



Riverside/San Bernardino, CA TGA
Policy and Procedure
Policy #7
LIHP Eligibility Pre-Screening

Effective.....November 1, 2011
Revised.....March 1, 2012
APPROVED

Scott Rigsby, Public Health Program Coordinator

- PURPOSE** This policy is intended to communicate the requirement for all Ryan White funded agencies to Pre-Screen all new and continuing clients for eligibility for the Low Income Health Plans being implemented in the Counties of Riverside (*Riverside Healthcare*) and San Bernardino (*Arrowcare*).
- POLICY** RW-funded agencies are required to pre-screen all **new** clients for LIHP eligibility prior to providing any RW funded service. RW-funded agencies are also required to pre-screen all **continuing** clients for LIHP eligibility at their next scheduled RW financial eligibility screening. Continuing clients must then be screened for LIHP and any other third party payer **every six months** thereafter (see Policy #8).
- SCOPE** This applies to all contracted agencies providing RWP services to eligible clients in the Riverside/San Bernardino, CA TGA.
- PROCEDURE**
- A. Background**
- Low Income Health Program:** The Department of Health Care Services (DHCS) in coordination with California Stakeholders and the Centers for Medicare and Medicaid Services (CMS) has received approval of the Section 1115 Medicaid Demonstration, entitled “California’s Bridge to Reform,” effective November 1, 2010 through October 31, 2015.
- This demonstration includes the LIHP (also known as Coverage Expansion and Enrollment Demonstration (CEED)), and encompasses Medicaid Coverage Expansion (MCE) and Health Care Coverage Initiative (HCCI) populations.
- California Bridge to Reform, Section 1115 Demonstrations Waiver**
- Non-disabled ADAP clients with family incomes up to 200 percent of FPL who were previously ineligible for Medi-Cal may now be eligible for the Low-Income Health Program (LIHP) administered through DHCS. The two new programs within the LIHP to be enacted in CA are:
- Medicaid Coverage Expansion for adults 19 to 64 with incomes up to 133 percent of FPL. (In Riverside County it is up to 133%FPL; in San Bernardino County it is up to 100%FPL.
 - Health Care Coverage initiative (HCCI) for adults 19 to 64 with family incomes from 134-200 percent of FPL. (This will vary by County)
- B. Resulting Policy**
- 1) All RW Contracted service providers must use the attached LIHP Eligibility Pre-Screening tool to determine potential LIHP eligibility for all new clients at intake and all existing clients. This form may be adapted to fit your agency’s needs. However, no elements may be removed from the form and all revisions must be approved by the RWP office before implementation.
 - 2) All Clients found to be potentially eligible for LIHP in their respective counties will be referred to and linked with the LIHP program in their County of residence.
 - 3) Using Early Intervention Service funding clients will be assisted in all aspects of negotiating the LIHP eligibility screening process.
 - 4) Compliance with this policy will be reviewed annually through programmatic monitoring including the review of LIHP Denial letters.

LIHP

Tracking in ARIES

If client is enrolled in LIHP, record their enrollment in LIHP as indicated below by adding it to the insurance screen. ↓

Source *	Type	Pend- ing	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note
Private 1		No	No	No			3/1/1993			GHI PPO
Medicare		No	No	No			5/8/2003			143360376A
Medi-Cal/Medicaid		No	No	No						90099389A5

Public 1	LIHP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	if	other: <input type="text"/>	<input type="text"/>	9/1/2011 *	<input type="text"/>	<input type="text"/>	<input type="text"/>
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[Contact Information](#)

Save Cancel

Choose **Public 1** for **Source**

Choose **LIHP** for **Type**

Check both **Primary Insurance and Primary HIV Insurance boxes**

Enter a start date

NOTE 1: You must **update any previous entries** that do not follow the instructions above. For example, if the entry was made as Source = "Other", change the "Other" to "Public 1". This one is particularly important as "Other" will be recorded as "Unknown" insurance on the RSR and considered "Incomplete"

NOTE 2: Once a client is enrolled in LIHP, enter **End Dates** for all other previous health insurances.



LOW INCOME HEALTH PROGRAM (LIHP) – PRE-ELIGIBILITY SCREENING FORM

Ryan White Program: Riverside/San Bernardino, CA TGA



A. CLIENT INFORMATION (If current/former RW client, all info in this box is REQUIRED. Otherwise, provide as much as possible.)

First Name: _____ Middle Initial: _____ Last Name: _____
 Date of Birth (MM/DD/YYYY): ____/____/____ Mother's Maiden Name: _____
 Gender: Male Female Transgender ARIES URN: _____

B. ADDITIONAL CLIENT INFORMATION

Race/Ethnicity: _____ Phone Number(s): Cell: _____ Home: _____ Msg: _____
 Address (+ zip): _____ Married__ Single__ Partnered__
 Permission to contact by this agency's staff: Yes No
 If "Yes" → Phone Msg OK? Yes No Mail OK? Yes No Home Visit OK? Yes No

C. INSURANCE STATUS (Check those that apply)

No Health Insurance (Continue to Section D)

MISP RivCo Current Pending (MISP eligibility does not disqualify the client for LIHP) (Continue to Section D)
 CMSP SBCo Current Pending (CMSP eligibility does not disqualify the client for LIHP) (Continue to Section D)
 LIHP – RCHC Current Pending (Continue to Section E)
 LIHP – ArrowCare Current Pending (Continue to Section E)

Private Insurance (specify): _____ If Private, Medi-Cal or Medicare, client is ineligible for LIHP.
 Medi-Cal is Current Pending **STOP** here and Continue to Section E.
 Medicare is Current Pending (If client is found to be ineligible or later loses their insurance, re-screen for LIHP)

INCOME LEVEL CHART (OTHER PARAMETERS WILL APPLY FOR LARGER FAMILY UNITS. USE 1 PERSON FAMILY FOR THIS INITIAL SCREENING.)	Persons in Family	San Bernardino County Poverty Level Maximum (2012)		Riverside County Poverty Level Maximum (2012)	
		Annual	Monthly	Annual	Monthly
	1	100%	100%	133%	133%
		\$11,170	\$931	\$14,856	\$1,238

D. LOW INCOME HEALTH PROGRAM (LIHP) REQUIREMENTS (Check all that apply)

Aged 19-64 Income at or below level noted in chart above Verified county residency Not pregnant
 Ineligible for CHIP Verified citizen/legal residency (including 5 yr requirement)

IMPORTANT: If all items above are checked, applicant may be eligible and must be screened for LIHP in applicable County.

E. LIHP SCREENING CONCLUSION

Client is **NOT** currently eligible for LIHP.
 Client is currently enrolling/enrolled in LIHP.
 Client **MAY BE** eligible for LIHP. Referred to: San Bernardino County Riverside County

Person Completing This Form

Print Name: _____ Signature: _____
 Agency: _____ Phone Number: _____ Date: _____