

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

DEPT: Health Services Agency *mb*

BOARD AGENDA # \*B-7

Urgent

Routine

AGENDA DATE October 15, 2013

CEO Concurs with Recommendation YES  NO

4/5 Vote Required YES  NO

(Information Attached)

SUBJECT:

Approval to Set a Public Hearing on November 5, 2013 at 9:10 a.m. Pursuant to Section 1442.5 of the Health and Safety Code to Consider the Elimination of the Direct Provision of Pharmacy and Oncology Services and to Consider Adjustments to the Medically Indigent Adult Program Eligibility and Scope of Benefits Policy

STAFF RECOMMENDATIONS:

- Set a Public Hearing on November 5, 2013 at 9:10 a.m. pursuant to Section 1442.5 of the Health and Safety Code to consider:
- a. The elimination of the direct provision of Pharmacy Services by the Health Services Agency,
  - b. The elimination of the direct provision of Oncology Services by the Health Services Agency,
  - c. The establishment of eligibility policy which would cause individuals who are eligible for, but who fail to enroll in the "Covered California" Insurance Exchange program without good cause, to be ineligible for the Medically Indigent Adult Program,

continued on Page 2

FISCAL IMPACT:

The Health Services Agency Adopted Final Budget for Fiscal Year 2013-2014 for the Clinic and Ancillary division is \$45.29 million and for the Indigent Health Care division is \$9.99 million. The recommendations pertaining to Pharmacy and Oncology services would primarily impact the Clinic and Ancillary division budget, while the recommendations pertaining to the Medically Indigent Adult program would impact the Indigent Health Care division budget.

continued on Page 2

BOARD ACTION AS FOLLOWS:

No. 2013-503

On motion of Supervisor Withrow, Seconded by Supervisor Monteith  
and approved by the following vote,

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

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:

*Christine Ferraro*

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

**STAFF RECOMMENDATIONS (continued):**

d. The waiver of the proposed policy “c” herein, for the coverage year of Calendar Year 2014 only, to acknowledge this first year of the Exchange program availability and open enrollment period limitations as a transition year,

e. The reduction of the Medically Indigent Adult Program Dental Scope of Benefits to mirror the Medi-Cal program’s dental benefits for adults.

**FISCAL IMPACT (Continued):**

Pharmacy and Oncology

The \$45.29 million Clinic and Ancillary division operation is based primarily on payor revenues for services rendered, with \$3.1 million of County General Fund support. This budget was not adjusted for implementation of the Federal Patient Protection and Affordable Care Act, nor the Medi-Cal Expansion as enacted by the State. As reflected in the 2013-2014 Adopted Final Budget, the Clinics and Ancillary Services budget is balanced; however, an unmet need of over \$1 million is estimated for the current fiscal year.

Elimination of the retail Pharmacy operation would result in cost avoidance of an estimated \$1.1 million for the remainder of this 2013-2014 Fiscal Year, and approximately \$2.2 million on an annual basis. The estimated \$1.1 million in cost avoidance does not reflect an improvement to the current Adopted Final Budget for the Clinic and Ancillary division, but rather would be an increased unmet need in the absence of the recommended action. This forecasted cost results from the Federal Health Care Reform-prompted Medi-Cal Expansion and expected transition of 90% of the Medically Indigent Adult (MIA) population to the Medi-Cal program effective January 1, 2014. Approximately 94% of the medications dispensed from the Health Services Agency (HSA) Pharmacy are for MIA program enrollees. Given historical patient preference patterns and the lack of Medi-Cal Managed Care pharmacy network participation by HSA, the HSA anticipates the loss of this prescription fill demand by patients. Without action, the HSA Pharmacy would have staffing and operational cost while experiencing a significant loss in offsetting revenue. While closure of the HSA Pharmacy operation would then require that the MIA Program contract for that service for the smaller residual MIA enrolled population, it is estimated that contracted cost would be budget neutral to the Indigent Health Care division budget of the HSA.

