Santa Barbara County
PUBLIC Health
DEPARTMENT

INDIGENT CARE PROGRAM

(ICP)

ELIGIBILITY REGULATION MANUAL

INDIGENT CARE PROGRAM

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INDIGENT CARE PROGRAM

DEFINITIONS

- ICP: Indigent Care Program
- PHD: County of Santa Barbara Public Health Department
- HCC: Public Health Department Health Care Center
- BRC: Public Health Department Benefits and Referral Center
- ACA: Patient Protection and Affordable Care Act
- FPL: Federal poverty level
- HPE: Hospital Presumptive Eligibility enables hospitals to immediately enroll patients who are likely to be eligible for Medi-Cal, without waiting for an eligibility determination from the state.
- Individual Mandate: Requirement that legal residents obtain healthcare coverage beginning 2014 or face a tax penalty.
- MAGI: Modified Adjusted Gross Income, as defined by the ACA.
- Marketplace: Covered California, which is run by the State, is the health insurance Marketplace where eligible residents can shop for and buy insurance. The Marketplace is also referred to as the Health Benefit Exchange.
- MMNL: Minimum Maintenance Need Level is the amount of income that can be retained before a person must contribute towards their health care costs.
- PR: Property Reserves means the amount of “countable” property, i.e., property which is not exempt or unavailable, that an applicant is allowed to have and still qualify for ICP.

POLICY

It is the policy of the Santa Barbara County ICP to establish and maintain standardized eligibility criteria as part of a fair and consistent process to identify and assist appropriate applicants.

This eligibility manual reflects regulations and procedures applicable to Santa Barbara County's Indigent Care Program.

BACKGROUND

Eligibility criteria for the Santa Barbara County Medically Indigent Adult Services Program (MIASP) was originally established to address the needs of the County's medically indigent residents and to comply with the regulatory obligations since it was first implemented in 1982.

The Affordable Care Act (ACA) has transformed how health care is delivered, who is eligible for care, and how care is paid for – throughout the nation, in California, and in Santa Barbara County. As of 2014, free or low-cost health coverage is now available to most of the County's medically indigent residents, including those previously covered under the MIASP. Thus, at the start of 2014 the Public Health Department began the process for MIASP to evolve into the Indigent Care Program (ICP).

PURPOSE

While not necessary or prudent to duplicate health coverage already available by maintaining MIASP in its current form, the County will make assistance available to individuals who demonstrate that a financial or other hardship precludes them from obtaining coverage through the state health insurance Marketplace.

Significant changes to policies and practices are necessary to transform MIASP into the new ICP that meets the County's current needs.

SECTION 100 SERVICES

SECTION 100 SERVICES

101 ICP Services--General

A. The ICP has been established to provide necessary medical services to Santa Barbara County's medically indigent population. The benefits for medical services shall not exceed those provided under the State Medi-Cal program. The scope and duration of benefits are determined by the PHD.

102 Medical Care

A. Once an individual is determined eligible for ICP benefits, they must meet certain requirements in order to ensure payment by PHD of their covered medical costs.

B. ICP beneficiaries must have all of their covered medical care provided by a Santa Barbara County HCC in order for the cost of their care to be covered by ICP.

1. Exception: ICP beneficiaries referred by Santa Barbara County HCC providers to medical care providers outside the HCC system, and whose referrals are authorized by the BRC, will have the cost of their medical care covered under ICP. The rate of reimbursement will be established by the PHD.

103 List of the County Public Health Department Health Care Centers:

Carpinteria Health Care Center
931 Walnut Ave.
Carpinteria, CA 93013
(805) 560-1050

Franklin Health Care Center
1136 East Montecito St.
Santa Barbara, CA 93103
(805) 568-2099

Lompoc Health Care Center
301 N "R" St.
Lompoc, CA 93436
(805) 737-6400

Santa Barbara Health Care Center
345 Camino del Remedio
Santa Barbara, CA 93110
(805) 681-5488

Santa Maria Health Care Center
2115 S. Centerpointe Pkwy.
Santa Maria, CA 93455
(805) 346-7230

Satellite Clinics
Casa Esperanza
816 Cacique Street
Santa Barbara, Ca 93101
Phone: 884-8481

Good Samaritan Shelter
410 West Morrison Avenue
Santa Maria, Ca. 93458
Phone: 347-3392 ext. 101

Santa Barbara Rescue Mission
535 East Yanonali Street
Santa Barbara, CA 93103
Phone: 966-1316

SECTION 200 APPLICATION PROCESS AND PERIOD OF ELIGIBILTY

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201 Persons Who May File an Application for ICP

A. Patients with a current medical care need, who are between 21 and 65 years of age, may apply for ICP if they are any of the following:

1. A person who cannot meet the Medi-Cal eligibility requirements under any established Medi-Cal program.
2. A person who has applied for Medi-Cal as a medically needy person based on blindness or disability and is awaiting a determination (Medi-Cal Aid Codes 60/64/67).
3. Persons who availed themselves of all other assistance as detailed in section 204.

B. In order to be eligible under this program, persons described above must currently be in need of medical care that is a covered benefit of ICP, and meet all other eligibility requirements as specified in this manual. Applications will not be taken for persons who are not in need of covered services as determined by the PHD.

C. For purposes of this manual, persons are considered 21 years of age on the first day of the month following their 21st birthday.

D. Persons in need of ICP benefits who are incapable of acting on their own behalf may have any one of the following persons apply on their behalf:

1. Spouse or other immediate family member.
2. A relative or significant other who has knowledge of that applicant's circumstances.
3. A conservator, guardian, executor or person having power of attorney for the patient.

202 Service Delivery

A. Medical care which is covered by ICP must be provided at a HCC except as specified below:

1. In-patient care, approved by the PHD, will be covered as medically necessary only at a designated hospital.
2. Specialty care that is not available within the PHD will be covered through designated providers if a referral is made by a HCC physician and is authorized by the BRC.

B. Medical care received outside the PHD will not be covered, except as specified above in 202(A). In any event, there will be no coverage for care which has not been authorized.

203 Evaluation of Medi-Cal Linkage

A. Possible linkage to the Medi-Cal program will be evaluated at the time of each application.

1. Applicants shall, as a condition of eligibility for ICP, take all action necessary to obtain Medi-Cal through any State or Federal Program.
2. Persons who are eligible but refuse to apply, cooperate or supply the necessary information or accept eligibility assistance will be ineligible for ICP.

204 Application For Other Assistance

A. In addition to the requirements in Section 203, persons applying for ICP must apply for, and accept, all other assistance or benefits for which they may be eligible, that would affect eligibility or share of cost. This includes, but is not limited to, Covered California (Covered CA) Health Plans offered in the Health Benefit Exchange, SSI/SSP, Unemployment Insurance Benefits, State Disability, Victims of Violent Crime Compensation, Worker's Compensation, Social Security Benefits, any benefits available through the Veteran's Administration, private insurance settlements, third party claims and Federal and State Income Tax returns.

B. Persons who fail to apply for Covered CA Exchange programs during the most recent open enrollment or fail to maintain coverage under those programs and/or fail to pay premiums for available health plans will be ineligible for ICP, unless the person has provided their Exemption Certification Number obtained from the Internal Revenue Service or other regulatory agency verifying an approved exemption to the Individual Mandate. Compliance with this requirement for eligibility will be based upon the applicant's actions, or lack of action, during the most recent open enrollment period.

205 Social Security Numbers

A. Each applicant shall, as a condition of ICP eligibility, provide the department with his/her Social Security Number.

1. Applicants who do not have a Social Security Number will be required to apply and provide proof of application for one prior to approval.
2. Applicants able to provide a valid Social Security Number, but who lack verification of that number, will be given 90 days to apply for and provide the department with a duplicate card or written verification from the Social Security Administration of their valid Social Security Number.

