duration that a face-to-face meeting could not take place on another date in the future without affecting the applicant's ability to obtain eligibility or benefits.

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- d) The hardship should be extraordinary, that is, the hardship cannot reasonably be overcome using other resources or assistance.

G. MCSP Verification

The signature on the application for MCSP is initial verification of the facts upon which Placer County Health and Human Services may make its determination of eligibility.

H. MCSP Certification

Applicants who are able to provide acceptable documentation of all requirements under this policy, including citizenship, income, assets, and residency, may be certified for participation in MCSP for up to sixty (60) days. Persons unwilling to provide this documentation will be denied certification.

I. Documentation Required for MCSP Certification

1. Income verification such as current paystubs, Unemployment Insurance Benefits (UIB), Disability Insurance Benefits (DIB) printouts, Federal/State/Local retirement payments, Veterans Benefits, Retirement, Survivors and Disability Insurance (RSDI), Supplemental Security Income (SSI) benefits, self-employment verification.
2. Picture identification such as CA ID or CA Driver's License.
3. Legal permanent residency verifications for non U.S. citizens such as Visa, Passport or other LPR documentation.
4. Housing/Utility verification such as rent receipts, tax bills, utility bills, or other documents that can verify residency.
5. Property verifications such as cash on hand, bank accounts, notes, mortgages, deeds of trust, cash surrender value of life insurance, motor vehicles, etc.
6. Applicants who are unable to provide documentation of income, assets, or residency will have their eligibility determination based upon their declaration, under penalty of perjury, and subject to an audit by County staff.

J. Service Locations

Services are currently provided at the following Placer County Community Clinic locations and clinic locations:

- **Auburn Medical Clinic**
11583 C Avenue
Auburn, CA 95603
(530) 889-7215

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- **Tahoe Medical Clinic**
8665 Salmon Avenue
Kings Beach, CA 96143
(530) 546 – 1970

Services may be provided by the medical clinics listed above, and/or by local providers contracted by Placer County Health and Human Services.

K. Personal Property Limitations

1. Personal property in excess of limits below results in applicant being ineligible to participate in MCSP.

Household Size	Property Limit
1	\$2,000
2	\$3,000
3	\$3,150

Note: For each additional household member add \$150

2. Personal property to be included/considered in determining eligibility (verification/documentation is required):
 - a) Cash and checks on hand (except for current month's income)
 - b) Non-recurring lump sum payments
 - c) Bank accounts (checking, savings, etc.)
 - d) Promissory notes
 - e) Stocks, bonds, other negotiable securities
 - f) Cash surrender value of life insurance policies
 - g) Net value of trailers, boats, campers, recreational vehicles and mobile homes not used as applicant's residence
 - h) Business property: Tools, trade equipment and fixtures used in the individuals work or trade are exempt.
 - i) One car is exempt regardless of value. The net value of all other cars is personal property. The net value of items which require Department of Motor Vehicles (DMV) licensing shall be determined by the market value published in the Kelley Blue Book, which is available on-line at the Kelley Blue Book's website: www.kbb.com, or the market value determined by The National Auto Dealers Associated Guide website at www.nadaguides.com, or similar method, at County's discretion, less encumbrances of record.
 - j) If the applicant is determined to be ineligible to be certified for MCSP because the Personal Property limitations are exceeded due to ownership of more than one car, a second car may also be exempt under the following condition: the

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second car is necessary to transport a physically disabled person living in the home.

- k) Jewelry valued over \$100 with the exception of wedding and engagement rings and heirlooms.

L. Real Property Limitations

1. Applicant/Recipient's home is exempt.
2. Other real property
 - a) Property value, use the market value on property tax statement less encumbrances of record.
 - b) Other real property in excess of \$6,000 value results in applicant being ineligible to participate in MCSP. (Mortgages, deeds of trust and other property not used as home.)

M. Income Determination

Applicants must meet certain income requirements in order to participate in MCSP.

1. Net monthly income of applicants requesting medical services will be computed as follows:

$$\begin{aligned} & \text{Gross Earned Income} \\ & + \text{Gross Unearned Income} \\ & - \text{Allowable Deductions} \\ & = \text{Total Countable Income} \end{aligned}$$

2. Income to be Considered

Gross earnings and all other cash income are considered in determination of eligibility.

