

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

DEPT: Health Services Agency

BOARD AGENDA # *B-2

Urgent Routine

AGENDA DATE March 18, 2014

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval to Set a Public Hearing on April 8, 2014 at 9:10 a.m. Pursuant to Section 1442.5 of the Health and Safety Code to Consider Adjustment of the Medically Indigent Adult Program Income Limits for the Hardship Eligibility Category

STAFF RECOMMENDATIONS:

Set a Public Hearing pursuant to the Health and Safety Code § 1442.5 on April 8, 2014 at 9:10 a.m. to consider approval to adjust the Income Limit for the Medically Indigent Adult program's Hardship Eligibility category, effective May 1, 2014.

FISCAL IMPACT:

The Medically Indigent Adult (MIA) program represents the majority of the Health Services Agency's Indigent Health Care Program budget. The approved budget for Fiscal Year 2013-2014 for the Indigent Health Care Program is \$9.99 million. The MIA program is funded by State Realignment from a portion of vehicle license fees and sales tax, and by a required County match. The actual financial impact of the changes to be considered following the recommended public hearing will be based on the actual

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2014-115

On motion of Supervisor Withrow, Seconded by Supervisor O'Brien

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, Monteith, and Chairman De Martini

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

FISCAL IMPACT (Continued):

applicants, enrollment and utilization of covered services under the Medically Indigent Adult (MIA) program during the fiscal year.

The MIA program is a County obligation under State law and is one of the programs counties are to provide with 1991 Realignment funds. Health realignment funding from the State consists of sales tax and vehicle license fees and requires a County General Fund match which, for the MIA program in Stanislaus County, is approximately \$2.45 million annually. As explained in Assembly Bill 85 of 2013, the State is reducing the amount of Realignment funding to the counties as a result of the reduced MIA Program enrollment as of January 1, 2014 due to the expansion of Medi-Cal eligibility, which now includes income-eligible childless adults. The Board of Supervisors acknowledged this \$3.1 million funding reduction in the Final Budget for Fiscal Year 2013-2014 adopted on September 10, 2013.

Assuming declining funding, the Health Services Agency seeks to manage the program within available resources through various administrative and care management initiatives, combined with the proposed change contained herein. By analyzing recent actual utilization and cost information of services prior to and since January 1, 2014, provided to MIA program enrollees, it is estimated that annualized cost savings may be achieved in the range of \$0 - \$250,000 if the proposed changes are approved.

DISCUSSION:

Under the federal Patient Protection and Affordable Care Act (ACA), two initiatives which provide for additional State and Federally funded and/or subsidized health coverage are being implemented. These are the Medi-Cal Expansion and the Covered California Insurance Exchange products, and both were effective on January 1, 2014. Individuals are expected to arrange for health insurance with Minimum Essential Coverage. That requirement can be fulfilled through an employer-sponsored plan, an individual policy through Covered CA or other product, or through a government plan such as Medicare or Medi-Cal.

With the implementation of the Medi-Cal Expansion and Covered CA, the Health Services Agency has required that all individuals previously eligible under the MIA program apply for benefits through the Medi-Cal Expansion and/or Covered CA prior to seeking assistance from the County's Medically Indigent Adult program. The Medi-Cal Expansion income limit is 138% of the Federal Poverty Limit (FPL). Individuals whose income is 139% of the FPL and above are eligible to apply for coverage through Exchanges. The "Covered CA" Health Exchange offers several health plans to choose from and a variety of coverage options. Individuals have been able to enroll in Exchange health plans through Covered CA as of October 1, 2013 in order to have

benefits effective January 1, 2014. Likewise, the application process for the Medi-Cal Expansion began on October 1, 2013 for eligibility effective January 1, 2014.

Under Welfare and Institutions Code, Section 17000, each county is required to provide or arrange for the provision of medical care services for the indigent residents of the County. The implementation of the Medi-Cal Expansion and Covered CA does not negate the obligation of each county under Welfare and Institutions Code, Section 17000. However, under the law, the scope of benefits and eligibility guidelines are established at the discretion of each county's Board of Supervisors, although case law has provided more detailed guidance.