B. Failure to comply with the above may result in future ineligibility.

206 When to Apply

A. Persons wishing assistance under ICP must be screened by HCC staff at the time medical care is provided, unless currently certified as eligible. HCC staff will refer persons meeting minimum ICP qualifications to the BRC for further determination. BRC staff will facilitate the ICP application at time of interview.

1. ICP Screening determination may be made up to seven calendar days prior to a scheduled medical service.
2. Persons receiving HCC services who are unable to be screened for ICP before the date services are rendered, shall have seven calendar days to begin the screening process.

3. Persons admitted to designated hospitals on an emergency basis may be screened within seven days of their admission date; however, Medi-Cal eligibility via Hospital Presumptive Eligibility (HPE) established by the ACA at Section 435.1110 must be pursued prior to the ICP screening. If a written denial under HPE is obtained, persons must be screened for ICP.

207 Eligibility Determination

A. Persons or their representative who are screened and meet the qualifications set forth in Sections 201 and 205 shall have a face-to-face interview with BRC staff to review statements related to eligibility. Persons will be required to provide requested supporting documentation during the screening interview and prior to the ICP application.

1. The face-to-face interview shall be conducted within 30 days of the person’s request to be screened for ICP, unless special circumstances exist.
2. Applicant's responsibilities and program information shall be reviewed during the face-to-face interview.
3. Persons will be screened for the availability of programs such as Medi-Cal or Covered California Marketplace Health Plans during the face-to-face interview.

B. Applicants or their representative requesting ICP benefits must complete all the necessary application forms as required by the County within the time allotted.

C. Information provided by the applicant shall be subject to verification prior to approval of eligibility.

1. The applicant shall be responsible for securing additional information and verifications requested by the PHD within the time allotted.
2. Exceptions to the verification requirements may be made one time only for short certification periods, as determined by the PHD.

D. The PHD will determine eligibility and share of cost after all essential information is provided and verified.

E. Eligibility will be denied if the applicant fails, without good cause as determined by the BRC Supervisor, to provide or verify information in the time allocated by the PHD.

1. Applicants whose eligibility for a particular period has been denied will not be eligible to re-apply for that period.

208 Period of Eligibility

A. Applications made in accordance with Section 206 shall be approved effective the beginning date of service, if all eligibility criteria are met. Duration of eligibility shall be determined by the PHD, but is not to exceed three full calendar months following the month of application.

1. One-time only certifications for a period not to exceed one month and which are limited to no more than two HCC visits, may be made for patients who are in need of care and do *not* require an outside referral. Income and resource verifications may be waived if determined appropriate by the PHD.

a) Persons approved under this category will be required to participate in the full application process during any subsequent application.

B. Persons requiring care beyond their initial period of eligibility will be required to reapply for a new period of eligibility following the guidelines outlined in the manual.

209 Persons Determined Eligible--Information Input and Dissemination

A. Once eligibility is established, specific information identifying patients and the details of their eligibility will be input into the PHD’s practice management system and made available to HCC personnel. Patients will also receive a Certification for Services letter confirming eligibility.

1. Patients will be billed for covered services only up to their share of cost amount.

2. Referral providers will confirm eligibility by requesting the patient's Certification of Services letter or verifying eligibility on the CenCal website.

210 Denial of Eligibility--Appeals Process

A. Applicants who feel they have been unfairly denied ICP eligibility can appeal to the BRC staff for an informal review of the decision within 15 days of receipt of the denial notice.

1. If objective evidence can be presented to substantiate an applicant's claim, (e.g. good cause for failing to provide required verifications), the denial will be rescinded.

B. Applicants who are not satisfied with the results of this informal review may, within 5 days, make an administrative appeal to the BRC Supervisor. The request for appeal must be in writing and clearly indicate the reason for the appeal.

1. An interview will be scheduled within 14 days from the date of request. In instances where the applicant declines a face-to-face interview, the review may be handled via telephone or in writing. The decision may be verbally rendered at the time of the interview and discussed with the applicant, or if further review is necessary, a written decision may be rendered within one week.

