

CMSP Letter No.: 15-01  
Issue Date: January 26, 2015



TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ELIGIBILITY MANUAL UPDATE

The purpose of this All County Letter is to transmit changes to the CMSP Eligibility Manual. On January 22, 2015, the CMSP Governing Board approved changes recommended by the CMSP Eligibility Committee. These manual changes are effective on February 1, 2015. In summary, the changes:

- Added information about the CMSP 215 (Supplemental Application) and CMSP 216 (Telephonic Signature), as set forth in CMSP All County Letter 14-04;
- Added information about CMSP's policy changes related to Covered California's open enrollment period, as set forth in CMSP All County Letters 14-02 & 14-08;
- Updated the certification period for aid codes 85, 88, and 89 to up to 3 months instead of 6 months, as set forth in CMSP All County Letter 14-05;
- Updated references to current names, processes, and forms; and,
- Removed specific references to Anthem Blue Cross as CMSP will be moving to a new Third-Party Administrator, Advanced Medical Management (AMM) on April 1, 2015.

Please see the attached redline version for specific language changes. The complete CMSP Eligibility Manual is posted on the CMSP Governing Board's website at [http://www.cmspcounties.org/counties/eligibility\\_manual.html](http://www.cmspcounties.org/counties/eligibility_manual.html).

If you have any questions about this letter please contact Alison Kellen, Program Manager at (916) 649-2631 ext. 19 or [akellen@cmspcounties.org](mailto:akellen@cmspcounties.org).

Sincerely,

A handwritten signature in blue ink, appearing to read "Kari Brownstein".

Kari Brownstein  
Administrative Officer

Attachment

# COUNTY MEDICAL SERVICES PROGRAM (CMSP)

## ELIGIBILITY MANUAL

Effective [February 1, 2015](#)

(Approved by CMSP Governing Board [January 22, 2015](#))

[February 1, 2015](#)

## CMSP ELIGIBILITY MANUAL

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- (2) Gives information that requires discontinuance and includes the Beneficiary's acknowledgement that the information supplied would result in discontinuance; or

G. An increase in a CFBU's Share of Cost due to the voluntary inclusion of eligible Family Members who currently are not receiving benefits under CMSP.

### 1-016. Aid

Aid means cash assistance, CalFresh (food stamps), Medi-Cal, or CMSP.

### 1-017. Aid Category

Aid Category means the specific category under which a person is eligible to receive Medi-Cal or CMSP.

### 1-018. Aid Code

Aid Code means the two-digit number, or combination number and letter, which indicates the Aid Category under which a person is eligible.

### 1-019. Aid-Paid Pending

Aid-Paid Pending means the continuation of CMSP eligibility and CMSP Share of Cost without change when a Member files for a hearing prior to the effective date stated on a notice of action until the end of the certification period or the hearing decision, whichever occurs first.

#### ~~1-019.1 Anthem Blue Cross~~

~~Entity that administers the County Medical Services Program. Anthem Blue Cross may also be referred to as Blue Cross Life and Health.~~

#### ~~1-019.2 Anthem Blue Cross Identification Card~~

~~Anthem Blue Cross Identification Card is a paper card each individual in a CFBU is issued in addition to a BIC. The card provides information regarding Anthem Blue Cross customer service information. This card will be replaced if there is a break in aid to the beneficiary.~~

### 1-019.13 Appeal

An "appeal" is defined as a request to review an action taken by the County which resulted in the denial, discontinuance or reduction in eligibility or benefits.

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### 1-020. Appertains

Appertains means any property or structure, which is connected to and is or was, intended to be used as a permanent part of the property. This includes, but is not limited to:

- A. Acreage which constitutes a farm or ranch; or
- B. Separately assessed parcels used as a whole; or
- C. An entire parcel or separately assessed parcels purchased or used as a whole separated by, but not limited to, any of the following:
  - (3) Easements or rights of way;
  - (4) Water courses; or
  - (5) Streets, highways, or freeways.