In Stanislaus County, MIA eligibility is determined on several factors such as income, assets, county residency and no linkage to other programs or payors. Prior to March 2013, the MIA income limits were based on a set percentage of the Federal Poverty Level (FPL). On March 5, 2013, the Board of Supervisors conducted a public hearing and approved staff recommendations to adjust the methodology used to establish the income limits for the MIA program. As a result, the current income limits for the MIA program are age-banded, as is common in the health coverage marketplace. The basis for the current MIA income limits are the premiums and deductibles for the State of California's Major Risk Medical Insurance Program (MRMIP). Essentially, if a MIA applicant has an income level which is greater than the subsistence cost level plus the premium and deductible cost, then that applicant is not eligible for the MIA program.

With the recent significant changes in the healthcare coverage environment, namely the implementation of the Medi-Cal Expansion and Covered CA, the Agency has continued to monitor premiums charged for MRMIP, as well as individual insurance plans, particularly those available through Covered CA as the Health Care Exchange products, and have noted a decrease in premium costs. Of the plans that offer benefits that are comparable or better than those offered under the MIA program, MRMIP's premiums are higher (but decreased from the MRMIP 2013 premium rates). As a result of this ongoing research, staff recommends that the MIA program continue to look to the MRMIP premiums primarily because application to MRMIP is available year-round, while the lower premium Exchange products impose a limited open enrollment period each year and are new to the market effective January 1, 2014. This is consistent with the Board of Supervisors' November 5, 2013 eligibility policy decision to consider 2014 as a transition year. Additionally, staff reviewed the cost of individual dental plans and incorporated those costs into the analysis of healthcare premium costs.

Recommended Adjusted Age-Banded Formula for Hardship Eligibility

Table 1 is the Cost of Living Study Worksheet that was utilized in March 2013 to update the methodology used to establish the MIA Program Income Limits. At that time, the Board of Supervisors adopted these age-banded limits, which range from 171 - 279% of the Federal Poverty Level. Table 2 is similar, but with amounts that reflect the lowered MRMIP premiums and the dental premiums. In both tables, figures shown for the Subsistence Level of Eligibility (shaded area) up to 116% of the Federal Poverty Level, are included only for reference, as this is the existing policy, and no changes are

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Page 4

recommended. The lower section of Table 2 labeled "Income Value for Hardship Eligibility/Share of Cost" reflects the recommended policy changes with respect to varying the Hardship exception based on the current MRMIP premiums. The proposed limits would range from 160 - 237% of the Federal Poverty Level, effective May 1, 2014.

Table 1

Subsistence Level Costs and Credits	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level
Age Categories	21 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64
Total Subsistence Level Costs (Standard Eligibility includes cost of housing, utilities, food, transportation, taxes and miscellaneous costs of living)	1,110.70	1,110.70	1,110.70	1,110.70	1,110.70	1,110.70	1,110.70	1,110.70
Stated as a % of 2013 Federal Poverty Limit (100% of FPL = \$957.50/month)	116%	116%	116%	116%	116%	116%	116%	116%
Income Value for Hardship Eligibility with Share of Cost								
Healthcare Insurance Premium	433.16	598.81	682.58	670.37	643.01	822.40	988.00	1,246.40
Other Income Allowance Adjustment	93.41	151.37	171.88	168.81	162.39	207.49	249.19	313.99
Income Required for Purchase of Health Insurance	526.57	750.18	854.46	839.18	805.40	1,029.89	1,237.19	1,560.39
Total Subsistence Level + Hardship Level Income (Income Limit for Hardship Eligibility) Stated as a % of 2013 FPL (100% of FPL = \$957.50/month)	1,637.27 171%	1,860.88 194%	1,965.16 205%	1,949.88 204%	1,916.10 200%	2,140.59 224%	2,347.89 245%	2,671.09 279%