- a) Gross earnings from self-employment are determined from the last State Income tax return and/or current profit/loss statement. The annual income will be averaged to determine the projected current monthly income.
- b) With the exception of SSI/SSP, income of all legally responsible family members will be considered in determining eligibility.

3. Unconditionally Available Income is Included as Income

At the time of application/redetermination an applicant or recipient shall, as a condition of Placer County MCSP eligibility, take all actions necessary to obtain unconditionally available income except as limited in (C) below. This includes

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applying for such income and cooperating in supplying the information requested by the agency making the award determination.

Income shall be considered unconditionally available if the applicant or recipient has only to claim or accept the income. Such income includes, but is not limited to:

- a) Disability insurance benefits.
- b) Benefits available to veterans of military service.
- c) RSDI benefits, except for early Social Security retirement.
- d) Unemployment insurance benefits, if such benefits are available and the individual is working less than 40 hours per week.

The person who refuses to apply for and accept unconditionally available income shall be rendered ineligible by such refusal.

4. Income Exempt from Consideration

- a) Income in-kind requiring repayment.
- b) Student loans, grants and scholarships.
- c) Loans requiring repayment.

5. Allowable Deductions

- a) Court ordered alimony and child support.
- b) \$90 monthly earned income deduction

6. Gross Income

- a) Gross earned income includes the following:
 - 1) Wages, including amounts designated for meals provided by an employer, salaries, bonuses and commissions.
 - 2) Temporary Workers Compensation (TWC) and State Disability Insurance (SDI) payments. If benefits are being reduced to offset a previous overpayment, the net amount received as income.
 - 3) Net profits from self-employment as determined above.
 - 4) Earnings under Title 1 of the Elementary and Secondary Education Act.
 - 5) Payments under the Job Training Partnership Act (JTPA).
 - 6) Payments under the Economic Opportunity Act.
 - 7) Training incentive payments and work allowances under ongoing manpower programs other than Welfare-To-Work or JTPA.

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- 8) Net income from real or personal property as determined in Gross Unearned income below, which is a result of continuous and appreciable effort on the part of the Applicant or Beneficiary. This includes income from 1) room and board; 2) the rental of rooms, which requires daily effort on the part of the Applicant or Beneficiary; 3) a business enterprise; 4) the sale of livestock, poultry, dairy products, produce, and other similar items.
 - 9) Earnings from public service employment.
 - 10) Tips actually received for the performance of work activities, notwithstanding the amount calculated by the employer for tax withholding purposes.
- b) Gross unearned income includes the following:
- 1) Retirement, Survivors and Disability Insurance (RSDI) payments from the Social Security Administration.
 - 2) Annuities, which are sums paid yearly or at other specific intervals in return for payments of a fixed sum by the annuitant.
 - 3) Pensions.
 - 4) Retirement payments.
 - 5) Disability payments from an employer or insurance except for State Disability Insurance benefits considered to be earned income in Section II above.
 - 6) Veteran's payments which include: 1) pensions based on need; 2) compensation payments; 3) educational assistance. NOTE: The Aid and Attendance portion of Veteran's payment is considered a 3rd party payment and is exempt.
 - 7) Worker's compensation, except for any amount determined to be unavailable on accordance with this Section (excess proceeds from life insurance) or for TWC payments considered to be earned income.
 - 8) Railroad retirement or any other payments made by the Railroad Retirement Board.
 - 9) Unemployment Insurance Benefits. If benefits are being reduced to offset prior overpayments, the net amount of benefits will be used.
 - 10) Proceeds from a Life Insurance policy which are in excess of \$1,500.
 - 11) Other insurance payments.
 - 12) Loans, which do not require repayment.
 - 13) Gifts.
 - 14) Nonexempt child support, whether provided voluntarily or by court order.
 - 15) Alimony payments.
 - 16) Inheritances, which are in the form of cash, securities and other liquid assets.
 - 17) Contributions from any source.
 - 18) Prizes and awards.

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- 19) Net income from the rental, real, or personal property, which is not considered gross earned income.
- 20) Dividends.
- 21) Interest payments from any source, including trusts, trust deeds and contract of sale.
- 22) Royalties including, but limited to, payments to a holder of a patent or copyright for the use of the invention, or to the owner of a mine, oil well, or similar holdings for the extraction of the product or other use.
- 23) Income from PA or other PA recipient, if not used to determine the recipient's eligibility.
- 24) Proceeds from Indian Gaming.
- 25) Any of the items specified in this section is receive as a lump sum payment.