### 1-021. Applicant

Applicant means the individual or family making, or on whose behalf is made, an Application, Reapplication, or request for Restoration of aid.

### 1-022. Application or CMSP Supplemental Application

Application or CMSP Supplemental Application means a written request for CMSP aid using a standardized approved CMSP application form.

### 1-023. Approval of Eligibility

Approval of Eligibility means the determination made by the County Department that a person or family is eligible for CMSP.

#### 1-023.1. Authorized Representative

An individual chosen by a competent Applicant/Beneficiary to assist, accompany, and/or represent him/her for a limited time.

#### 1-023.2 Beneficiary

An individual approved for and receiving CMSP benefits, also known as a Member.

### 1-024. Beneficiary Identification Card (BIC) or State of California BIC (CA-BIC)

The Beneficiary Identification Card (BIC) or State of California BIC (CA-BIC) is a plastic card issued by the State of California to each individual in a MFBU or CFBU ~~is issued~~



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which provides eligibility documentation that allows access to medical care, provider billing, and Share of Cost tracking. The CA-BIC replaces the Medi-Cal/CMSP State of California paper cards and may be kept after discontinuance and used again if the individual is determined eligible for either Medi-Cal or CMSP at a later date.

### ~~1-025. — Blue Cross Life and Health~~

~~Entity that administers County Medical Services Program. Blue Cross Life and Health may also be referred to as Anthem Blue Cross.~~

### ~~1-026. — BC Life Identification Card~~

~~BC Life Identification Card is the same as the Anthem Blue Cross Identification Card referenced in 1-019.2.~~

### 1-0257. Burial Insurance

Burial Insurance means insurance, which by its terms can only be used to pay the burial expenses of the insured.

### 1-0268. California Alternative Assistance Program (CAAP)

California Alternative Assistance Program (CAAP) means a program, which provides child-care payment or other services to CalWORKs eligible persons who do not wish to receive cash assistance payments.

### 1-0279. CalWORKs

CalWORKs means the assistance program resulting from the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, which replaced the Aid to Families with Dependent Children (AFDC) Program and its employment component, GAIN.

### 1-02830. Cash Grant

Cash Grant means the monetary payment made to a person eligible for CalWORKs, SSI/SSP, RCA, ECA, or other public assistance programs and GA/GR.

### 1-02934. Certification Date for Claims Clearance

Certification Date for Claims Clearance means the date that the Share of Cost has been cleared through the POS device or other automated process by the provider.

### 1-0302. Certification – Effective Date

Certification Effective Date means the date the Member is certified eligible to receive CMSP benefits.

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### 1-0313. Certification for CMSP.

Certification for CMSP means the determination by the County Department, or the Program, that a person is eligible for CMSP with no Share of Cost or has met the Share of Cost.

### 1-0324. Child or Children

Child or Children means a person or persons under the age of 21 years.

### 1-0335. Child Health and Disability Prevention Program (CHDP)

Child Health and Disability Prevention (CHDP) Program means the community-based program for early identification and referral for screening and treatment of persons under 21 years of age.

### 1-0346. Client

Client means a person who has been determined eligible for CMSP, also referred to as a Beneficiary or Member.

### 1-0357. Competent

Competent means being able to act on one's own behalf in business and personal matters.

### 1-0368. Conversion of Property

Conversion of Property means changing property from one form to another without changing ownership.

### 1-0379. County

County means those rural California counties, which contract with the Governing Board to participate in CMSP.

### 1-03849. County Agency

County Agency means either an administrative division of a County government or a non-County organization that has a contract with the County to act on the County's behalf.

### 1-03944. County Department

County Department means the department authorized by the County board of supervisors to conduct eligibility administration for CMSP.

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### 1-0402. County Medical Services Program (CMSP)

County Medical Services Program (CMSP) means the program authorized by Sections 16709, 16709(a), 16709(d), and 16809 et seq of the Welfare and Institutions Code to provide for the health care of medically indigent Adults residing in rural and semi-rural counties of California which contract with the Governing Board to participate in CMSP.