Table 2

Subsistence Level Costs and Credits	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level	Income Level
Age Categories	21 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64
Total Subsistence Level Costs (Standard Eligibility includes cost of housing, utilities, food, transportation, taxes and miscellaneous costs of living)	1,110.70	1,110.70	1,110.70	1,110.70	1,110.70	1,110.70	1,110.70	1,110.70
Stated as a % of 2013 Federal Poverty Limit (100% of FPL = \$957.50/month)	116%	116%	116%	116%	116%	116%	116%	116%
Income Value for Hardship Eligibility with Share of Cost								
Healthcare and Dental Insurance Premium	329.12	431.91	437.30	483.99	563.56	694.80	811.67	940.84
Other Income Allowance Adjustment	88.25	114.62	116.51	129.75	152.76	180.19	196.98	216.66
Income Required for Purchase of Health Insurance	417.37	546.53	553.81	613.74	716.32	874.99	1,008.65	1,157.50
Total Subsistence Level + Hardship Level Income (Income Limit for Hardship Eligibility) Stated as a % of 2013 FPL (100% of FPL = \$957.50/month)	1,528.07 160%	1,657.23 173%	1,664.51 174%	1,724.44 180%	1,827.02 191%	1,985.69 207%	2,119.35 221%	2,268.20 237%

Staff will continue to monitor the program and recommend policy changes as appropriate, and as State and Federal healthcare programs continue to evolve.

Approval to Set a Public Hearing on April 8, 2014 at 9:10 a.m. Pursuant to Section 1442.5 of the Health and Safety Code to Consider Adjustment of the Medically Indigent Adult Program Income Limits for the Hardship Eligibility Category
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Public Hearing

Under the Health and Safety Code Section 1442.5, a public hearing is required in the event the Board of Supervisors considers a reduction or elimination of a healthcare service. While no changes would be made to healthcare services as a result of the policy recommendation, access to services through MIA eligibility could be reduced for some. Consistent with the advance notice requirement as prescribed under the referenced code, notices would be posted which include the estimated number of individuals who could be adversely impacted as 0 – 190, and the corresponding estimated annual savings of approximately \$0 – \$250,000. Should this recommendation to set a public hearing date and time be approved, staff would proceed with the tasks to meet the advance notice requirements.

The Health Executive Committee of the Board of Supervisors supported this recommendation at its meeting of March 4, 2014.

POLICY ISSUE:

Approval of this item supports the Board of Supervisors' priorities of A Healthy Community and Efficient Delivery of Public Services by considering changes which meet the County's mandate under State law while providing for medical needs of the County's medically indigent population.

STAFFING IMPACT:

There is no staffing impact associated with this proposal.

CONTACT PERSON:

Mary Ann Lee, Managing Director, 209-558-7163.



NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that, pursuant to Section 1442.5 of the California Health and Safety Code and other applicable laws, the Board of Supervisors of the County of Stanislaus, State of California, will hold a public hearing regarding the reduction or elimination of certain health and medical services provided by the County. The public hearing will commence on **April 8, 2014 at 9:10 a.m. in the Board Chambers, 1010 10th Street, Modesto, California**, at which time and place all interested persons may appear and be heard. The hearing shall be in accordance with the provisions of Health and Safety Code Section 1442.5.

Those services that are proposed for reduction or elimination are listed on the continuation of this notice on pages following. At any time prior to the time fixed for the hearing, any interested person may file written comments on the proposed action with the Clerk of the Board of Supervisors of the County of Stanislaus. Both oral and written comments will be considered by the Board of Supervisors at the time and place fixed for hearing.

Additional information regarding this hearing may be obtained by contacting the Stanislaus County Health Services Agency at (209) 558-7163, or by writing:

Stanislaus County Health Services Agency
Attention: Administration
P.O. Box 3271
Modesto, CA 95353

THIS NOTICE shall be posted at the entrance to all County health care facilities.

Date: March 18, 2014

Please remove this notice after April 8, 2014, as instructed.



PROPOSED SERVICE LEVEL REDUCTION

Reductions in the level of services that provide medical care to indigent persons are subject to prescribed formal Public Notice and Public Hearings (Health and Safety Code Section 1442.5). The annual impact of these changes could be a range of savings of approximately \$0 to \$250,000 per year. This Notice contains the proposed reduction and number of persons affected.