N. Maintenance Needs - Cost of Living for Placer County Residents

The Maintenance Need will be calculated annually based on any change to the Federal Poverty Limit (FPL) and will equate to 138% of the FPL. As an example the Maintenance Need for 2015 would be \$1,325 per month for a single Placer County resident. The \$1,325 equates to 138% of the 2015 FPL.

O. Share of Cost Determination

- 1. If the applicant's total net income falls at or below the current maintenance need, the applicant is eligible to receive health services with no share of cost,
- 2. Some applicants otherwise eligible to participate in MCSP must pay a share of the costs of their medical care. The formula for determining the income range for a share of cost is: Maintenance Need plus the monthly insurance premium for Blue Shield or Blue Cross, whichever is less expensive, for a 40 year old living in Placer County. The formula will be adjusted annually at the time of the federal cost of living adjustment. Should Blue Shield or Blue Cross, or their successor entities discontinue doing business in Placer County the premium for a similarly situated private health insurance provider will be substituted.
- 3. The following depicts an example of the income range by family size for share of cost and no share of cost MCSP for 2015-16.

<u>Household Size</u>	<u>Income Range for No Share of Cost</u>	<u>Income Range for Share of Cost</u>
1	\$ 0 - \$ 1,354	\$ 1,375 - \$ 1,815
2	\$ 0 - \$ 1,832	\$ 1,833 - \$ 2,456
3	\$ 0 - \$ 2,311	\$ 2,312 - \$ 3,098
4	\$ 0 - \$ 2,789	\$ 2,790 - \$ 3,739
5	\$ 0 - \$ 3,268	\$ 3,269 - \$ 4,380

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6	\$ 0 - \$ 3,746	\$ 3,747 - \$ 5,022
7	\$ 0 - \$ 4,224	\$ 4,225 - \$ 5,663
8	\$ 0 - \$ 4,703	\$ 4,704 - \$ 6,304

4. The share of cost is computed as follows:

$$\begin{aligned} & \text{Total Net Income} \\ & - \text{Maintenance Need for Family Size} \\ & = \text{Share of Cost each 30 day period} \end{aligned}$$

Example using the 2015-16 numbers for one (1) person household:

Total Net Income	\$1,500
<u>Minus Maintenance Need</u>	<u>-\$1,354</u>
Equals Share of Cost each 30 day period	\$ 146

5. Responsibility for the share of cost will be assumed by the recipient as he/she incurs medical bills for him/herself and/or his/her family at County operated or designated health care facilities. For each period of certification, when the applicant has obligated him/herself for the share of cost, there will be no other cost due.
6. All share of cost will be prepaid at the time of the provision of services. If a recipient is unable to prepay all or a portion of the share of cost, the recipient will execute a Prepay Waiver Form, declaring that the recipient cannot prepay all or a portion of the share of cost, and agreeing to pay the share of cost in full within 90 days of service or on an arranged installment plan. A recipient will not be denied services because of inability to prepay share of costs.
7. All applicants shall be required to sign a personal lien at the time of application. This lien shall become a promise to pay the costs of all care provided and/or paid by Placer County on behalf of the applicant/recipient. An examination of the applicant's financial ability to pay will be made periodically or upon any significant change in the recipient's *income, assets, or ability to pay.*

P. Past Medical Payment Deduction Adjustment

For applicants with income in excess of the income levels determined in section O- Share of Cost Determination, an income adjustment is available to deduct costs paid toward past medical debt. For example, an individual with a monthly income of \$1,300 and who pays a past medical debt of \$50 would have an adjusted income of \$1,250 per month for determining eligibility and co-payment status. It is the applicant's responsibility to inform County staff of the existence of past medical payments at the time of application or reapplication for MCSP services.

Q. Scope of Medical Services Provided Under MCSP

The conditions treated and the services available are only those as identified in the Scope of Services published by the Placer County Human Services and Community Clinics, and as

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updated from time to time. A copy of the current Scope of Services will be made available to a recipient or applicant upon request. The current Scope of Services will be made available to the public as follows: By posting in a conspicuous place in all reception rooms, waiting rooms, examination rooms, treatment rooms, and interview rooms of Placer County Human Services and the Placer County Community Clinics, and any other County operated or contracted medical facility, and on the web site of Human Services and Community Clinics.

R. Certification Period

The certification period for recipients shall be for a 60 day period from the date of application.