### ~~1-043. CMSP Person or Family Member~~

~~CMSP Person or Family Member means a person or Family Member eligible for benefits under CMSP.~~

### 1-0414. CMSP Family Budget Unit (CFBU)

CMSP Family Budget Unit (CFBU) means the person or persons who will be included in the determination of CMSP eligibility and CMSP Share of Cost, if any.

### 1-0425. CMSP Governing Board

The CMSP Governing Board (Governing Board) is comprised of County supervisors, County administrators, County welfare directors, County health administrators, and a representative of the Secretary of the California Health and Human Services Agency in accordance with the California Welfare and Institutions Code, Section 16809.4. The CMSP Governing Board shall govern the CMSP Program and any pilot projects.

### 1-043. CMSP Identification Card

The CMSP Identification Card is a paper card each eligible individual is issued in addition to a CA-BIC. The card provides information regarding CMSP benefit coverage administered by the Governing Board's Third Party Benefits Administrator. The card will be replaced if there is a break in aid to the beneficiary of greater than two months.

### 1-044. CMSP Person or Family Member

CMSP Person or Family Member means a person or Family Member eligible for benefits under CMSP.

### 1-0456. DDSD - Disability Determination Service Division

DDSD evaluates Beneficiaries for disability under the Aged, Blind and Disabled – Medically Needy (ABD-MN) Title XIX program.

### 1-0467. Dependent Relative

Dependent Relative means a Relative who is either of the following:

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Claimed as a tax dependent by the Applicant or Beneficiary, regardless if the individual is residing with the Applicant or Beneficiary; or

Receiving more than one-half of his/her basic needs for food, shelter, clothing, and transportation from the Applicant or Beneficiary.

### 1-047.4 Deficit Reduction Act (DRA)

Deficit Reduction Act (DRA) refers to Section 6036 of the federal Deficit Reduction Act of 2005 which requires individuals to provide specified documentary evidence of citizenship or nationality when applying for Medicaid.

### 1-048. Eligibility Services

Eligibility Services means those services provided by the County Department relating to the initial and continuing determination of CMSP eligibility.

### 1-049. Encumbrances of Record

Encumbrances of Record means obligations for which property is security as evidenced by a written document.

### 1-050. Fair Market Value

Fair Market Value means the amount (price) an item would sell for, if made available for sale on the open market in the geographic region where the item is located.

### 1-051. Family Member

Family Member means any of the following persons living in the home or declared as a tax dependent:

- A. A Child or sibling Child;
- B. The Married or unmarried Parents of the Child or sibling Children;
- C. The stepparents of the sibling Children;
- D. The separate Children of either unmarried Parent or of the Parent or stepparent;  
or
- E. If there are no Children, Family Member means a single person or Married couple.

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### 1-065. Intraprogram Status Change

Intraprogram status change means a change in a person's or family's eligibility from one Aid Category to another Aid Category

### 1-066. Life Estate

Life Estate means a legal arrangement whereby the Member (i.e., the life tenant) is entitled to the use and/or income from the property for his or her life. Upon the death of the life tenant, the property will revert to the holder of the remaining interest or to the grantor.

### 1-067. Life Insurance

Life Insurance means a contract from which premiums are paid during the lifetime of the insured and on which the insuring company pays the face amount of the policy to the Beneficiary of the policy upon the death of the insured. Life insurance may also be purchased by a single premium or by letting dividends accumulate.

### 1-068. Limited Service Status

Limited Service Status means that the Beneficiary's use of CMSP is limited because of the Member's improper utilization of service.

### 1-069. Long-Term Care (LTC) Status

Long-Term Care (LTC) Status means inpatient medical care, which lasts for more than the month of admission and is expected to last for at least one full calendar month after the month of admission.

### 1-070. Marriage

Marriage is defined as a legal union of two consenting adults of either sex as evidenced by the issuance of a valid marriage license and solemnization. Solemnization is authorized by California Family Codes Section 400 et. seq.

