

Criteria for Current Health Care Coverage Initiative (HCCI) Program Participation

Program Participation Criteria

- Must be a governmental entity that is a county, a city and county, a consortium of counties serving a region consisting of more than one county, or a health authority.
- Must certify local expenditures reflecting the local total-funds expenditure for medical services provided.
- Must utilize an appropriate source of local funds for its total-funds expenditures. The source of funds must not include other federal funds (federal funds received as revenue for providing patient care services are exempted from the limitation on the use of federal funds) or impermissible provider taxes or donations, as defined under section 1903(w) of the Social Security Act, and applicable federal regulations.
- Must ensure that its annual HCCI program allocation supplements, and would not supplant, any county, city and county, health authority, state or federal funds that would otherwise be spent on health care services in that county, city and county, consortium of counties serving a region, or health authority.
- Must comply with the requirements of section 6036 of the federal Deficit Reduction Act of 2005 entitled "Improved Enforcement of Documentation Requirements."
- Must currently provide care to Medi-Cal beneficiaries and must coordinate HCCI program care with services provided to Medi-Cal beneficiaries.

HCCI Program Requirements

- Expand the number of Californians who have health care coverage.
- Strengthen and build upon the local health care safety net system, including disproportionate share hospitals, county clinics, and community clinics.
- Improve access to high quality health care and health outcomes for individuals.
- Create efficiencies in the delivery of health care services that could lead to savings in health care costs.
- Provide grounds for long-term sustainability of the HCCI program.

- Demonstrate how the HCCI program will promote the viability of the existing safety net health care system.
- Documentation to support the ability to implement the HCCI program in an expeditious manner in order to fully utilize the annual program allocation.
- Enrollment processes, with an identification system to demonstrate enrollment of the uninsured into the system.
- Screening and enrollment processes for individuals who may qualify for enrollment into the Medi-Cal Program, the Healthy Families Program, and the Access for Infants and Mothers Program prior to enrollment into the HCCI program.
- Demonstrate how the HCCI program will provide consumer assistance to individuals applying to, participating in, or accessing services provided by the program.
- Designation of a medical home, where a single provider or facility maintains all of the individual's medical information, and assignment of eligible individuals to a primary care provider, from which the individual can access primary and preventive care.
- Use of a medical records system.
- Provision of a benefit package of services, including preventive and primary care services, and care and case management services designed to treat individuals with chronic health care conditions, mental illness, or who have high costs associated with their medical conditions, to improve their health and decrease future costs.
- Promotion of the use of preventive services and early intervention.
- Quality monitoring processes to assess the health care outcomes of individuals enrolled in the health care coverage program.