2. Applicants with favorable decisions will have eligibility determined based on their original date of application**.**

SECTION 300 CITIZENSHIP, RESIDENCY, INSTITUTIONAL STATUS

SECTION 300 CITIZENSHIP, RESIDENCY, INSTITUTIONAL STATUS

301 Citizenship

A. To be eligible for ICP, applicants must be a Santa Barbara County Resident, as specified in Section 302 below, who is one of the following:
   1. A citizen of the United States.
   2. An alien lawfully admitted to the United States for permanent residence.

B. Verification of citizenship or alien status shall be required as follows:
   1. U.S. Citizens - within 60 days of application, the beneficiary must provide one of the following: birth certificate, baptismal certificate recorded within six months of birth showing that birth occurred in the United States, naturalization papers, U.S. Passport, or written verification from the Social Security Administration that documents place of birth and citizenship status.
   2. Resident Aliens - prior to approval for ICP, applicants must provide one of the following: country of origin passport that contains a stamped I-551, which will always contain an 'A' number; Alien registration Card AR-3, AR-103, I-151; or other documentation verifying status as Permanent Resident Alien.

302 Residency

A. An applicant or recipient must be a Santa Barbara County resident to be eligible for ICP.
   1. No person is eligible to apply for or receive ICP unless he or she has been a resident of Santa Barbara County for at least 15 days.
   2. All applicants and recipients must provide proof of Santa Barbara County residency.

B. Residents of other counties who enter Santa Barbara County, or are transferred into the County for the purpose of receiving medical care are not eligible for ICP unless Santa Barbara County residency is established.

C. Residents of other counties who are living in recovery, rehabilitation or residential programs in Santa Barbara County are ineligible for ICP, unless Santa Barbara County residency is established.

303 Institutional Status

A. Inmates who are detained under the penal system shall not be eligible for ICP, regardless of the type of care received or the facility rendering care.

B. Persons on parole or probation shall be eligible for ICP provided that all other eligibility criteria are met.

SECTION 400 RESPONSIBLE RELATIVES/IDENTIFICATION OF THE BUDGET UNIT

SECTION 400 RESPONSIBLE RELATIVES/IDENTIFICATION OF THE ELIGIBLITY UNIT

401 Responsible Relative

A. In determining eligibility for ICP, “Relative Responsibility” shall be determined in accordance with the following:

1. Relative Responsibility shall be spouse for spouse when spouses are living together.
2. Spouses living apart shall have their eligibility determined separately.

402 ICP Eligibility-Unit Determination

A. The “Budget Unit” (BU) shall be the number of persons considered in determining a person or family's eligibility and share of cost.

B. In determining the BU the following shall apply:

1. **Family Members Living In The Home**	1. **Budget Unit (BU) Composition**
a) Individual adult	a) Individual adult = BU of 1
b) Adult, adult spouse	b) Adult, adult spouse = BU of 2
c) Adult, minor spouse	c) Adult (minor spouse is an ineligible member) = BU of 2
d) Two adult unmarried parents, mutual minor child	d) Both adult unmarried parents (child will be an ineligible member) = BU of 3
e) Two adult unmarried parents, minor mutual child, separate child of one parent	e) If linkage to Medi-Cal does not exist for the entire family, the ICP unit would consist of the parent without a separate child (mutual child, other parent, and separate child would be ineligible) = BU of 4

f.) Adult, adult spouse, mutual minor children	f.) If linkage to Medi- Cal does not exist for the family, the ICP unit would consist of adult, adult spouse (mutual children would be ineligible members) = BU of 3 or 2 + the number of children
g.) Adult, adult spouse in Long-Term Care (LTC)	g.) Adult (Adult spouse in LTC is ineligible.) Total family income is determined and one half is allocated to the ICP unit. Resources count in total = BU of 1

403 Ineligible Members of the ICP Budget Unit

A. Persons who are ineligible members of the ICP BU shall be included for the purpose of establishing eligibility and share of cost, but shall not be eligible for services through ICP. Ineligible members include:

1. Family members who are eligible for or receiving Medi-Cal under another aid program.
2. Ineligible aliens.
3. Children less than 21 years of age.
4. Family members who refuse to cooperate with the regulations outlined in this manual and are ineligible.

SECTION 500 PROPERTY

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501 Property Evaluation

A. After determining the composition of the ICP BU, property holdings of the unit will be evaluated to determine:

1. Property to be included in determining eligibility.
2. The availability of property.
3. The value of the included property.
4. Whether the total value of the included property exceeds the property limits specified in this section.

502 Treatment of Property

A. The separate property and a person's share of community property shall be considered in determining eligibility.

1. A spouse's share of community property is always one-half.

B. The owner of the property, for ICP eligibility purposes, shall be the person who holds legal title, unless otherwise stated in these regulations.

503 Property Limits

A. Property is defined as "real property" and "personal property." "Real property" is land, buildings, mobile homes which are taxed as real property, or life estates in real property. "Personal property" is any kind of liquid or non-liquid asset, i.e., cars, jewelry, stocks, bonds, financial institution accounts, boats, trucks, trailers, promissory notes, mortgages, and deeds of trust, etc. Property that is not counted in determining eligibility is called "exempt" or "unavailable" property. Countable property, i.e., property which is ***not*** exempt or unavailable is included in the "property reserve," (PR) i.e., the amount of countable property the applicant is allowed to have and still qualify for ICP.

1. The PR is the net market value of the non-exempt property of those persons considered in the BU for eligibility purposes.
2. The PR shall not exceed current Medi-Cal Property Limits at the time of the ICP application.

3. Persons whose PR exceeds the allowable limits may become eligible effective the date property falls within the limits, if all other eligibility criteria are met.

4. In order to become eligible within the month of application, excess property must be spent within that month on one of the following items:

   a. Medical care received during the month.

   b. One of the following basic items of need in the month of applications:

      1. Food
      2. Shelter
      3. Utilities

5. Persons ineligible in the month of application, who reapply for a future month, must be able to demonstrate how excess resources were brought within eligibility limits.

504 Personal Property

A. Exempt Personal Property - The following items shall not be considered when determining eligibility:

1. One motor vehicle per wage earner of the household that is used for transportation.
2. All items used to furnish a home.
3. An item of personal property used as a home (i.e. boat, motor home or vehicle).
4. Clothing.
5. Wedding and engagement rings, heirlooms or items of jewelry valued at less than $200.00 each.
6. Life insurance policies with no cash value.
7. Burial insurance policies for family members.
8. Burial vaults, plots or crypts retained for use by a family member.
9. Prepaid burial trusts or contracts.

10. Business equipment, inventory and materials that are necessary for employment, self-support or an approved plan of rehabilitation, provided the following conditions are met:
    a) The applicant obtains a reasonable rate of return from the use of the above, or, if currently unemployed, the applicant must provide evidence that the equipment has been used in the past or that he/she is seeking work which would require its use in the future.
    b) Motor vehicles are considered equipment only if used exclusively for business, not including to and from work.
    c) Cash on hand, or money in business accounts shall be exempt only up to a maximum of two times the average monthly expenditures for the business, and only if used exclusively for business transactions.
11. Property held in trust, provided that the applicant or family member cannot gain access to the trust. It shall be required that the applicant takes the following steps, as necessary, to attempt to gain access to the trust:
    a) Request that the trustee release the funds.
    b) Request that the trustee petition the court for release of the funds.
    c) Petition the court directly for release of the funds.
12. Verifiable amounts saved from a child's earnings for future education or identifiable needs.

B. Included property - The following items of personal property shall be considered in determining eligibility and valued as indicated:
    1. Cash or checks on hand.
    2. Checking, savings or credit union accounts.
        a) Value shall be the amount to which the person has unrestricted access, minus income received and deposited that month.
    3. Stocks, bonds and mutual funds.

a) Value shall be the closing price at the time of application.