Description of Reduction or Elimination			Number of Persons estimated to be impacted if the recommendation is approved.																											
<p>The proposed recommendations would change the Medically Indigent Adult (MIA) Program Hardship Eligibility Income Limit to a different percentage of the Federal Poverty Guidelines (FPG) as indicated below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Ages Categories</th> <th style="text-align: center;">Current FPG</th> <th style="text-align: center;">Proposed FPG</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Age 21 – 29</td> <td style="text-align: center;">171%</td> <td style="text-align: center;">160%</td> </tr> <tr> <td style="text-align: center;">Age 30 – 34</td> <td style="text-align: center;">194%</td> <td style="text-align: center;">173%</td> </tr> <tr> <td style="text-align: center;">Age 35 – 39</td> <td style="text-align: center;">205%</td> <td style="text-align: center;">174%</td> </tr> <tr> <td style="text-align: center;">Age 40 – 44</td> <td style="text-align: center;">204%</td> <td style="text-align: center;">180%</td> </tr> <tr> <td style="text-align: center;">Age 45 – 49</td> <td style="text-align: center;">200%</td> <td style="text-align: center;">191%</td> </tr> <tr> <td style="text-align: center;">Age 50 – 54</td> <td style="text-align: center;">224%</td> <td style="text-align: center;">207%</td> </tr> <tr> <td style="text-align: center;">Age 55 – 59</td> <td style="text-align: center;">245%</td> <td style="text-align: center;">221%</td> </tr> <tr> <td style="text-align: center;">Age 60 – 64</td> <td style="text-align: center;">279%</td> <td style="text-align: center;">237%</td> </tr> </tbody> </table>			Ages Categories	Current FPG	Proposed FPG	Age 21 – 29	171%	160%	Age 30 – 34	194%	173%	Age 35 – 39	205%	174%	Age 40 – 44	204%	180%	Age 45 – 49	200%	191%	Age 50 – 54	224%	207%	Age 55 – 59	245%	221%	Age 60 – 64	279%	237%	0 - 190
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Date: March 18, 2014



AVISO DE AUDIENCIA PÚBLICA

POR EL PRESENTE AVISO el Consejo Directivo del Condado de Stanislaus, Estado de California, llevará a cabo una audiencia pública referente a un cambio en los estándares de elegibilidad que puede resultar en la reducción o eliminación de ciertos servicios médicos y de salud proporcionados por el Condado a ciertos individuos conforme a la Sección 1442.5 del Código de Salud y Seguridad de California y otras leyes que aplican. La audiencia pública está programada para comenzar **el 8 de Abril de 2014 a las 9:10 a.m. en la Sala de Juntas, 1010 10th Street, Modesto, California**, en la cual todas las personas interesadas pueden comparecer y ser escuchadas a esa hora y lugar. La audiencia debe estar en acuerdo con las disposiciones de la Sección 1442.5 del Código de Salud y Seguridad.

Aquellos cambios que puedan resultar en menos servicios o acceso para esos individuos que se han propuestos para una reducción o eliminación están a continuación de este aviso en una lista en la siguiente página. Cualquier persona interesada puede presentar sus comentarios por escrito a cualquier hora antes de la fecha fijada para la audiencia con un empleado de la Junta de Supervisores del Condado de Stanislaus. Los comentarios orales y escritos serán considerados por el Consejo Directivo a la hora y lugar fijado para la audiencia.

Información adicional referente a esta audiencia puede ser obtenida llamando al Condado de Stanislaus, Health Services Agency al (209) 558-7163 o escribiendo a:

Stanislaus County Health Services Agency
Atención: Administración
P.O. Box 3271
Modesto, CA 95353

ESTE AVISO debe ponerse a la entrada de todas las clínicas del Condado.

Fecha: Marzo 18, 2014

Favor de quitar este aviso después del 18 de Abril, 2014.



NIVEL DE REDUCCION DE SERVICIOS PROPUESTOS

Las reducciones en los niveles de servicio que provee cuidado médico a personas indigentes está sujeto a Noticias Públicas formales y Audiencias Públicas (sección 1442.5 del Código de Salud y Seguridad). El impacto anual de estos cambios pudiera ser de un rango de ahorros aproximado de \$0 a \$250,000 por año. Esta noticia contiene la reducción propuesta y el número de personas afectadas.