Elimination of the direct provision of Oncology services is estimated to result in a cost avoidance of approximately \$250,000 in the current 2013-2014 Fiscal Year, and approximately \$500,000 on an annual basis thereafter. These figures are net of the estimated impact to both the Clinic and Ancillary division budget as well as the Indigent

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Health Care division budget. While the Clinic and Ancillary division budget would no longer have cost and revenue associated to Oncology services, the Indigent Health Care division budget would have the cost of contracted services for the residual MIA program enrolled population. The \$250,000 of estimated cost avoidance for the remainder of this 2013-2014 Fiscal Year would reduce the previously reported unmet and unbudgeted need from just over \$1 million to approximately \$750,000.

#### Medically Indigent Adult Program

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 \$2.25 million annually. As explained in Assembly Bill 85 of 2013, the State will be reducing the amount of Realignment funding to the counties as a result of the reduced MIA Program enrollment as of January 1, 2014. The Board of Supervisors approved this upcoming \$3.1 million funding reduction in the Final Budget for Fiscal Year 2013-2014 adopted on September 10, 2013.

The fiscal impact related to the Medically Indigent Adult program policy recommendations has been estimated to be between \$2,000 and \$17,000 for the current 2013-2014 Fiscal Year HSA Indigent Health Care division budget. As recommended, a waiver to the Eligibility policy regarding enrollment in an Exchange health plan during the Calendar Year 2014, would delay any savings as a result of that policy until mid-Fiscal Year 2014-2015. On an annualized basis, once the waiver has expired, the potential savings could range from \$1 - \$3 million, although this estimate is based on a large degree of uncertainty about actual enrollment and utilization.

#### Total Fiscal Impact of these Staff Recommendations

If all staff recommendations are approved, the estimated impact in the current 2013-2014 Fiscal Year, is approximately \$1.3 million in cost avoidance.

#### **DISCUSSION:**

Under the federal Patient Protection and Affordable Care Act (ACA), two initiatives which will provide for additional State and Federally funded and/or subsidized health coverage programs will be implemented. These are the Medi-Cal Expansion and the Covered California Insurance Exchange products and both are 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 including Medicare, Medi-Cal, Tricare or VA.

The Medi-Cal Expansion will essentially result in an estimated 90% of the MIA population having eligibility to Medi-Cal and thus becoming ineligible for the MIA program. The Medi-Cal Expansion income limit is 138% of the Federal Poverty Limit (FPL). MIA program recipients whose income is 139% of the FPL and above will be 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 on January 1, 2014.

Under Welfare and Institutions Section 17000, each county has an obligation to provide or arrange for the provision of medical care to indigents who have no other source for these services. The counties' Medically Indigent Adult (MIA) programs are essentially the payors of last resort for eligible indigents. The eligibility and scope of covered benefits for the MIA programs are established by each county's Board of Supervisors.

In Stanislaus County, MIA eligibility is determined on several factors including income, assets, county residency and no linkage to other programs or payors. The income limits are age-banded as is common in the health coverage marketplace, and range from 171% of the Federal Poverty Level for the youngest age band up to 279% of the FPL for the oldest age band.

The MIA program is funded through State Health Realignment comprised of Vehicle License Fees and Sales Tax revenue. As such, the actual amount distributed to the County each year fluctuates somewhat with the strength of the economy. The allocation of the statewide Health Realignment by county is based on an allocation percentage table found in the Welfare and Institutions Code Section 17603. Stanislaus County's percentage is 1.0509%. The corresponding County Maintenance of Effort (MOE) obligation of \$3,510,803 is stated in the Welfare and Institutions Code Section 17608.10. The annual source of the County MOE mandated match has been the County General Fund.

In the 2013-2014 Fiscal Year, the State arbitrarily established a statewide redirection amount of \$300 million and will apply the existing Health Realignment allocation percentages by county. For Stanislaus County, that means that approximately \$3.2 million of what would have routinely been received in Health Realignment funding from the State, will not be funded to the County and instead will be redirected to a State CalWORKs fund. This change in anticipated funding was included in the Adopted Final Budget for Fiscal Year 2013-2014.

### **HSA Pharmacy Operation**

HSA operates a retail Pharmacy inside of the HSA Pediatric Center on the Scenic Drive campus. The pharmacy operation is able to purchase at a significantly reduced price specifically for prescriptions for patients of the HSA primary care clinics due to the Federally Qualified Health Center designation (referred to as the 340b program).

