

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: HEALTH SERVICES AGENCY *nd*

BOARD AGENDA # \*B-6

Urgent        Routine X

AGENDA DATE October 2, 2001

CEO Concurs with Recommendation YES *mt* NO         
(Information Attached)

4/5 Vote Required YES        NO X

SUBJECT: APPROVAL TO ESTABLISH A POLICY WHICH WOULD LIMIT THE CHILD HEALTH AND DISABILITY PREVENTION TREATMENT PROGRAM TO THOSE PATIENTS WHO DO NOT MEET THE ELIGIBILITY QUALIFICATIONS FOR EITHER HEALTHY FAMILIES OR ZERO SHARE OF COST MEDI-CAL.

STAFF  
RECOMMEN-  
DATIONS:

1. APPROVAL TO ESTABLISH A POLICY WHICH WOULD LIMIT THE CHILD HEALTH AND DISABILITY PREVENTION TREATMENT PROGRAM TO THOSE PATIENTS WHO DO NOT MEET THE ELIGIBILITY QUALIFICATIONS FOR EITHER HEALTHY FAMILIES OR ZERO SHARE OF COST MEDI-CAL.

FISCAL  
IMPACT:

This policy is forecasted to save the Health Services Agency at least \$275,000 annually, which is net of the \$33,003 staffing expense. Implementation of this policy is a component of the Agency's financial recovery Action Plan and Fiscal Year 01/02 Budget, approved by the Board of Supervisors on 9/18/01.

BOARD ACTION

No. 2001-747

On motion of Supervisor Simon , Seconded by Supervisor Blom  
and approved by the following vote,

Ayes: Supervisors: Mayfield, Blom, Simon, Caruso, and Chair Paul

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

- 1) X Approved as recommended
- 2)        Denied
- 3)        Approved as amended

MOTION:

*Christine Ferraro*

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

By: Deputy

File No.

APPROVAL TO ESTABLISH A POLICY TO LIMIT THE CHILD HEALTH AND DISABILITY PREVENTION TREATMENT PROGRAM TO THOSE PATIENTS WHO DO NOT MEET THE ELIGIBILITY QUALIFICATIONS FOR EITHER HEALTHY FAMILIES OR ZERO SHARE OF COST MEDI-CAL.  
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**DISCUSSION:** Each year, the Board of Supervisors enters into a Standard Agreement with the State to participate in the California Healthcare for Indigents Program (CHIP), which provides Tobacco Tax funding to county indigent programs. Under the provisions of Welfare & Institutions Code, §16900 et seq., participating counties are required to provide healthcare coverage for qualifying children under the age of nineteen who need treatment for conditions identified in a State-paid Child Health & Disability Prevention (CHDP) health assessment exam.

Approximately 50 state-certified CHDP health screening providers in Stanislaus County determine eligibility for the state-paid health screening exam. Historically, the Child Health and Disability Prevention Treatment program (CHDPT) has cost Stanislaus County between \$775,000 and \$900,000. Recent studies and surveys of other counties indicate that the majority of these residents meet the eligibility qualifications for Medi-Cal or Healthy Families but have not applied. If the patients applied and became eligible for Healthy Families or Zero Share of Cost Medi-Cal, the patient would receive not only the screening exam and the medically necessary follow-up treatment, but also be covered for future preventive and acute ambulatory, emergency and inpatient services. Such patients would no longer be uninsured and their medical expenses in most cases would then be borne by the State.

In order to build greater efficiencies into CHDPT processes the Indigent Health Care Program is developing a restructuring plan that would involve the following:

Eligibility for the state paid screening exam would continue to be determined by the screening provider. If the state-set CHDP criteria were met, the patient would receive the screening exam regardless of whether the patient also met the qualifications for Medi-Cal or Healthy Families. Under this proposal however, eligibility through the CHDPT program would be determined by the IHCP department and would be granted only if the patient did not meet the qualifications for Zero Share of Cost Medi-Cal (no deductible) or Healthy Families. Patients referred for CHDPT would be required to first seek eligibility through Medi-Cal and/or if applicable Healthy Families.

To ensure that this change would not create a barrier to care, the proposed eligibility restructuring includes an outreach effort. The IHCP department intends to incorporate a mailing and telephonic follow-up outreach process. This effort would be coordinated with the Public Health mandated CHDP follow up unit, and would actively encourage and assist patients (and their parents) to complete the Medi-Cal/Healthy Families application process. Additional tracking and reporting systems must be developed and maintained, increased interaction with both patients and providers will be required, and ongoing education and training would be conducted.

In the event a patient became eligible for Medi-Cal but with a Share of Cost, the

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CHDPT program would still assume responsibility for the treatment need identified in the screening exam. This retained responsibility would be necessary to avoid the out-of-pocket expense becoming a barrier to the CHDPT mandated care.

In the development of this proposal, the IHCP department surveyed the neighboring counties of Merced and San Joaquin and learned that both counties already extend the CHDPT program to only those who have been determined ineligible for Healthy Families or Zero Share of Cost Medi-Cal.

Based upon surveys of other counties and industry information regarding the percentage of uninsured children who meet the qualifications for either Healthy Families or Zero Share of Cost Medi-Cal, the Health Services Agency forecasts an annual savings of at least \$275,000 by initiating this proposal.

**POLICY**

**ISSUES:**

The program promotes the Board of Supervisors' goal of ensuring a safe, healthy community and efficient government operations. Additionally, approval of this proposal will allow the implementation of a component of the Action Plan to eliminate the budget deficit of the Health Services Agency.

**STAFFING**

**IMPACTS:**

This policy would require the addition of an Accounting Technician with an annual cost of \$33,033. This position was included in the final budget, approved 9/18/01.