### 1-071. Medi-Cal

Medi-Cal means California's Medicaid (medical assistance) Program and the benefits available under that program.

### 1-071.12- Medi-Cal Family Budget Unit (MFBU)

Medi-Cal Family Budget Unit (MFBU) means the persons who will be included in the Medi-Cal eligibility and Share of Cost determination.

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### 1-071.23- Medically Needy (MN) Person or Family

Medically Needy (MN) person or family means a person or family eligible under the Medi-Cal MN program.

### 1-072. MedImpact

MedImpact is the pharmacy benefit management company hired by the Governing Board to administer CMSP retail pharmacy benefits.

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### 1-073.4 Member

An active CMSP Beneficiary.

### 1-074. Mini-Budget Unit (MBU)

Mini-Budget Unit (MBU) means family sub-units derived from the initial MFBU composition and used to determine eligibility or Share of Cost when Sneedee/Gamma regulations apply to the MFBU.

### 1-075. Multiple Dwelling Units

Multiple Dwelling Units means any dwelling with more than one separate living unit, that is, a unit which normally would include, as a minimum, a bathroom and a kitchen.

### 1-076. Nonrecurring Lump Sum Payment

Nonrecurring Lump Sum Payment means a payment received by a member of the CFBU one time only, or infrequently. Examples of Nonrecurring Lump Sum Payments include but are not limited to payments such as lottery winnings, insurance settlements, court orders and inheritances.

### 1-077. Obligate

Obligate means to incur a cost for health care services.

### 1-078. Other Public Assistance (Other PA) Recipient

Other Public Assistance (Other PA) Recipient means a person eligible for Medi-Cal under one of the categories in the Other PA programs, such as SSI/SSP or CalWORKs.

### 1-079. Overpayment

Overpayment means the receipt of CMSP benefits when there is no entitlement to all or a portion of the benefits received.

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Temporary Assistance for Needy Families (TANF) is the program created from implementation of Public Law 104-193 (The Personal Responsibility and Work Opportunity Reconciliation Act of 1996) which replaced the AFDC, JOBS, and GAIN programs.

### 1-108. Third Party Benefits Administrator

The Third Party Benefits Administrator is the firm hired by the Governing Board to administer CMSP health care and dental benefits, including authorization of services and payment of medical care claims. The Third Party Benefits Administrator does not administer CMSP retail pharmacy benefits, which are administered by MedImpact.

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### 1-10~~98~~. Transfer of Property

Transfer of Property means a change in ownership whereby a person no longer holds title to, or beneficial interest in, property.

### 1-1~~1009~~U. S. Citizenship and Immigration Services (USCIS)

U.S. Citizenship and Immigration Services means the branch of the United States Government that administers regulations regarding aliens in, and immigration to, the United States.

### 1-11~~10~~. Verification

Verification means the process of obtaining acceptable evidence, which substantiates statements made by an Applicant or Beneficiary.

### 1-11~~24~~. 200% Federal Poverty Level (FPL) Income Test

200% Federal Poverty Level Income Test means the net non-exempt income of the CFBU must be less than, or equal to, the 200% FPL limit for an applicant(s) to be eligible for CMSP benefits.

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2-015. Application Made in Contract Counties Other Than Contract County of Responsibility

The county in which a person makes an Application for CMSP shall forward a courtesy Application and a ~~Statement of Facts~~ CMSP Supplemental Application from the Applicant to the county of responsibility determined by Sections 2-011 and 2-012.

2-016. Intercounty Transfers

When a CMSP eligible person or family moves out of the initial county of responsibility they must be advised to reapply in the new county of Residence. No intercounty transfer is to be initiated between the two counties.



