INDIGENT CARE PROGRAM (ICP) 
INFORMATION GUIDE

The Indigent Care Program provides medical care for eligible uninsured residents of Santa Barbara County by paying for part of the costs. The ICP is not an insurance program; it is public assistance. Applicants may qualify for one to three months of eligibility based on medical needs and financial circumstances. A Share-of-Cost will be required, based on monthly income.

What are the requirements for ICP eligibility?
- Eligible medical diagnosis/condition;
- Current resident of Santa Barbara County for past 15 days, based on proof of residency;
- US citizen or permanent resident alien;
- Be 21-64 years old; and
- Meet the financial income and asset limits set for the program.

ICP is not for:
- Work-related injuries, when covered by Worker’s Compensation;
- An injury from an auto accident, when covered by auto insurance;
- Emergency Room care;
- Those with private health insurance, Medicare and/or who are Medi-Cal eligible; or
- Full-time students.

When and where can I apply?
You may apply up to 7 days before or 7 days after a scheduled medical visit. You must complete the Covered California application process and be screened for ICP eligibility. If initial screening requirements are met, you contact the Benefits and Referral Center (BRC) to set up an appointment to apply for ICP. If you were not screened for ICP during the Covered California application process and would like to be screened contact the Benefits and Referral Center (BRC) at 805-681-5390.

How much can I earn?
Eligibility is determined based on monthly income. If your Modified Adjusted Gross Income (MAGI) is within the income ranges listed below, ICP-covered services are provided with no cost to you at time of service. However, a monthly Share-of-Cost will be calculated and billed to you. See MAGI chart below*:

<table>
<thead>
<tr>
<th>HOUSEHOLD SIZE</th>
<th>MIN. INCOME</th>
<th>MAX. INCOME</th>
<th>HOUSEHOLD SIZE</th>
<th>MIN. INCOME</th>
<th>MAX. INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>One person</td>
<td>$1,388</td>
<td>$1,979</td>
<td>Five persons</td>
<td>$3,311</td>
<td>$4,739</td>
</tr>
<tr>
<td>Two persons</td>
<td>$1,869</td>
<td>$2,669</td>
<td>Six persons</td>
<td>$3,792</td>
<td>$5,429</td>
</tr>
<tr>
<td>Three persons</td>
<td>$2,349</td>
<td>$3,359</td>
<td>Seven persons</td>
<td>$4,272</td>
<td>$6,121</td>
</tr>
<tr>
<td>Four persons</td>
<td>$2,830</td>
<td>$4,049</td>
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</tbody>
</table>

* Dollar amounts may change yearly

Share-of-Cost
When you apply for ICP, you will be asked to provide verification of all sources of income. The following monthly income sources will be considered such as: wages, other earnings, tips, gifts, Unemployment Insurance Benefits, State Disability Insurance, free room and board. Your monthly Share-of-Cost is your monthly MAGI income minus the Minimum Maintenance Need Level (MMNL) amount listed. You are responsible for that portion of your medical costs each month. See MMNL Chart on following page:

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### HOUSEHOLD SIZE | MIN. INCOME | MAX. INCOME | HOUSEHOLD SIZE | MIN. INCOME | MAX. INCOME
--- | --- | --- | --- | --- | ---
One person | $600 | $1,800 | Five persons | $1,259 | $3,777
Two persons | $750 | $2,250 | Six persons | $1,417 | $4,251
Three persons | $934 | $2,802 | Seven persons | $1,550 | $4,650
Four persons | $1,100 | $3,300

Example: Monthly Wages for One Person $1,388
Limit for One Person $600
Share of Cost $788

Monthly Wages for Two Persons $1,869
Limit for Two Persons $750
Share of Cost $1,119

You will receive a Health Care Center statement billing you up to the amount of your Share-of-Cost for all authorized medical services you receive. Medical services include lab, x-ray, pharmaceuticals and visits provided in and outside the County Health Care Centers. Your Share-of-Cost is paid only to the Santa Barbara County Public Health Department. Depending on your gross income you may qualify for a sliding fee scale discount, which can reduce your cost by 10-50%. Please talk with a Financial Office Representative at the Health Care Center Reception about the sliding fee scale.

### What can you own?
Applicants may own the home they live in and have one vehicle for transportation, per wage earner. Other assets must fall within the following Medi-Cal Property limits based on family size:

| One person | $2,000 | Five persons | $3,450 |
| Two persons | $3,000 | Six persons | $3,600 |
| Three persons | $3,150 | Seven persons | $3,750 |
| Four persons | $3,300 |

### Where am I required to obtain medical care?
- ICP eligible patients must obtain medical care at one of the Santa Barbara County Public Health Department (PHD) Health Care Centers listed below;
- Upon initial application you must be seen by a Health Care Center Primary Care Provider (PCP) who will provide your initial and ongoing referrals; and
- To make an appointment, please call any of the following clinics:

| Health Care Center with Lab & Pharmacy Services: | Other Health Care Centers: | Satellite Health Care Centers
<table>
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</thead>
<tbody>
<tr>
<td>Santa Barbara Health Care Center Phone: (805) 681-5488</td>
<td>Carpinteria Health Care Center Phone: (805) 560-1050</td>
<td>Casa Esperanza Phone: (805) 884-8481</td>
</tr>
<tr>
<td>Lompoc Health Care Center Phone: (805) 737-6400</td>
<td>Franklin Health Care Center Phone: (805) 568-2099</td>
<td>Santa Barbara Rescue Mission Phone: (805) 966-1316</td>
</tr>
<tr>
<td>Santa Maria Health Care Center Phone: (805) 346-7230</td>
<td></td>
<td>Good Samaritan Shelter Phone: (805) 347-3392 ext. 101</td>
</tr>
</tbody>
</table>

### Full disclosure
Please note that hiding or providing incorrect information about income and assets is considered fraud. Your ICP status may be rescinded if you are found to have provided incorrect information and you will be responsible to pay for all medical bills which had been paid by ICP. Any changes in your circumstances during the eligibility period may result in changes in your eligibility or Share-of-Cost. You will be required to verify any statements made on your application. Please cooperate fully by doing the following:

- Provide complete and correct information
- Report any changes in your circumstances within 10 days

ICP is under the direction of the Santa Barbara County Board of Supervisors and is administered by the Santa Barbara County Public Health Department.

PHD-633 (08/2014)