Of the total of 5,700 patients served, 94% of the prescriptions filled have been for MIA enrollees. This Pharmacy patient mix is significantly different from the Clinics in which the MIA enrollees account for approximately 15% of the visits. The primary reason for this difference is because the MIA enrollees have no access to outside pharmacies, while Medi-Cal, Medicare and other patients have access to multiple payor contracted pharmacies in the community. A second factor is that HSA has not been a contracted pharmacy for one of the Medi-Cal health plans; a concession made by HSA during reimbursement negotiations many years ago. The HSA pharmacy was however, contracted with the larger Medi-Cal health plan, and yet the patient mix of the pharmacy was still overwhelmingly represented by MIA. It is also presumed that while the HSA pharmacy location offers a convenience for the parents/caregivers of Pediatric patients, due to the incompatibility of some of the MIA population with the pediatric patient population, most pediatric patients' prescriptions are filled at other retail pharmacies at the apparent preference of the parents/caregivers.

With the implementation of ACA on January 1, 2014, and the anticipated conversion of approximately 90% of the MIA patients to Medi-Cal, staff anticipates the patient demand for pharmacy services becoming so low that it cannot effectively and financially support the costs of the internal pharmacy operation.

The pharmacy operation is fully staffed with County full-time and very limited part-time or Personal Services Contracted employees. There are currently 11 full-time allocated positions in the pharmacy. The break-down is listed below.

Outpatient Pharmacy Manager	(Pharmacist)	1
Pharmacists		3
Pharmacy Technicians		4
Account Clerk III		1
Administrative Clerk I		1
Administrative Clerk II		1

With the anticipated MIA enrollee conversion to Medi-Cal on January 1, 2014, and the majority of that revenue source being eliminated, the pharmacy operation as-is would incur an estimated \$1.1 million in unplanned unmet need in this 2013-2014 Fiscal Year (\$2.2 M on an annualized basis). Staff explored a scaled-back model to accommodate the anticipated residual MIA population. Internal estimates place an annual shortfall at

approximately \$465,000 to maintain a scaled-back operation, however this doesn't take into account the need for an upgraded pharmacy information system, nor account for the difficulty covering staffing absences under a scaled-back operation.

Staff recommends closing the retail pharmacy operation. It is recommended that the last dispensing occur on Tuesday, December 31, 2013, with limited patient transition assistance available through Friday, January 10, 2014.

It is anticipated that eliminating this direct provision of service would result in a staffing impact to the HSA. Seven of the filled positions represent three job classifications that would be eliminated from the Position Allocation Resolution as these positions are specific to the HSA Pharmacy operation and not needed in any other County department. However, the County is currently working with staff in these classifications on other job placement opportunities. Additionally HSA is holding vacancies in order to provide opportunities to absorb staff impacted by the possible closure and will work with other County departments to identify opportunities for staff.

Made possible by the Federally Qualified Health Center Look-Alike designation of the HSA primary care clinics, HSA entered an agreement with Walgreens which took effect October 1, 2013 for a federal-government-approved virtual inventory "340b" buying arrangement which gives incentive to both Walgreens and HSA for prescription fills for HSA primary care clinic patients. HSA is beginning discussions with Walgreens to add a compensation component for prescription dispensing for MIA patients effective January 1, 2014, or earlier if necessary, and is estimated to be a budget neutral change to the Indigent Health Care division budget. This arrangement could be extended to other pharmacies that also have the federal government approved arrangement, although adding pharmacies would add administrative cost to HSA.

The financial impact of this service elimination in this 2013-2014 Fiscal Year is an increased cost of approximately \$20,000, however avoids an increased (and unbudgeted) cost of \$1.1 million in the absence of the closure. The future fully annualized cost avoidance associated with this recommendation is approximately \$2 million and was calculated assuming the financial impact if the pharmacy operation continued with the existing staffing and lower patient prescription demand/revenue.

### **HSA Specialty Clinic - Oncology Services**

Currently, the Health Services Agency provides part of the oncology service on the Scenic campus with two community physician partners staffing approximately 12 hours per week. Due to the limited on-site physician time and in order to comply with associated regulations, infusion services have been coordinated with and are occurring at Doctors Medical Center. Staffing for this part-time clinic has been challenging, particularly regarding the availability of oncology-experienced RN coverage. The

multiple locations model is not as efficient for the patients, physician partners or HSA as compared with a one-site inclusive model.