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### Article 3. Application Process

- 3-010. County Medical Services Program (CMSP)
- 3-011. Application Process—General
- 3-011.1 Application Process-Appointment of an Authorized Representative
- 3-012. Evaluation of Medi-Cal Linkage
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- 3-012.2 Evaluation of Other Program Linkage
- 3-012.3 Evaluation for Expanded (MAGI-Based) Medi-Cal and Covered California
- 3-013. Persons Who May File an Application for CMSP
- 3-014. Application for CMSP
- 3-015.1 Application for Pre-Enrollment Claims Payment
- 3-016. CMSP Application for Medi-Cal LTC Aid Code 53, Acute Care
- 3-017. CMSP Application for County General Assistance (GA)/General Relief (GR) Recipients
- 3-018. Date of Application
- 3-019. Withdrawal of Application--Request for Discontinuance
- 3-020. Face-To-Face Interview
- 3-021. ~~Statement of Facts~~CMSP Supplemental Application
- 3-022. Persons Who May Complete and Sign the ~~Statement of Facts~~CMSP Supplemental Application
- 3-023. Filing the ~~Statement of Facts~~CMSP Supplemental Application
- 3-024. Obtaining Information for the Completion of the ~~Statement of Facts~~CMSP Supplemental Application
- 3-025. Verifications--Prior to Approval
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- 3-025.2 Verification of Identity of an Authorized Representative
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- 3-027. Verification by Signature
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- 3-031. Discontinuance Due to Death
- 3-032. Promptness Requirements
- 3-033. Notice of Action for CMSP Determinations
- 3-034. Corrective Action on Denied Applications
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- 3-035.1. Responsibilities and Powers of the Authorized Representative
- 3-036. Unconditionally Available Income
- 3-037. Social Security Numbers
- 3-038. Case Records and Confidentiality

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### Article 3 Application Process

#### 3-010. County Medical Services Program (CMSP)

For purposes of this section, persons are considered 21 years of age on the first day of the month following the month in which they reach age 21. Persons are considered 65 years of age on the first day of the month in which they reach age 65. A person's eligibility under CMSP shall be determined if that person:

- A. Is at least 21 years of age but less than 65 years and any of the following:
  - (1) A person who cannot meet the linkage/income factors necessary to be eligible for the Medi-Cal program; or
  - (2) Not yet determined eligible for Medi-Cal as a PA or Other PA Recipient or as an MN person because of a pending Application for Medi-Cal eligibility based on allegations of blindness or disability; or
- B. Meets the other eligibility requirements specified in this manual.

A person who is otherwise eligible for Medi-Cal but fails to provide proper documentation of legal status and/or citizenship as required under state or federal law and regulation shall not be eligible under CMSP pursuant to A and B above.

#### 3-011. CMSP Supplemental Application Process--General

The County Department shall receive and act upon all CMSP Supplemental Applications, Reapplications, and requests for Restoration without delay and in accordance with the provisions of this article.

##### 3-011.1 Application Process—Appointment of an Authorized Representative

Any competent Applicant may appoint an Authorized Representative to assist, accompany and represent him/her in the CMSP Supplemental Application or ~~Re~~application process. A written appointment form (MC 306 or another substantially similar form accepted by the County) must be submitted to the County by the Applicant and must have original signatures of both the Applicant and the individual chosen to act as the Authorized Representative. The MC\_306 will be valid for one year from the date signed unless the Applicant revokes it earlier.

#### 3-012. Evaluation of Medi-Cal Linkage

The County Department shall evaluate potential Medi-Cal linkage of each applicant as a part of processing the CMSP Supplemental Application, by completing a CMSP Medi-Cal Evaluation linkage form, CMSP 1153, or other authorized form or process, on each Applicant.

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~~In addition, f~~For any Applicant or Beneficiary who alleges a disability, either ~~in writing~~ or orally, the County Department shall discuss a disability referral ~~for the applicant~~. If there is a potential disability, the County Department shall give the Applicant or Beneficiary a DDSD Application with instructions to complete and return the application within 10 calendar days.

### 3-012.1 Medi-Cal Linkage and Disability

The County shall not approve CMSP eligibility until the completed disability Application, including all appropriate forms and verifications necessary for a Medi-Cal application is submitted to the County by the Applicant. The singular exception shall be when a person claims to be a U.S. citizen and is making a good faith effort to provide verification in accordance with federal standards and the person has completed all other aspects of the Medi-Cal application.