Descripción de Reducción o Eliminación			Estimación de número de personas que serán impactadas si la recomendación es aprobada
Las recomendaciones propuestas pudieran cambiar el límite de ingreso de elegibilidad del programa Medico de Adultos Indigentes a un porcentaje diferente de las directrices del Nivel Federal de Pobreza (FPG) como se indica abajo:			0 - 190
Categorías por edades	FPG Actual	FPG Propuesto	
Edad 21 – 29	171%	160%	
Edad 30 – 34	194%	173%	
Edad 35 – 39	205%	174%	
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Fecha: Marzo 18, 2014

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that, pursuant to Section 1442.5 of the California Health and Safety Code and other applicable laws, the Board of Supervisors of the County of Stanislaus, State of California will hold a public hearing regarding the reduction or elimination of certain health and medical services provided by the County. The public hearing will commence on **Tuesday, April 8, 2014 at 9:10 a.m., or as soon thereafter as the matter may be heard, in the Board Chambers, 1010 10th Street, Modesto, California**, at which time and place all interested persons may appear and be heard.

ADDITIONAL NOTICE IS GIVEN those services that are proposed for reduction or elimination are listed as follows:

Description of Reduction or Elimination			Number of Persons estimated to be impacted if the recommendation is approved.
The proposed recommendations would change the Medically Indigent Adult (MIA) Program Hardship Eligibility Income Limit to a different percentage of the Federal Poverty Guidelines (FPG) as indicated below:			
Ages Categories	Current FPG	Proposed FPG	
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Age 55 – 59	245%	221%	
Age 60 – 64	279%	237%	

NOTICE IS FURTHER GIVEN that at any time prior to the time fixed for the hearing, any interested person may file written comments on the proposed action with the Clerk of the Board of Supervisors of the County of Stanislaus. Both oral and written comments will be considered by the Board of Supervisors at the time and place fixed for the hearing. Additional information regarding this hearing may be obtained by contacting the Stanislaus County Health Services Agency at (209) 558-7163., or by writing the Stanislaus County Health Services Agency, Attention: Administration, P.O. Box 3271, Modesto, CA 95353.

DATED: March 18, 2014

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk of the Board of Supervisors of the County of Stanislaus, State of California

BY: Elizabeth King, Assistant Clerk of the Board

AVISO DE AUDIENCIA PÚBLICA

POR EL PRESENTE AVISO el Consejo Directivo del Condado de Stanislaus, Estado de California, llevará a cabo una audiencia pública referente a un cambio en los estándares de elegibilidad que puede resultar en la reducción o eliminación de ciertos servicios médicos y de salud proporcionados por el Condado a ciertos individuos conforme a la Sección 1442.5 del Código de Salud y Seguridad de California y otras leyes que aplican. La audiencia pública está programada para comenzar **el 8 de Abril de 2014 a las 9:10 a.m. en la Sala de Juntas, 1010 10th Street, Modesto, California**, en la cual todas las personas interesadas puedan comparecer y ser escuchadas a esa hora y lugar.

Este aviso contiene la reducción y estimación del número de personas que pudieran ser afectadas:

Descripción de Reducción o Eliminación	Estimación de número de personas que serán impactadas si la recomendación es aprobada																											
Las recomendaciones propuestas pudieran cambiar el límite de ingreso de elegibilidad del programa Medico de Adultos Indigentes a un porcentaje diferente de las directrices del Nivel Federal de Pobreza (FPG) como se indica abajo:	0 - 190																											
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SE AVISA QUE cualquier persona interesada puede presentar sus comentarios por escrito a cualquier hora antes de la fecha fijada para la audiencia con un empleado de la Junta de Supervisores del Condado de Stanislaus. Los comentarios orales y escritos serán considerados por el Consejo Directivo a la hora y lugar fijado para la audiencia. Información adicional referente a esta audiencia puede ser obtenida llamando al Condado de Stanislaus, Health Services Agency al (209) 558-7163 o escribiendo a: Stanislaus County Health Services Agency Atención: Administración P.O. Box 3271, Modesto, CA 95353

Fecha: Marzo 18, 2014

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk of the Board of Supervisors
of the County of Stanislaus, State of California

BY: Elizabeth King, Assistant Clerk of the Board

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that, pursuant to Section 1442.5 of the California Health and Safety Code and other applicable laws, the Board of Supervisors of the County of Stanislaus, State of California will hold a public hearing regarding the reduction or elimination of certain health and medical services provided by the County. The public hearing will commence on **Tuesday, April 8, 2014 at 9:10 a.m., or as soon thereafter as the matter may be heard, in the Board Chambers, 1010 10th Street, Modesto, California**, at which time and place all interested persons may appear and be heard.