In the 2012-2013 Fiscal Year, there were approximately 190 patients, 50 of which were MIA enrollees. With the exception of 6 patients which were reportedly uninsured, the remaining patients were either on Medi-Cal, Medicare or another form of insurance. With the implementation of ACA in January 1, 2014, many MIA program enrollees with incomes under 138% of the FPL will transition to Medi-Cal Expansion and will be able to access oncology services through the one of two health plan options available to Stanislaus County residents. It is projected that between 3 and 10 MIA enrollees will remain MIA oncology patients after January 1, 2014.

County staffing for the provision of oncology services consists of an average of 44 labor hours per week made up of limited hours of full-time employees in the job classification of Administrative Clerk, Medical Assistant and Registered Nurse, and a percentage of the Specialty Clinic Nurse Manager.

It is recommended that HSA eliminate the direct provision of oncology services and replace it with a contract with the same community physicians (Valley Cancer Medical Group) that currently provide the on-site service for the MIA patients. Services would be provided in the private local office of those community physicians. Valley Cancer Medical Group already holds contracts with both Medi-Cal Managed Care health plans and the physicians are Medicare providers, enabling continuity of access for patients beyond those that are MIA enrollees. It is anticipated that this change would be effective on or about January 1, 2014, and would be the result of an executed contract and the coordinated transition plans with the Oncologists.

HSA staffing would not be impacted as those positions currently scheduled to work in the part-time oncology service would be absorbed by budgeted vacancies throughout the remaining Clinic and Ancillary Services operation.

The financial impact of this change is estimated to be approximately \$250,000 in cost avoidance for the remainder of this 2013-2014 Fiscal Year. Given that the HSA reported an unmet need in the Adopted Final Budget, this change does not represent savings for the General Fund, but rather part of the solution to offset the unmet need. In the next full Fiscal Year, this annualized cost avoidance is estimated to be approximately \$500,000. These estimates include the net impact to the Clinic and Ancillary division and the Indigent Health Care division.

#### **MIA Eligibility and Covered CA Exchange**

Beginning January 1, 2014, it is anticipated that all MIA program enrollees with income at or below 138% of the FPL will transition to the Medi-Cal program. The remaining uninsured with incomes greater than 138% will fall under the Individual Mandate of the

ACA to purchase insurance. This can be accomplished by purchasing subsidized insurance through the Covered CA Exchange. However, there are exemptions/waivers that can be requested and issued if certain criteria are met including but not limited to premiums exceeding 8% of income, religious reasons, or if the person is American Indian or an Alaskan Native. If a person elects not to purchase insurance through the Exchange, a penalty will be assessed when the tax return is filed.

Under the Exchange, there will be an "Open Enrollment" period each year. The open enrollment period for purchasing insurance in the first year began on October 1, 2013 and will remain open until March 31, 2014. The enrollment period will be shorter in subsequent years and is anticipated to open from October 15 through December 7th. A person will not be able to purchase insurance through the Exchange unless a "qualifying life event" has occurred.

It is anticipated that individuals who are not eligible for Medi-Cal and would apply for MIA program enrollment, will be those individuals who either qualify for subsidized premiums under Covered CA Exchange health plans or have met the waiver criteria. These individuals will have incomes exceeding 138% of the FPL and therefore have a Share of Cost under the MIA program. Comparing the Covered CA subsidized premiums and the effective deductible with the MIA income limits and patient share of cost responsibility, Covered CA Exchange products are comparable with regard to the individual's ability to pay.

Staff recommends that individuals who fail to apply for Covered CA Exchange coverage during the open enrollment period without "Good Cause" would be ineligible for the County's MIA Program, as they had the ability to be "otherwise relieved". Staff further recommends that this policy would be waived during the Calendar Year 2014 coverage period, as it would be considered a transition year. Good Cause could include factors such as federal exemption to the Individual Mandate due to income, physical incapacity, mental incompetency, illness, hospitalization, or extreme hardship situations. The MIA program would enroll an individual during the period between application to the Exchange (or other insurance) and the effective date of that coverage so long as the application was made during the open enrollment period or within Covered CA's time limited Exchange application opportunity following a qualifying life event, as unlike Medi-Cal, the effective date of Covered CA Exchange coverage does not go retroactive to the application date. It is estimated that this recommendation would impact between 900 and 1,700 individuals and result in potential savings of between \$1.5 and 3 million annually beginning January 1, 2015.