If all required forms and verifications are not received timely, the CWD shall contact the Applicant or Beneficiary and give 10 additional days for the required forms and verifications to be returned. If not received timely, County shall deny the Application unless good cause is demonstrated in accordance with Article 3-030.

### 3-012.2 Evaluation of Other Program Linkage

CMSP is the “payer of last resort.” Individuals seeking treatment for HIV/AIDS, family planning, genetic conditions covered by the Genetically Handicapped Persons Program (GHPP), or Hepatitis C must apply for the public and other programs that specifically provide services for these conditions. CMSP is a secondary payer to these programs and any other public programs for which applicants or enrollees of CMSP are otherwise eligible.

### 3-012.3 Evaluation for Expanded (MAGI-Based) Medi-Cal and Covered California

CMSP is the “payer of last resort.” Prior to evaluating eligibility for CMSP, all applicants shall be evaluated for all Medi-Cal programs, including ~~the MAGI-based~~ Medi-Cal ~~expansion~~ beginning January 1, 2014. In addition, all applicants shall be evaluated for Covered California. For applicants that are otherwise eligible for Covered California, the following rules shall apply:

#### A. Applications Subject to Covered California Open Enrollment Period

1. Beginning January 1, 2014 an application for CMSP shall be “subject to the Covered California open enrollment period” when the application is pending disposition action by the county:

a. Between January 1, 2014 and February 26, 2014; and,

b. Between November 15, 2014 and January 31, 2015.

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2. Beginning February 1, 2015 and for each following year, an application for CMSP shall be considered "subject to the Covered California open enrollment period" when the application is pending disposition action by the county between the first day of open enrollment to the 15 days prior to the close of open enrollment. CMSP will send out an instructional ACL to counties each year advising of the open enrollment periods.
3. When applications are subject to a Covered California open enrollment period, applicants for CMSP that are not otherwise eligible for Medi-Cal shall be required to do the following:
  - a. Provide electronic or written evidence to the county that an application has been made to Covered California for health insurance coverage.
    - i. Such evidence may be obtained by the county through electronic interface as systems may allow.
  - b. Provide electronic or written evidence to the county that the applicant has paid the first month's premium for participation in Covered California, when required.
    - i. Such evidence may be obtained by the county through electronic interface as systems may allow.
4. Counties shall notify CMSP applicants of the requirements described in 3 (a) and (b) at the time of application if application is to be made on the CMSP application form. If application is to be made using an alternative application form or method, including any application otherwise accepted for Medi-Cal, the applicant shall be notified of these requirements at the time of application processing by the county.
5. For 2014 only, for CMSP applications that are pending disposition action by the county in January through February, applicants shall provide the evidence set forth in 3 (a) and (b) as soon as possible but no later than February 26. For CMSP applications that are pending disposition action by the county between November 15, 2014 and January 31, 2015, applicants shall provide the evidence set forth in 3 (a) and (b) as soon as possible but no later than January 31, 2015.
6. Beginning February 1, 2015 and each following year, for CMSP applications that are pending disposition action by the county between the first day of open enrollment and the date that is 15 days prior to the close of open enrollment applicants shall provide the evidence set forth in 3 (a) and (b) as soon as possible but no later than 15 days prior to the close of open enrollment.

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7. Applicants that fail to comply with the requirements set forth in 3 (a) and (b) shall be determined in non-compliance with CMSP eligibility rules that require applicants to cooperate, initially and during the course of CMSP eligibility, in availing themselves of other health coverage. Such applicants shall be denied eligibility for CMSP for noncooperation.
8. If all other CMSP eligibility criteria are met, applicants that provide the evidence set forth in 3 (a) and (b) shall be approved for CMSP for the period commencing with the first of the month of application to the beginning of the Covered California coverage period, or for three months, including the month of application, whichever is shorter.
9. CMSP applicants that are denied CMSP eligibility during a period that is subject to the Covered California open enrollment period due to non-compliance with the requirements set forth in 3 (a) and (b) may apply for CMSP beginning with the first of the month following the period that is subject to the Covered California open enrollment period.
  - a. For CMSP applicants that are denied CMSP eligibility due to non-compliance with 3 (a) and (b), the beginning date of aid for CMSP shall be the first of the month in which the application is taken after the end of period that is subject to the Covered California enrollment period.