ADDITIONAL NOTICE IS GIVEN those services that are proposed for reduction or elimination are listed as follows:

**DECLARATION OF PUBLICATION
(C.C.P. S2015.5)**

**COUNTY OF STANISLAUS
STATE OF CALIFORNIA**

I am a citizen of the United States and a resident of the County aforesaid; I am over the age of eighteen years, and not a party to or interested in the above entitled matter. I am a printer and principal clerk of the publisher of **THE MODESTO BEE**, which has been adjudged a newspaper of general circulation by the Superior Court of the County of STANISLAUS, State of California, under the date of **February 25, 1951, Action No. 46453**. The notice of which the annexed is a printed copy has been published in each issue thereof on the following dates, to wit:

**MARCH 28,
APRIL 3, 2014**

I certify (or declare) under penalty of perjury that the foregoing is true and correct and that this declaration was executed at **MODESTO, California** on

APRIL 3, 2014

Maggie R. J.
(Signature)

Description of Reduction or Elimination			Number of Persons estimated to be impacted if the recommendation is approved.
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Age 55 - 59	245%	221%	
Age 60 - 64	279%	237%	

NOTICE IS FURTHER GIVEN that at any time prior to the time fixed for the hearing, any interested person may file written comments on the proposed action with the Clerk of the Board of Supervisors of the County of Stanislaus. Both oral and written comments will be considered by the Board of Supervisors at the time and place fixed for the hearing. Additional information regarding this hearing may be obtained by contacting the Stanislaus County Health Services Agency at (209) 558-7163, or by writing the Stanislaus County Health Services Agency, Attention: Administration, P.O. Box 3271, Modesto, CA 95353. DATED: March 18, 2014. ATTEST: Christine Ferraro Tallman, Clerk of the Board of Supervisors of the County of Stanislaus, State of California. BY: Elizabeth King, Asst. Clerk of the Board

AVISO DE AUDIENCIA PÚBLICA

POR EL PRESENTE AVISO el Consejo Directivo del Condado de Stanislaus, Estado de California, llevará a cabo una audiencia pública referente a un cambio en los estándares de elegibilidad que puede resultar en la reducción o eliminación de ciertos servicios médicos y de salud proporcionados por el Condado a ciertos individuos conforme a la Sección 1442.5 del Código de Salud y Seguridad de California y otras leyes que aplican. La audiencia pública está programada para comenzar el **8 de Abril de 2014 a las 9:10 a.m. en la Sala de Juntas, 1010 10th Street, Modesto, California**, en la cual todas las personas interesadas puedan comparecer y ser escuchadas a esa hora y lugar.

Este aviso contiene la reducción y estimación del número de personas que pudieran ser afectadas:

Descripción de Reducción o Eliminación			Estimación de número de personas que serán impactadas si la recomendación es aprobada
Las recomendaciones propuestas pudieran cambiar el límite de ingreso de elegibilidad del programa Medico de Adultos Indigentes a un porcentaje diferente de las directrices del Nivel Federal de Pobreza (FPG) como se indica abajo:			0 - 190
Categorías por edades	FPG Actual	FPG Propuesto	
Edad 21 - 29	171%	160%	
Edad 30 - 34	194%	173%	
Edad 35 - 39	205%	174%	
Edad 40 - 44	204%	180%	
Edad 45 - 49	200%	191%	
Edad 50 - 54	224%	207%	
Edad 55 - 59	245%	221%	
Edad 60 - 64	279%	237%	

SE AVISA QUE cualquier persona interesada puede presentar sus comentarios por escrito a cualquier hora antes de la fecha fijada para la audiencia con un empleado de la Junta de Supervisores del Condado de Stanislaus. Los comentarios orales y escritos serán considerados por el Consejo Directivo a la hora y lugar fijado para la audiencia. Información adicional referente a esta audiencia puede ser obtenida llamando al Condado de Stanislaus, Health Services Agency al (209) 558-7163 o escribiendo a: Stanislaus County Health Services Agency Atención: Administración P.O. Box 3271, Modesto, CA 95353. Fecha: Marzo 18, 2014. ATTEST: Christine Ferraro Tallman, Clerk of the Board of Supervisors of the County of Stanislaus, State of California. BY: Elizabeth King, Asst. Clerk of the Board