#### **Medically Indigent Adult – Dental Benefits**

The MIA program provides a robust dental scope of benefits and a per-enrollee expenditure cap of \$1,000 per calendar year. Although Medi-Cal eliminated dental benefits to adult beneficiaries in 2009, the MIA program continued to provide this



benefit. The State is implementing partial restoration of dental benefits for adult Medi-Cal enrollees effective May 1, 2014. Comparing the Medi-Cal dental services to be restored with the current MIA dental benefits, the MIA program would still be providing a more generous benefit.

Staff recommends that the Board of Supervisors change the MIA program dental scope of benefits to mirror the planned restoration of dental scope of benefits offered to adults on the Medi-Cal program. Based on historical utilization and considering the reduced MIA enrollment after January 1, 2014, this recommendation would impact an estimated 180 to 340 individuals and would save the program approximately \$7,000 – \$13,500 annually. Staff recommends this policy change to be effective January 1, 2014.

HSA staff will continue to monitor the implementation of the ACA to consider impacts to patients, and to HSA operations and budget, and if applicable will bring corresponding recommendations to the Board of Supervisors for consideration.

#### 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. 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.

#### **POLICY ISSUE:**

Approval of this item supports the Board of Supervisors' priorities of A Healthy Community and Efficient Delivery of Public Services by considering policy changes prompted by the federal Patient Protection and Affordable Care Act, which continue to meet the County's mandate under State law while providing for medical needs of the County's medically indigent population, while also implementing operational changes which support the effective use of government resources.

#### **STAFFING IMPACT:**

The recommendations for the elimination of the direct provision of Oncology and Pharmacy services will result in the staffing impacts to the HSA. While Oncology has only limited staffing hours and these hours can be used elsewhere in the Clinic system, the Pharmacy currently has 11 full-time allocated positions with 10 currently filled. It is anticipated that eliminating this direct provision of service would result in the deletion of 4 vacant positions (3 of which are currently filled but with transfer opportunities), and a reduction-in-force of 7 filled positions. The 7 filled positions represent 3 job classifications that would be eliminated from the Position Allocation Resolution as these

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positions are specific to the HSA Pharmacy operation and not needed in any other County department.

County staff has started to work with impacted staff in order to evaluate options if the Pharmacy closure is approved. The HSA is holding vacant positions in other areas of the Agency in order to transfer staff and provide opportunity for interested staff to apply and test for other County positions for which they qualify. These efforts should reduce the number of reductions-in-force required as a result of the closure, if approved. County staff will continue to work with staff over the next few weeks and make specific staffing recommendations in the November 5, 2013 Agenda item.

If approved, the recommendations to modify Medically Indigent Adult eligibility policy and Scope of Benefits would be implemented by existing staff.

**CONTACT NAME:**

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, regarding the reduction or elimination of certain health and medical services provided by the County the Board of Supervisors of the County of Stanislaus, State of California, will hold a public hearing. The public hearing will commence on Tuesday, November 5, 2013, at 9:10 a.m., or as soon thereafter as the matter may be heard, in the Board Chambers, 1010 10<sup>th</sup> 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	Financial Impact	Number of Persons estimated to be impacted if the recommendation is approved.
Elimination of direct provision of Pharmacy Services by the Health Services Agency (Pharmacy services would continue to be provided to MIA beneficiaries using a contracted pharmacy.)	Estimated annual cost avoidance per year of \$2,200,000	Up to 5,700
Elimination of direct provision of Oncology Services by the Health Services Agency (These services would continue to be provided to MIA beneficiaries through a contracted oncology provider.)	Estimated annual cost avoidance per year of \$500,000	190
Establishment of eligibility policy which would cause individuals who are eligible for, but who fail to enroll in the "Covered California" Insurance Exchange program or "other insurance" without good cause, to be ineligible for the Medically Indigent Adult Program. As proposed this policy would be waived during Calendar Year 2014 only, to acknowledge the first year of the Exchange program availability as a transition year.	Potential annual savings of \$1,000,000 to \$3,000,000	900 – 1,700
Reduction of the Medically Indigent Adult Program Dental Scope of Benefits to mirror the Medi-Cal program's dental benefits for adults.	Potential annual savings of \$7,000 - \$13,500 per year	180 - 340