### B. Applications Not Subject to Covered California Open Enrollment Period

1. Beginning January 1, 2014, an application for CMSP shall be considered "not subject to the Covered California open enrollment period" when the application is received and pending disposition by the county between February 27, 2014 and November 14, 2014.
2. Beginning February 1, 2015 and for each following year, an application shall be considered "not subject to the Covered California open enrollment period" when the application is received and pending disposition action by the county on or after the date that is 15 days before the end of the Covered California open enrollment period and the day prior to the date of the start of the next open enrollment period.
3. During any period when applications are not subject to the Covered California open enrollment period, CMSP applicants that are not otherwise eligible for Medi-Cal shall be required to do the following:

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- a. Provide electronic or written evidence of any participation in Covered California that was terminated for lack of monthly premium payment.
  - i. Such evidence may be obtained by the county through electronic interface as systems may allow.
  - ii. Processing of the application shall not be completed until the applicant provides this evidence.
  
- b. Provide an attestation that none of the conditions outlined below are applicable. These conditions are considered special circumstances for enrollment in Covered California outside of an open enrollment period:
  - i. A qualified individual or a dependent's loss of Minimum Essential Coverage;
  - ii. A qualified individual gains a dependent or becomes a dependent;
  - iii. An individual not previously a U.S. citizen, U.S. national or lawfully present gains such status;
  - iv. A qualified individual's enrollment or disenrollment in a Covered California Plan (CCP) is unintentional, inadvertent, or erroneous as a result of an error, misrepresentation, or inaction of the staff or instrumentalities of Covered California or Health and Human Services;
  - v. An enrollee adequately demonstrates that a CCP substantially violated a material provision of its contract in relation to the enrollee;
  - vi. An enrollee is determined newly eligible or newly ineligible for Advanced Premium Tax Credit (APTC) or has a change in eligibility for cost-sharing reduction (CSR);
  - vii. An individual whose existing coverage through an eligible employer-sponsored plan will no longer be affordable or provide minimum value;
  - viii. A qualified individual or enrollee gains access to new CCPs as a result of a permanent move; this also applies to individuals recently released from incarceration; or,
  - ix. A qualified individual who is an Indian may enroll in a CCP or change to another one time per month.

4. If the attestation described in 3 (b) finds none of the conditions are applicable, a determination of eligibility for CMSP shall be made following receipt of all other information required to determine eligibility.

5. If the attestation described in 3 (b) finds one or more of the conditions are applicable, the applicant shall be required to do the following:

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a. Provide electronic or written evidence to the county that an application has been made to Covered California for health insurance coverage.

i. Such evidence may be obtained by the county through electronic interface as systems may allow.

b. Provide electronic or written evidence to the county that the applicant has paid the first month's premium for participation in Covered California.

i. Such evidence may be obtained by the county through electronic interface as systems may allow.

6. If the applicant fails to provide the evidence described in 3 (b) or 5 (a) and 5 (b) within sixty (60) days of the qualifying date for the special circumstance, or as otherwise required by Covered California, the CMSP application shall be denied.

### 3-013 Persons Who May File an Application for CMSP

Any person who wishes to receive CMSP may file an CMSP Supplemental Application. If the Applicant, for any reason, is unable to apply on his/her own behalf, or is deceased, any of the following may complete and file the CMSP Supplemental Application for the Applicant:

- A. The Applicant's spouse, guardian, conservator or executor.
- B. A person who knows of the Applicant's need to apply.
- C. A Public Agency representative.

The case record must clearly specify why anyone other than a spouse has applied for the Applicant.