4. IRA's, Keogh's or Deferred Compensation Plans.
   a) The value shall be the account balance at the time of application.
5. United States Savings Bonds.
   a) Value shall be the amount for which they can be sold.
6. Non-exempt motor vehicles.
   a) Value shall be derived from the DMV charts, minus encumbrances (i.e., amount owed on loan).
   b) Antique or restored cars shall be valued by using an average of two qualified appraisals or written estimates of value.
   c) Persons who disagree with DMV values may submit two qualified appraisals or estimates of value from auto dealers or insurance adjusters. The value shall be an average of the two appraisals or the Kelley Blue Book value may be used.
7. Non-exempt boats, campers or trailers.
   a) The value shall be the lesser of the DMV value or the appraised value or the purchase price, minus encumbrances.
8. Non-exempt jewelry.
   a) The value shall be as listed by the applicant, unless further verification is requested by the PHD. The applicant may be required to submit two qualified appraisals.
9. The cash value of all life insurance policies.
10. Business equipment, materials or inventory not exempt under Section 504(A).
    a) The value shall be either as listed by the applicant or as valued by a competent appraiser, if requested by the PHD.
11. Property held in trust, which is not exempt under Section 504(A).
    a) Failure of the applicant to attempt to secure the release of the funds shall result in the entire amount being included in the property reserve.

12. The net market value of livestock or poultry, retained primarily for profit, unless exempt as business property in accordance with Section 504(A)(10).

505 Real Property

A. Exempt Real Property - The following items of real property shall be exempt from consideration in determining eligibility:

1. A single dwelling used as a home.
2. A mobile home, houseboat or other shelter, assessed as real property, which is used as a home.
3. A single family home that jointly serves as a home and a business.
4. Native American interest in land held in trust by the U.S. Government.
5. Proceeds from the recent sale of property used as a home, provided the applicant has made an offer on another property or is in escrow for the purchase of another home.

B. Non-Exempt Real Property – The following items shall be considered in determining eligibility. The net market value, when combined with other non-exempt real or personal property, must fall within the property limit:

1. Business property.
2. Land contiguous to a home, which is zoned in a manner that allows for the division and sale of parcels not used as a home.
3. The net market value of the portion of a multiple dwelling unit not used as a home, or rental units on land contiguous to the home. The net market value shall be determined by:
   a) Determining the market value of the entire property.
   b) Determining the percentage not used as a home, and its market value.
   c) Applying the percentage of encumbrances for the part not used as a home to its market value.
4. Mortgages, Notes secured by Deeds of Trust, or other Promissory Notes.

a) The value shall be either the principal remaining on the note or the value established by a qualified appraiser.

5. The value of life estate interest in real property.

6. Any other property owned by the applicant.

506 Transfer of Property

A. Transfer of property within 12 months of application shall be evaluated for its effect on eligibility.

B. Transfer of property which may result in ineligibility shall include:

1. Transfer made in return for an enforceable life care contract, which includes medical care.

2. Property transferred without adequate consideration shall be presumed to have been transferred in order to establish eligibility, unless the applicant is able to objectively establish that said presumption is incorrect. The applicant must be able to adequately demonstrate that sufficient resources existed at the time of transfer to provide support and medical care, considering the patient's age, health and life expectancy.

C. Transfer of property not resulting in ineligibility shall include:

1. Property which, when transferred, had a net market value that would not have resulted in ineligibility.

2. Property transferred to satisfy a legal debt.

3. Property transferred to reimburse someone other than a responsible relative, for care, provided a written agreement was made. The value of care must be reasonably equivalent to the value of the property.

4. Foreclosure or repossession was imminent at the time of transfer.

5. The transfer was made in return for an enforceable contract for life care that does not include medical care.

6. The applicant is able to clearly demonstrate that the transfer was made for reasons other than to establish eligibility.

D. Property transfer which results in ineligibility may also result in an extended period of ineligibility. This period shall be the time during which

the net market value of the property at the time of transfer, less consideration received, would have supported the applicant or family. The period shall be computed as follows:

1. Determine the net market value at the time of transfer, less consideration received.
2. Determine the amount that would have resulted in ineligibility.
3. Divide that amount by the monthly income limit to determine the number of months of ineligibility.
4. The period shall begin the month after the month of transfer and continue.
5. The period may be reduced by deducting the amount the family spent on medical care during the period of ineligibility.

SECTION 600 INCOME/INCOME LIMITS/SHARE OF COST OR CO-PAYMENT

SECTION 600 INCOME/INCOME LIMITS/SHARE OF COST OR CO-PAYMENT

601 Income Definitions

A. Earned income is income received in cash or in-kind, such as wages, salary, commissions or profits from activities such as business enterprises, in which the recipient is engaged, either as an employee or self-employed individual.

B. Unearned income is income received in cash, including, but not limited to, pensions, disability or Unemployment Insurance Benefits, Worker's Compensation, Veterans Benefits, gifts, loans, tax refunds, child support or payments received from others for room and board.

C. Income in-kind is any support received in-kind from a person other than a responsible relative, for housing, utilities or food. See Section 603(B)(4).

D. Modified Adjusted Gross Income (MAGI) is a methodology created under the ACA to determine financial eligibility for Medi-Cal as well as premium tax credits and cost-sharing assistance through Covered CA, the Health Benefit Exchange. The methodology has two components: (1) calculating income; and (2) determining who is in the household. Household income is then compared to the Federal Poverty Level (FPL), which depends on family size, to determine eligibility. MAGI is the adjusted gross income plus any tax exempt Social Security, interest or foreign income.

602 Availability of Income

A. Income shall be considered available in the month it is received. Only income actually available shall be considered in determining eligibility.

603 Treatment of Income

A. Exempt income-The following payments shall be exempt and not considered when determining eligibility:

1. Payments received in cash or in-kind for Social Services in accordance with Title XX of the Social Security Act for childcare or rehabilitation expenses, including training expenses.
2. Foster Care Payments.
3. Earnings of a child under 18, who is a full-time student, provided they are not used to meet the needs of the ICP BU.
4. Loans received by the applicant family. The applicant must provide evidence of a bona fide loan, which includes a written agreement, executed at the time the loan originated, and which contains a specific repayment plan. Documents drawn up after application, establishing loan terms retroactively shall not constitute evidence of loan under these regulations.
5. Public Assistance Payments and the cash value of Cal Fresh assistance.

B. Included Income - The following income shall be considered and counted in determining eligibility as indicated:

1. Income as determined under MAGI rules.
2. Net income from self-employment.
   a) Gross receipts minus verified allowable business expenses incurred in the month.
   b) Applicants must provide last year's tax returns, if filed.
   c) It shall be the applicant's responsibility to maintain and provide clear, up-to-date business records.
3. Unearned income.
   a) Actual amount received minus court-ordered child support.
4. In-kind income.
   a) The in-kind value shall be the actual cost of the item ***or*** the following values ***in dollars*** for in-kind housing, food, and/or utilities, whichever is less, for:

	HOUSING	FOOD	UTILITIES
One Person	153	86	33
Two Persons	206	182	38
Three Persons	225	232	40
Four + Persons	236	286	41

5. Rental Income. (Property must be owned.)
   a) Net income shall be amount received less the prorated portion of property taxes, homeowners insurance, utilities paid by the owner for the rented area and the interest portion of the monthly mortgage payment.
   b) Expenses shall be prorated as follows:
      1. Determine the total number of rooms in the area to be considered. For purposes of this section, rooms include all but the following:
         (a) Bathrooms
         (b) Hallways
         (c) Closets
      2. Determine the number of rooms which are providing rental income.
      3. Based on the number of rooms rented, determine the percentage from which rental income is provided.
      4. Apply that percentage to the expenses. This is the amount to be subtracted from the gross rental income.
6. Income from non-exempt educational grants and scholarships.
   a) The amount received minus documented expenses for tuition, fees, books, equipment, and child care fees for school-related activities.
7. Gifts or loans not exempt under Section 603(A)(5).