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: October 15, 2013

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 conforme a la Sección 1442.5 del Código de Salud y Seguridad de California y otras leyes que aplican, se llevará a cabo una audiencia pública referente a la reducción o eliminación de ciertos servicios médicos y de salud proporcionados por el Condado a ciertos individuos. La audiencia pública está programada para comenzar **el 5 de Noviembre de 2013 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	Impacto Financiero	Número de Personas que se estima serán impactas si la recomendación es aprobada.
Eliminación de provisión directa de Servicios de Farmacia de Health Services Agency (Servicios de Farmacias podrían continuar siendo proporcionados a los beneficiarios de MIA usando una farmacia contratada.)	Estimación anual de costos evitados por año \$2,200,000	Hasta 5,700
Eliminación de provisión directa de Servicios de Oncología de Health Services Agency (Estos servicios podrían continuar siendo proporcionados a los beneficiarios de MIA a través de un proveedor de oncología contratado.)	Estimación anual de costos evitados por año \$500,000	190
Establecimiento de una norma de elegibilidad por la cual los individuos que son elegibles para, pero que no se inscribieron en el programa "Covered California" Insurance Exchange u "otro seguro" sin una buena causa, no puedan ser elegibles para el Programa de Salud para Adultos Indigentes. Como propuesta esta norma podría estar exenta durante el Año de Calendario 2014 solo, si reconoce la disponibilidad del primer año del programa Exchange como un año de transición.	Potencial anual de ahorros de \$1,000,000 a \$3,000,000	900 – 1,700
Reducción del alcance de los beneficios Dentales del Programa de Salud para Adultos Indigentes para reflejar los beneficios dentales del programa de Medi-cal para adultos.	Potencial anual de ahorros de \$7,000 - \$13,500 per año	180 - 340

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: 15 de Octubre, 2013

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

**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:

**OCTOBER 25, 31, 2013**

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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

**OCTOBER 31, 2013**



(Signature)

**NOTICE OF PUBLIC HEARING**

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DATED: October 15, 2013

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 conforme a la Sección 1442.5 del Código de Salud y Seguridad de California y otras leyes que aplican, se llevará a cabo una audiencia pública referente a la reducción o eliminación de ciertos servicios médicos y de salud proporcionados por el Condado a ciertos individuos. La audiencia pública está programada para comenzar el 5 de Noviembre de 2013 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	Impacto Financiero	Número de Personas que se estima serán impactadas si la recomendación es aprobada.
Eliminación de provisión directa de Servicios de Farmacia de Health Services Agency (Servicios de Farmacias podrían continuar siendo proporcionados a los beneficiarios de MIA usando una farmacia contratada.)	Estimación anual de costos evitados por año \$2,200,000	Hasta 5,700
Eliminación de provisión directa de Servicios de Oncología de Health Services Agency (Estos servicios podrían continuar siendo proporcionados a los beneficiarios de MIA a través de un proveedor de oncología contratado.)	Estimación anual de costos evitados por año \$500,000	190
Establecimiento de una norma de elegibilidad por la cual los individuos que son elegibles para, pero que no se inscribieron en el programa "Covered California" Insurance Exchange o "otro seguro" sin una buena causa, no pueden ser elegibles para el Programa de Salud para Adultos Indigentes. Como propuesta esta norma podría estar exenta durante el Año de Calendario 2014 solo, al reconocer la disponibilidad del primer año del programa Exchange como un año de transición.	Potencial anual de ahorros de \$1,000,000 a \$3,000,000	900 - 1,700
Reducción del alcance de los beneficios Dentales del Programa de Salud para Adultos Indigentes para reflejar los beneficios dentales del programa de Medi-cal para adultos.	Potencial anual de ahorros de \$7,000 - \$13,500 per año	180 - 340

SE AVISA QUE cualquier persona interesada, pueda 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: 15 de Octubre, 2013

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