

**San Andreas Regional Center
Health Insurance Co-pay Mandate**

June, 2016

Welfare and Institutions Code 4659.1 Section 16 was signed into law on June 20, 2014. It states that regional centers *may* pay co-pay/co-insurance for services specified on the IFSP/IPP if all three conditions below can be met.

1. Consumer is covered by an insurance plan
2. Annual gross income does not exceed 400% of federal poverty level.
3. There is no 3rd party liability for cost of service

It then goes on to say that an **exception can be made to the income requirement if family provides proof of one of the following**

- A. Extraordinary event that impacts caregiver's ability to provide care, or pay the co-payment (event not specified) or
- B. Catastrophic loss (natural disaster, accident involving major injury to immediate family member) that has direct economic impact,
- C. Significant unreimbursed medical expenses for another child who is also a regional center consumer.

Parents will be required to provide a copy of the prior year's state income tax return. W-2s, payroll stubs or other documents may be required as proof of income.

The table below shows the Regional Center income requirements.

Regional Center Means Testing Guidelines for Co-Pays*

Persons in family/household	Poverty guideline	400% of Poverty Guideline
For families/households with more than 8 persons, add \$4,020 for each additional person.		
1	\$11,880	47,520
2	16,020	64,080
3	20,160	80,640
4	24,300	97,200
5	28,440	113,760
6	32,580	130,320
7	36,730	146,920
8	40,890	163,560

For each additional family member, add \$4,160

* Source: <https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines>