

# **Contra Costa County Health Care for the Homeless (HCH) Program: Sliding Scale Discount Policy and Procedures for Services Covered by the HCH Scope of Project**

## **I. PURPOSE**

To describe the process to minimize financial barriers and the benefit plans that will be utilized when documented and undocumented homeless individuals receive care in sites included in the Contra Costa County Health Care for the Homeless (HCH) program's approved Scope of Project.

## **II. REFERENCES**

Health Resources and Services Administration (HRSA)  
Section 330 Requirements of the PHA Act

## **III. AUTHORITY AND RESPONSIBILITY**

Financial Counseling, Patient Accounting and Registration

## **IV. POLICY and PROCEDURE**

### **A. Notification**

1. Signage in both English and Spanish will be posted in registration areas of the hospital and outpatient health centers inform patients how to apply for a discount for medical services. All printed and electronic information about the HCH program will include a description of eligibility for the discount program in both English and Spanish and at appropriate literacy levels for the health center's target population.

### **B. Screening/Eligibility for Coverage and Sliding Fee Scale Program**

1. Patients who are new to the Contra Costa County Health System (CCHS) system of care will be screened by the Registration staff using the Homeless Questionnaire (See attachment A). This questionnaire will allow the HCH Program to identify if a patient is homeless or at risk for homelessness. The patient will not be required to provide specific verifications regarding the patient's homeless status; therefore, the patient's self-attestation will be accepted. Patients will be screened for homelessness and for eligibility to the sliding fee program at least annually and will be asked at each visit if there is a change in status.

2. Financial Counselors will interview the patient to determine if the patient is eligible for health care coverage, which includes, PRUCOL in the event the patient is undocumented, Medi-Cal, restricted or emergency Medi-Cal, Breast and Cervical Cancer Treatment Programs and Long Term Care/Kidney Dialysis. Additionally, patients will be screened to determine if they are eligible for insurance through Covered California or the Basic Health Care Program.

3. In addition to screening for the programs listed above, a Financial Counselor will determine if the patient meets the family size and income criteria to qualify for the Sliding Fee Scale Program. Eligibility will be based on the number of members in the household, which includes the tax filer, the spouse, if applicable, and tax dependents; and the gross monthly/annual income of all household members who are required to file a tax return. Gross income is defined using the IRS definition of income reported on line 22 of Form 1040. No asset test is required. Income must be documented as with the sources noted on the application form or with a signed letter of attestation. Patients may be required to pay a discounted rate for services based upon where

their income falls in the current Federal Poverty Level Guidelines and will not be discriminated against on the basis of age, gender, race, creed, disability or national origin. See Attachment B for the sliding fee schedule and income guideline. The sliding fee schedule will be updated annually to use the most recent federal poverty income guidelines, will be evaluated annually for its effectiveness in reducing financial barriers to care, revised as may be appropriate and approved by the board.

4. Homeless individuals and families with annual incomes at or below 100% of the Federal Poverty Level will receive a full discount and will not be charged for services. Patients with incomes above 200% of the Federal Poverty Level will be evaluated for the Discount Program. See Health Services Policy # 707-C, Discount Payment Program for more information. Patients above 200% of the FPL not eligible for other support programs will be charged full fee.

5. Patients with third party health insurance that does not cover or only partially covers costs for certain medical services may be referred to a Financial Counselor to be screened for eligibility for the Sliding Fee Scale Program. A payment adjustment will be made by CCHS Patient Accounting for patients who are eligible for the Sliding Fee Scale Program. Insured patients who are eligible for the sliding fee program will not be charged more than they would otherwise have been charged as an uninsured patient under the sliding fee program.

6. Patients who are homeless or at risk for homelessness are not required to apply for health care coverage in order to be eligible for the Sliding Fee Scale Program.

7. Patients who are screened and identified as homeless or at risk for homelessness will have the Homeless benefit plan entered into cLink.

8. Patients will be required to complete an application for the Sliding Fee Scale Program (see attachment C). Upon receipt of a Verifications Request Notice from the Financial Counseling Unit, patients will submit a signed Rights and Responsibilities Form. Patients will receive written notification of their Sliding Fee Discount payment or, if applicable, the reason for denial of their application. Homeless patients whose income and family size status does not change will remain eligible for the sliding fee program for one year from the point in time their application was approved.

9. Patient Accounting will adjust the charges for services per the sliding fee schedule and income guidelines per notes entered by a Financial Counselor in cLink. Documents submitted by the patient are scanned and kept in a secured database. Random applications are reviewed periodically to ensure compliance with this policy.

10. If ineligible for any of the discount programs or if a Financial Counselor does not interview the patient prior to a scheduled outpatient appointment or discharge from Inpatient or the ED or if the patient refuses to complete the application process, the financial coverage will remain Private Pay.

11. Medical services will be provided regardless of one's ability to pay. The Patient Accounting Director will inform the Health Services Department's Chief Financial Officer (CFO) of the extenuating circumstance(s) that impacts a patient's ability to pay the discounted fee per the Sliding Fee Schedule. The CFO will make the decision to waive the entire or partial amount of what the patient owes for medical services rendered.

### **C. Health Care for the Homeless Van Services**

1. Homeless patients may receive primary care services in the mobile health vans that specifically provide health care services for the homeless population. CCHS mobile vans are not able to charge patients for services due to California State licensing requirements. Patients who receive services in the Homeless Van will have the plan benefit code 800004 assigned by the CCHS Health Care for the Homeless (HCH) staff only. This

plan benefit code is specific for Homeless Van services. This benefit plan code ensures that homeless patients will not be billed for services provided in mobile vans.

#### **D. Outpatient Services**

1. Registration will attempt to pre-register all patients who are seen in the outpatient health centers. Patients who do not have coverage will be referred to Financial Counseling.
2. Homeless patients may be pre-scheduled or walk-in to be seen in CCHS outpatient health centers. When a homeless patient presents to the outpatient health centers for care and they do not have coverage, the Public Health staff will contact Financial Counseling to facilitate the process to determine if the patient is eligible for health coverage.
  - a. If the patient is determined ineligible by a Financial Counselor for any of the offered coverage or payment plans, the benefit plan code, 199001 Interdepartmental – Public Health, will be added to the Hospital Account Record (HAR) benefit for services received in the outpatient setting. These patients will present a referral form from the HCH Program at the time of the appointment. This will ensure that homeless patients will be charged in accordance with their sliding fee status.
  - b. The sliding fees shown in Attachment B are all inclusive and cover the full range of primary, specialty, lab, radiology and pharmacy services provided directly by CCHS as part of the Approved scope of Project.
  - c. Any services included in the HRSA approved Scope of Project provided to homeless patients by referral as defined on HRSA Form 5A columns II and III will be provided at a discount equal to or better than if the service were provided directly by CCHS and these referred care services will be available equally to all homeless patients regardless of their ability to pay.
  - d. In the event the patient needs to receive specialty services outside of the HRSA approved Scope of Project and outside of the CCHS system, those authorizations will be sent to Contra Costa Health Plan (CCHP) Authorization Unit.