

## Consortium Tribes Allocations

LCTHC annually allocates \$40,000 in funds directly to each consortium tribe for services and guidelines identified below.

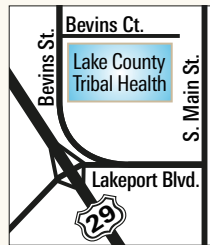
- **Tribal Youth Funds** – Youth funds should be used for activities or education pertaining to health, wellness, and safety of tribal youth. Examples may include school-based health education; youth exercise programs, costs for attending wellness events, drug and alcohol prevention materials, or nutritional education.
- **Tribal Elders Funds** – Elders funds should be used for health and wellness activities focusing on tribal elders. Examples include diabetes prevention education, elder counseling or group activities, or providing items to increase safety or accessibility of homes.
- **Tribal Sanitation Funds** – Sanitation funds may be used for purposes related to sanitation, such as providing bathroom facilities during tribal and cultural events.
- **Tribal Fitness Funds** – Fitness funds may be used by the Tribe for purposes aimed at increasing tribal member physical fitness. Examples may include purchase of exercise equipment for generally accessible gyms or fitness rooms, fees for exercise instruction or training, costs for certifying tribal members as personal trainers, to pay for individual gym membership fees, or costs of operating a fitness facility or gym.



## Purchased Referred Care



## PURCHASED REFERRED CARE



925 Bevins Ct.  
Lakeport, CA 95453

**Phone:** 707-263-8382, x1112  
**Fax:** 707-263-6521

**Website:** [www.lcthc.com](http://www.lcthc.com)

Purchased Referred Care is a federally funded program administered through Lake County Tribal Health.

## TRIBAL MEMBER Third-Party Benefits



## Lake County Tribal Health

Modern Medicine  Personalized Care

925 Bevins Ct., Lakeport • [www.lcthc.com](http://www.lcthc.com)

## Enrolled Members of the Local Consortium Tribes Who Live Out-of-County

- Lab Work for blood draws provided in house.
- Orthodontics (braces) – \$6,680 maximum.
- Eyeglasses and/or contacts (\$500 max) and eye exams fully covered every 2 years.
- Prescriptions found on our formulary list.
- All alternate resources must be exhausted; patient must have valid insurance/Medi-Cal, or if denied Medi-Cal for being over income or resources, must submit a valid denial letter from their county.
- Private Ins/HMO Co-pay/Deductible Assistance Program – Up to \$1,000 total per fiscal year to assist with payment of Private Ins/HMO plan co-pays/deductibles for enrolled consortium members that meet PRC guidelines excluding the residency guideline.
- 3rd Party Program Access for Out-of-PRCDA Members – Enrolled consortium members living in surrounding counties of Colusa, Mendocino, Sonoma or Napa may access the following programs (guidelines in policy must be met): Diabetic Shoes, DME, Orthodontics, Dental Implants, LASIK, Bariatric Surgery, Massage Therapy, Medicare Plan Reimbursement Program, Gym Membership Reimbursement, Electric Wheelchair/Scooter, Vision Benefits for Consortium Members.

## Enrolled Members of the Local Consortium Tribes Who Live in Lake County

- Diabetic Shoes/Socks/Insoles – \$500 max – every 6 months (must be diabetic, have one documented risk factor, and be treated under a comprehensive diabetic care plan).
- Out-of-county transportation for medical appointments that patient has been referred to by LCTHC.
- Orthodontics (braces) – 100% of cost, not to exceed \$6,680.

- Dental Implants – 100% of cost, not to exceed \$30,000.
- LASIK eye surgery – 100% not to exceed \$5,000.
- Holistic pain management/massage therapy – not to exceed 2x/wk. Must have evaluation and order from PCP with number of sessions, and must have new evaluation by PCP if patient requires new order for additional sessions.
- Reimbursement for Holistic Medicine/OTC Supplies – not to exceed \$2,000 per Fiscal year.
- Bariatric Surgery – not to exceed \$30,000
- Durable Medical Equipment – medically necessary DME items under our DME policy. Must be prescribed by an in-house physician or by a physician that the patient was referred to by an LCTHC physician.
- Medicare Plan Premium Assistance – \$500 max per month for any Medicare Plan (Part A-F).
- Gym Membership Reimbursement – \$150 max per month on a reimbursement basis only. Patient must bring in their valid receipt for reimbursement.
- Electric Wheelchair/Scooter – Must meet all policy requirements including medical need that must be identified and met, documented by an LCTHC physician/provider. PRC Department to coordinate purchase with established supplier after eligibility is determined.
- Vision Benefits – \$500 for eyeglasses and/or contacts, every other year that may be utilized during the “off-year” of PRC Vision benefits.
- Dermatologic Facial Spa Treatment Reimbursement – \$200 max per month up to 6 times per year for facials performed at local businesses. Patient must bring in their valid receipt for reimbursement.
- Alternative Medicine Program – Up to \$20,000 for Alternative Medicine treatment. Must be evaluated and referred by LCTHC provider and Alternative Medicine provider must submit treatment plan after initial consult for budgeting and payment approval requirements.
- Behavioral Health/SUD Treatment – Only in the case where a specific case exceeds \$15,000 per month over the course of three months (total \$45,000), and after the Director of the LCTHC Behavioral Health Department makes the recommendation to the PRC Department to request BOD approval for funding.

- Escort Funds (gas cards/lodging) for medical appointments that patient has been referred to by LCTHC, also for immediate family members wishing to visit patient that is hospitalized (eligibility will be based on the hospitalized patient, not the family member that is visiting).
- **\$60 for gas + a \$50 meal per diem** amount per day for up to 2 people, not to exceed one per diem (each for 2 people) for **round trips less than 75 miles** (not to exceed 10 days when request is to visit family member in hospital).
- **\$115 for gas + a \$75 meal per diem** amount per day for up to 2 people, not to exceed one per diem (each for 2 people) for **round trips over 75 miles** (not to exceed 10 days when request is to visit family member in hospital).
- **\$150 for gas + a \$75 meal per diem** amount per day for up to 2 people, not to exceed one per diem (each for 2 people) for **round trips to Oakland and San Francisco** (not to exceed 10 days when request is to visit family member in hospital)
- **\$225/night for overnight lodging** (issued on a visa gift card) for out of county appointments – when used to visit hospitalized immediate family member, max is 10 nights. Lodging is only offered if the hospitalized patient is located at a facility over 75 miles round trip. When used for patient’s own appointment, lodging funds are only offered if the appointment is before 12 noon or after 8pm when the appointment is over 75 miles round trip, not to exceed 2 nights.

### When traveling with the Lake County Tribal Health Transportation Dept or an LCTHC CHR:

- **\$75 meal per diem** amount per day for up to 2 people (if patient is a minor and traveling with parent, or other patient who requires to be accompanied by a caretaker) for **round trips over 75 miles**, not to exceed one per diem (each for 2 people) per appointment day.
- **\$50 meal per diem** amount per day for up to 2 people (if patient is a minor and traveling with parent, or other patient who requires to be accompanied by a caretaker) for **round trips less than 75 miles**, not to exceed one per diem (each for 2 people) per appointment day.