604 Income Limits/Share of Cost/Income Cap/Changes in Income

A. The amount of monthly non-exempt MAGI income determines whether an individual or family is eligible for ICP and the amount of the monthly Share of Cost (SOC).

B. The amount an individual or family is allowed to retain for living expenses shall be the income limit. Individuals or families whose MAGI is between 138% and 200% of the current FPL at the time of the ICP application are eligible to receive covered services.

C. If an individual or family's MAGI is above the minimum income limit for the current FPL for the number of persons in the household, but below the maximum limit, they are eligible to receive covered services with a SOC. This SOC shall be computed by subtracting the current MMNL, utilized in Medi-Cal guidelines, from the individual or family MAGI. This is the amount the individual or family must obligate or pay to the PHD each month for medical expenses they incur. If the cost of services falls below an individual or family's SOC amount, they will be billed only for the cost of actual services received. ICP will pay for covered services in excess of the patient's monthly SOC.

D. Ineligibility exists when the individual or family's MAGI exceeds 200% of the current FPL.

E. Income changes during the eligibility period, which result in a change in the SOC amount, will be reflected in the month the change occurred, and shall result in a change in the patient's bill.

1. Changes in income which result in a decrease in the SOC shall be adjusted in the month in which the decrease occurred, if the change is reported within 10 days. Changes not reported in a timely manner shall be adjusted in the month the change is reported.
2. Changes which increase the SOC shall be adjusted in the month following the change, if the change is reported within 10 days. Changes not reported in a timely manner shall be adjusted from the date the change occurred.

3. Changes which result from a miscalculation of income on the part of staff will be adjusted in the month the change occurred.

SECTION 700 OTHER HEALTH INSURANCE COVERAGE/THIRD PARTY LIABILITY

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701 Other Health Insurance Coverage

A. An applicant shall be required to report entitlement to any other health insurance coverage at the time of application or reapplication. Applicants with other health insurance coverage are ineligible for ICP coverage.

B. ICP will not cover insurance SOCs or co-payments for patients with other health insurance.

702 Third Party Liability

A. An applicant shall be required to report to the PHD any situation in which a third party payer may be liable for the cost of medical care being billed to ICP. This includes, but is not limited to:

1. Workers Compensation
2. Accident or injury settlement as a result of another person's action or failure to act.

B. The County may file a lien against any settlement which includes payment for medical services billed to ICP. The applicant shall be responsible for providing information necessary to file a lien and cooperate in the filing of such a lien.

SECTION 800 OVERPAYMENTS AND FRAUD

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801 Potential Overpayments/Fraud

A. A potential overpayment occurs when any of the following situations exist:

1. A beneficiary has property in excess of the limits for an entire calendar month.
2. A beneficiary or person acting on their behalf fails to report facts that would affect eligibility.
3. A beneficiary fails to report other available health insurance coverage.

B. Fraud exists when a beneficiary willfully fails to report facts with the intention of deceiving the County for the purpose of obtaining ICP.

802 Action on Overpayments

A. When an overpayment is found to exist, the PHD shall take the following actions:

1. Determine the correct eligibility status for the period, based on actual circumstances.
2. Determine the amount of services the patient received during the overpayment period.
3. Determine the actual overpayment in accordance with the following:
    a) Overpayments due to excess property shall be the lesser of:
        1. The actual cost of care received during the period.
        2. The amount of property in excess of the limits for each month of eligibility.
    b) Overpayments due to income resulting in an increased SOC shall be the lesser of:
4. The actual cost of services received during the period of eligibility.
5. The amount of increased SOC for the period.
    a) Overpayments due to other factors, which result in ineligibility, shall be the actual cost of services received.

b) Overpayments due to unreported other health insurance shall be the cost of services minus any costs recovered from the insurance carrier or other source.

6. Revise the patient's bills for services to reflect the overpayment determination.
7. Take collection action, as determined appropriate by the County and permitted by law.

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