S. Denial Process

If an applicant is denied eligibility for any reason, or if the applicant disagrees with an income, share of cost, or waiver determination, Placer County will give written notice to the applicant informing of the right to a Fair Hearing (appeal). The notice will include the applicable deadlines to request a hearing and telephone number to request a hearing.

T. Overpayments and Fraud

An overpayment occurs where the applicant/recipient or the person acting on the applicant/recipient's behalf fails to report facts or reports incorrect facts and obtains benefits to which the applicant/recipient would not otherwise be entitled if the correct facts were reported. Fraud exists if an overpayment occurs and failure to report facts or the reporting of incorrect facts was willful and with the intention of deceiving the Placer County MCSP in order to obtain benefits to which the applicant/recipient was not entitled.

All applicants for MCSP are required to execute a reimbursement agreement and lien acknowledgement in favor of the County of Placer. The purpose of the reimbursement agreement and lien acknowledgement is to assure recovery of funds for an overpayment, in case of fraud, or if the MCSP participant obtains funds sufficient to no longer meet eligibility requirements for MCSP. As part of the reimbursement agreement and lien acknowledgement, the applicant shall waive in writing any statute of limitation relating to County's recovery of funds expended on MCSP care for the applicant.

U. Rights, Responsibilities and Understanding of Applicant/ Recipient

Whenever an applicant applies for Placer County MCSP, the program specialist will review a statement of the applicant's rights and responsibilities with the applicant. The applicant will be asked to sign and be given a copy. The original signed copy will remain with the county.

1. Applicants have the right to:

- a) Apply for Placer MCSP coverage and to be told in writing whether or not certification to participate in the program will be granted.
- b) Be told in writing the reason for denial if certification is not made.
- c) Be treated fairly and equally regardless of race, color, religion, sex, sexual orientation, national origin, political affiliation, disability, marital status or age.

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- d) Bring an interpreter.
- e) Reasonable access to medical care at identified County of Placer County clinics.
- f) Be treated with courtesy and respect and to be given clear explanations of health related problems.
- g) Review Placer County MCSP Policy and Program manuals.
- h) Question the basis on which eligibility is approved or denied.
- i) Privacy and to have all information given to Placer MCSP kept in confidence.
- j) File a complaint, grievance, or to request an administrative hearing. An administrative hearing request must be filed no later than forty-five (45) days from the date the applicant/recipient was notified of the action being appealed.
- k) Request a second medical opinion from another Placer county medical clinic physician if he/she disagrees with the physician's course of treatment.

2. Applicants and recipients have the responsibility to:

- a) Adhere to all sections of this program document.
- b) Report to Placer MCSP any other health care coverage or entitlement, and to make full use of any other health care coverage or entitlement.
- c) Apply for and use all potential or available health care resources prior to using Placer MCSP. If the other health care resource is Medi-Cal, the applicant shall notify Placer MCSP of any notices of action received by the applicant within five (5) days of receipt if the notice of action.
- d) Immediately report to Placer MCSP when the service provided by Placer MCSP is for a problem which may be related to an accident or injury caused by some other person's action or failure to act.
- e) Reimburse Placer MCSP from any entitlement or settlement paid by a third party for those services caused by a third parties action or failure to act.
- f) Report to Placer MCSP when any change that may impact eligibility occurs. This report must be made within 10 days of the change. The types of changes include but are not limited to changes in: financial status, income, cash, winnings, gifts, inheritance, holdings in real or personal property, general assistance status with Placer County, employment or employability status, the composition of the household, and/or any change in address. If the recipient's report of change is untimely, and the untimeliness causes a denial of eligibility or benefits, the Denial Process contained in paragraph "S", above, will apply. At any Fair Hearing the recipient has the burden to show good cause as to why the recipient could not timely fulfill his/her reporting responsibilities.
- g) Cooperate with doctors and nurses, all Placer MCSP staff and all treatments provided by Placer MCSP.
- h) Present Placer MCSP certification or authorization forms to all medical providers prior to their delivery of medical care.
- i) Secure a treatment authorization from Placer MCSP prior to seeking non-emergency medical services. Emergency care shall be defined as those health services required

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for the alleviation of severe pain or for the immediate diagnosis and treatment of unforeseen medical conditions which, if not immediately diagnosed and treated, could lead to disability or death.

- j) Re-apply for Placer MCSP prior to the expiration of an existing coverage period if Placer MCSP is to be expected to pay for any services emergency or otherwise, after said expiration date.
3. Applicants/recipients shall have the responsibility to do the following:
- a) Provide proof he/she is a resident of Placer County.
 - b) Make a declaration about his/her citizenship/immigration status.
 - c) Provide a Social Security Number (SSN) for him/herself and/or for any member of the family who has an SSN and wants Placer County MCSP benefits. If, the applicant/recipient is a U.S. citizen, a U.S. national, or a non-citizen in a satisfactory immigration status, he/she must apply for a SSN and provide it to Placer County if he/she does not already have one. If applicant/recipient needs to apply for a SSN, he/she can receive assistance from a Placer County MCSP representative, but must work with SSA to clear up any questions or Placer County MCSP benefits will be denied or stopped.
 - d) Apply for any income that may be available to the applicant/recipient or any family member.
 - e) Apply for Medicare benefits if the applicant/recipient is blind, disabled, has End Stage Renal Disease, or is 64 years and 9 months of age or older and eligible. The applicant/recipient is responsible for telling Placer County MCSP if Medicare coverage is granted.
 - f) Apply for and enroll in any health insurance or other health benefit or treatment program if it is available to him/her or any family member at below market costs.
 - g) Apply for and enroll in Medi-Cal or other available health care programs as identified in section B.3, if the applicant is eligible for those programs.
 - h) Report to Placer County and to the health care provider, any health care coverage/insurance he/she carries or is entitled to use, including Medicare. If applicant/recipient willingly fails to provide this information, he/she may be guilty of a criminal offense, or may be billed by the provider.
 - i) Take the MCSP Benefit Identification Card (BIC) to authorized medical providers including the Placer County Community Clinics when sick or have an appointment. In emergencies when the MCSP BIC is not in hand, the recipient must provide the certificate to the medical provider as soon as possible.
 - j) Report to Placer County MCSP when he/she receives health care services because of an accident or injury caused by another person's action or failure to act, for which Placer County MCSP has been, or may be billed.
 - k) Cooperate with Placer County or the State of California if his/her case is selected for review by the quality control review team. If the applicant/recipient refuses to cooperate, his/her Placer County MCSP benefits will be stopped.
4. An applicant and/or recipient shall understand that:

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- a) Failure to give the necessary facts or deliberately giving false facts can result in Placer County MCSP benefits being denied or discontinued. His/her case may also be investigated for suspected fraud.
- b) The failure to adhere to all Placer MCSP guidelines can result in denial or discontinuance of Placer MCSP benefits and investigation for suspected fraud.
- c) That the information provided may be checked with information provided by employers, banks, credit bureau services, department of motor vehicles, other governmental agencies, and other institutions.
- d) That if the applicant/recipient requests a medical provider to provide services either not covered as a Placer MCSP benefit or a service requiring a prior authorization which is not obtained, the applicant/recipient shall not attempt to hold Placer MCSP liable for the cost of such service.
- e) That if an applicant/recipient allows a certification or limited medical service benefit period laps without renewal, the applicant/recipient shall not attempt to hold Placer MCSP liable for the cost of any services provided during the lapsed or expired period.



**Placer County
Health and Human Services Department**

Placer County Medical Care Services Program (MCSP)

Notice and Hearing Procedures

June 2015

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Placer County Medical Care Services Program

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Placer County Medical Care Services Program

A. Notice and Hearing Procedures

Any applicant for or recipient of services or assistance through the Placer County MCSP who is dissatisfied with any action or inaction relating to an application for or receipt of medical and/or dental services or assistance may request and obtain an administrative hearing as set forth in this procedure manual. The following procedures will be interpreted in a manner which protects the Claimant's right to a fair hearing.

B. Definitions

Adequate notice of action – A clearly written statement of the intended action including: (1) Reasons for the action, (2) the specific procedures, rules, or law supporting the action, (3) an explanation of the right to request an expedited appeal, and (4) the circumstances under which aid could or will continue if a hearing is requested. (5) The notice will also inform that free legal assistance maybe available from certain organizations such as Legal Services of Northern California. (6) The organization name, address, and telephone number of appropriate legal service providers will be included in the notice. At the time of the adoption of this procedure manual Legal Services of Northern California is the only identified appropriate legal service provider to be included in the notice. However, the Director may modify the list of appropriate legal service providers at any time.

Authorized Representative - Any individual or organization whom the Claimant has authorized to act for and represent the Claimant in any and all aspects of the administrative hearing. The Authorized Representative may but need not be an attorney. The authorization must be made by the Claimant in a signed writing or in person at the hearing. If the Claimant has designated an Authorized Representative, any references to the Claimant will also apply to the Authorized Representative unless otherwise stated.

Claimant – An applicant or recipient of Services through MCSP who has requested an administrative hearing.

County – The County of Placer acting through the Department of Health and Human Services.

County Representative – An employee who is assigned the primary responsibility for preparing and presenting a hearing case on behalf of the County

Deadlines, counting - If any filing deadline described in these procedures falls on a weekend or holiday, the time for filing a hearing request or appeal request will be extended to the next business day following the deadline.

Department Head – Head of the Department of Health and Human Services, or his/her designee.

Director – The Director of the Human Services Division of the Placer County Department of Health and Human Services, or his/her designee.

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Hearing Officer – A person whom the Director designates to conduct administrative hearings and render decisions.

Medical Advisor - A health provider with medical expertise appropriate for rendering an advisory opinion on the medical issues raised before or at the hearing, as appointed by the Director.

Services – Any medical or dental treatment, medication or ancillary procedures which MCSP provides to eligible recipients.

Timely notice of action– Is a written notice which is personally delivered or mailed to the applicant or recipient at least ten (10) days prior to the effective date of the action. The applicant/ recipient/ Claimant is responsible to keep the County file up to date with current contact information, and a notice sent by the County to the file address is adequate.

C. Right to Hearing

The notice of a right to request a hearing will be made available to the public as follows: By posting in a conspicuous place in all reception rooms, waiting rooms, examination rooms, treatment rooms, and interview rooms of Placer County Human Services and the Placer County Community Clinics, and any other County operated or contracted medical facility, and on the web site of Human Services and Community Clinics. A copy will be made available to a recipient/ applicant/ claimant upon request. The County will also include such advisement in any notice of action.

The County's advisement of a right to hearing will inform the applicant or recipient of the address to which he or she can mail or personally deliver the hearing request. The hearing form will include a provision for the Claimant to request an interpreter. If due to extreme physical incapacity, as determined by the Director, a home hearing is necessary; provision will be made for the Claimant to so request on the hearing request form.

A hearing is available to an applicant or recipient who is dissatisfied with a County action concerning MCSP eligibility or the scope of benefits, or when a Service which requires prior authorization is denied or modified.

An applicant or recipient or his/her Authorized Representative may make a request for hearing, within the deadline described below. An oral request may be made within the deadline, where it is followed by a written request. The written request for hearing may be made in any form, however, the County will encourage applicants and recipients to use the hearing request form located on the reverse side of the notice of action.

A request for hearing consists of an expression by the applicant, recipient or Authorized Representative that the applicant or recipient wants to present his or her case for review. The request will identify the reason for dissatisfaction with the particular action or inaction involved in the case.

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D. Timely Hearing Request

A hearing request is timely:

1. If it is filed or made with the County, orally or in writing, no later than 45 days from the date of the notice of the County action, and
2. If the Claimant makes an oral request it must be made to an employee of MCSP no later than the deadline, and the Claimant must then follow-up with a written request which is mailed or personally delivered within five (5) working days of the date of the oral request.
3. If the Claimant hand delivers a written request it must be delivered to an employee of MCSP no later than the deadline,
4. If the Claimant mails a written request it must be post-marked no later than the deadline.

E. County Notice Where Change in Recipient's Authorization

The County will give Timely and Adequate notice in cases where a recipient becomes ineligible at the end of the certification period.

The County will give Timely and Adequate notice to a recipient and the requesting provider in cases where a Service which requires prior authorization is denied or modified. Notice will be given to the recipient by mail no later than five (5) days after the authorization request has been received by the County.

F. Aid Pending a Hearing

In the case where a recipient is entitled to Timely and Adequate notice concerning ineligibility, aid may be paid pending a hearing. In order to receive such aid, the recipient must request a hearing in accordance with the procedure specified herein prior to the effective date of ineligibility. If the hearing is properly requested, Services will be continued pending the hearing in the amount and scope that the recipient would have received had the County not determined the recipient to be ineligible.

G. Authorized Representative

The Claimant may authorize a Representative to represent him/her at the hearing by signing a written statement to that effect or by stating at the hearing that the Representative is so Authorized. The authorization may be limited in scope or duration by the Claimant and may be revoked at any time with notice to the County of revocation.

If the Claimant has not authorized the Representative in writing and is not present at the hearing, the person may be recognized as the Authorized Representative if at the hearing, the person swears or affirms under penalty of perjury that the Claimant has so authorized him/her to act as the Claimant's Authorized Representative, and the Hearing Officer further determines the person is so authorized. The Hearing Officer may make the determination by contacting a collateral source (including the Claimant). In such cases a written authorization must be submitted after the hearing.

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After a person or organization has been authorized to represent the Claimant, the County will simultaneously send copies to the Authorized Representative of any subsequent correspondence that it has with the Claimant regarding the County hearing or related issues.

H. County Responsibility Prior to the County Hearing

The County will provide an impartial hearing to the Claimant. The County will make available specific policy and procedure materials to the Claimant upon the Claimant's request.

The Director will appoint a County Representative who will be responsible for preparing the County's position. In addition, upon receipt of the hearing request the County Representative will:

1. Determine whether the Claimant is entitled to aid pending the hearing. If the Claimant is entitled, continuation of aid will be authorized immediately; and
2. Determine the issues raised by the hearing request; and
3. Contact the Claimant for clarification if the basis for the appeal is not fully set forth. The County will not deny a fair hearing request solely on the ground that the hearing request does not clearly state the basis for appeal; and
4. After determining the issues, review the applicable policies, procedures, and any applicable laws in light of the evidence which exists in the case record; and
5. Contact other County personnel connected with the action leading to the hearing request; and
6. If the County Representative determines that the County action was incorrect, he/she will so advise the Claimant and then withdraw the notice of action; or
7. If the County Representative determines that the County action was correct, he/she will contact the Claimant and:
 - a) Inquire if the Claimant plans to attend the hearing.
 - b) Determine if there are any further contentions the Claimant will raise at the hearing.

Under no circumstances will the County Representative discourage the Claimant from proceeding with the appeal.

Prior to each hearing, the County Representative will prepare a typewritten position statement. The position statement will summarize the facts of the case and set forth the factual and policy justification for the County's action. The County representative will include as attachments to the position statement copies of documentary evidence and a list of witnesses which the County intends to use during the hearing. The documents will be itemized on the last page of the position statement. The documents will be made available to the Claimant and his/her Representative at least two (2) days prior to the hearing or at least one (1) working day in an expedited hearing.

In preparing for the hearing, the County Representative will determine if the Claimant has raised medical issues that will necessitate that the Director appoint a Medical

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Advisor to appear at the hearing to render an opinion. If so the County Representative will advise the Director of the need to do so. The County Representative will determine if the presence of the eligibility worker or other County witnesses would be helpful for the resolution of the issue. If the Claimant requests the presence of the eligibility worker or any other witness on whom the County has relied in taking the action, the County Representative will arrange for the attendance of those persons to the extent they are County employees or agents.

I. Hearings

At the hearing the County Representative has the responsibility for having the County case record available at the hearing and for presentation of the County's position. In addition, the County Representative will have the authority at the hearing to make binding agreements and stipulations on behalf of the MCSP.

The Director will designate a Hearing Officer who will be charged with the administration of the hearing. The Hearing Officer must be an impartial party and will not have in any way been connected with previous actions or decisions in the case, other than as a Hearing Officer. The Hearing Officer will conduct the hearing as specified in the applicable Fair Hearings Officer Guide.

The Director will appoint a Medical Advisor to provide opinions at the hearing when the County Representative has advised the Director of the need to do so. Where prior to a hearing the County Representative has not advised the Director of the need to appoint a Medical Advisor, or the Director has not otherwise appointed a Medical Advisor, and the Hearing Officer determines that an opinion of a Medical Advisor is necessary for the Hearing Officer to render its decision, then the Hearing Officer will request, through the County Representative, that the Director appoint a Medical Advisor and will continue the hearing to a date certain.

A Hearing Officer will voluntarily disqualify himself/herself and withdraw from any proceedings in which he or she cannot give a fair and impartial hearing or which he or she has a personal interest.

The hearings officer will schedule hearings to take place not less than twenty (20) days and not more than thirty (30) days from the date of the hearing request, with the exception of cases where the recipient is receiving aid paid pending the hearing. In such cases if the recipient waives aid pending the hearing, the County will have the opportunity to have the hearing take place not less than seven (7) days of the request.

The Claimant will be entitled to an expedited hearing in any action for which aid pending the hearing is not available. Under these circumstances, the Claimant will have the opportunity to have a fair hearing within five (5) working days of a request for an expedited hearing. The Claimant must make the request in the same manner required for submitting any other hearing request. Within one (1) working day after the request the County will determine the date, time and place of the hearing and will make that information available upon inquiry by the Claimant. The County will mail written confirmation of the scheduled hearing.

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The hearing will be conducted in an impartial manner. All testimony will be submitted under oath, affirmation or penalty of perjury. The Hearing Officer has the authority to swear-in witnesses to testify under oath. If an Authorized Representative, whether attorney or other, declines to be sworn-in then any and all statements made by the Authorized Representative will be considered argument and not considered testimony or evidence. The Authorized Representative must choose at the beginning of the hearing whether or not to be sworn-in. The Authorized Representative will be notified of the choice to be sworn-in or not sworn-in and told of the consequences of that choice. The proceedings will be recorded. The County will provide an interpreter if, prior to the hearing, the Claimant or his/her Representative or the County Representative requests an interpreter, or if at the hearing, the Hearing Officer determines that an interpreter is necessary.

The rights of the Claimant and his/her Representative at the hearing will include the right to:

1. Appear in person before the Hearing Officer who will render the decision in the case;
2. Examine parties and witnesses;
3. Introduce evidence;
4. Cross examine witnesses on whom the County has relied;
5. Examine all documents prior to and during the hearing;
6. Present oral or written argument; and
7. Rebut any evidence the County submits

J. Hearing Decision

The Hearing officer will render its decision in writing within:

1. Not more than five (5) working days following the hearing date when the Claimant is not receiving the aid or Services at issue pending the hearing decision or in case of an expedited hearing;
2. Not more than thirty (30) days following the hearing date when the Claimant is receiving the aid or Services at issue pending the hearing decision.

The written decision will contain a summary of fact, a decision on each issue properly before the Hearing Officer which is relevant to the subject action as specified in the appeal, and will identify the policy or law supporting the decision. The written decision will also explain the Claimant's further appeal rights if he or she is dissatisfied with the decision.

K. Review of Hearing Officer Decision by Director

If for any reason the Claimant is dissatisfied with the decision of the Hearing Officer, he or she may request review of the Hearing Officer decision by submitting a request in writing to the Director. The Claimant may, but is not required to, include a discussion of the facts and law supporting the request for further review. The Claimant must request review by the Director within 20 (twenty) days from the date of the hearing decision. Upon requesting review by the Director, the Claimant may submit, in writing, any additional evidence in support of his/her position if that evidence was unavailable at the time of the hearing. The

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Director will, within twenty (20) days from receipt of the request for review, issue a written decision upholding or modifying, in whole or part, the Hearing Officer's Decision.

L. Review of Director's Decision by Department Head.

If for any reason the Claimant is dissatisfied with the decision of the Director, he or she may request review of the decision by submitting a request in writing to the Director requesting that the Director forward the request for further review to the Department Head. The Claimant must request review by the Department Head within 10 (ten) days from the date of the decision by the Director. Within 10 days of the date of the request for further review by the Claimant, the Director will forward the request for review to the Department Head, and will also forward the following materials: all of the written materials available for review by the Director and any additional materials submitted by the Claimant to the Director. The Department Head will, within twenty (20) days from receipt of the request for review and materials from the Director, issue a written decision upholding or modifying the Director's decision in whole or part.

The decision of the Department Head will also advise the Claimant of the right to seek judicial review of the Department Head's decision and that judicial review must be filed with the court within ninety (90) days. The Department Head's decision should include the applicable legal notice regarding the 90 day appeal period in something like the following form:

A request for judicial review of the decision of the Department Head must be filed with the court no later than the 90th day following the date on which the Department Head's decision becomes final (Code of Civil Procedure Section 1094.6(b).) The Department Head's written decision is considered "final" for the purposes of section 1094.6(b) upon the date the decision is mailed to you by first-class mail, postage prepaid, and includes a copy of an affidavit or certificate of mailing indicating the date of mailing. Code of Civil Procedure Section 1013's extension of time for mailing does not apply to extend the time beyond the 90 days.