### 3-014. CMSP Supplemental Application for ~~CMSP~~

A person or family applying for CMSP shall submit a completed CMSP Supplemental Application form ~~including a signed CMSP 219, to the County Department.~~

The Applicant shall be given two opportunities to submit the completed CMSP Supplemental Application form including ~~a signed CMSP 219 and~~ all verifications necessary to establish the Applicant's eligibility for CMSP. The timeframe for return of the required forms and verifications shall be 10 calendar days for each request.

Note: The MC 13 should still be used if the CMSP Applicant is claiming and verifying amnesty alienage, lawfully permanent residency and PRUCOL (Permanent Residency Under Color of Law).

### 3-015. Application for Retroactive CMSP

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Effective January 1, 2003, no retroactive eligibility shall be granted for CMSP cases. The beginning date of eligibility will be in accordance with Section 11-010.

### 3-015.1 Application for Pre-Enrollment Claims Payment

CMSP shall pay for medical services resulting from a qualifying medical event that commences within the ten-calendar day period immediately preceding the CMSP member's first month of CMSP enrollment (application month). A qualifying medical event shall be any emergency condition that results in the CMSP member receiving emergency medical care.

#### A. Conditions for Claims Payment Consideration

Pre-enrollment medical claims shall be considered for payment when they meet all of the following conditions:

- (1) Medical services were provided during the ten calendar days immediately prior to the member's first month of CMSP enrollment (application month) and the services provided were for a "qualifying medical event," which is any emergency condition that results in the CMSP member receiving emergency medical care, including inpatient hospitalization.
- (2) The emergency condition meets the definition of "emergency" under ~~Anthem Blue Cross~~/CMSP claims payment rules carried out by the CMSP Third Party Benefits Administrator.
- (3) The CMSP member was determined eligible for CMSP in the application month, which shall be the month immediately following the 10-calendar day pre-enrollment period.
- (4) The CMSP member requests the Pre-Enrollment Claims Payment Authorization form (~~Form # CMSP\_209~~) within six months from the first of the application month.

#### B. Claims Payment

If a qualifying medical event occurred, claims for payment for medical services provided during the pre-enrollment period shall be paid by CMSP based upon the CMSP eligibility code of the member:

- (1) Full Scope No Share of Cost (N-SOC) Members (Aid code 88) – All services that are otherwise payable under the scope of benefits for these members shall be paid.
- (2) Share of Cost (SOC) Members (Aid codes 85, 89) – If the member's SOC was cleared in the first month of CMSP enrollment (application month), CMSP payment shall be approved for all services that are otherwise payable under the scope of benefits for these members. If the member SOC was not cleared in the first month



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of enrollment, the member shall be given form CMSP 209A to take to the provider of service for medical care received during the pre-enrollment period. The provider will verify that the SOC is paid or obligated for services received in the pre-enrollment period. The County must certify that the SOC has been met for the pre-enrollment period and will mail copy 3 to the Governing Board's third party benefits administrator~~Anthem-Blue-Cross~~ for claims processing and copy 2 to the CMSP Governing Board.

- (3) Emergency Services Only Members (Aid code 50) – Payment shall be approved for emergency services only, in keeping with CMSP benefit limits for this aid code. If the member has a SOC, the rules set forth for Aid Codes 85 and 89 must be met.

### C. Notice to CMSP Applicants and Responsibility of CMSP Members

At the time of application, all CMSP Applicants shall be informed of the pre-enrollment medical claims process for enrolled CMSP members. Following enrollment in CMSP it shall be the responsibility of the CMSP member to contact the county welfare department to request the Pre-Enrollment Claims Payment form (CMSP 209). The county shall complete sections 1-8 on this form and return it to the CMSP member. One completed form shall be required for each medical provider seeking payment for services rendered during the pre-enrollment period to the CMSP member.

### 3-016. Application for Medi-Cal LTC Aid Code 53, Acute Care

A person eligible for Medi-Cal under Aid Code 53, which only covers Skilled Nursing Facility or Intermediate Care Facility (SNF or ICF) services, may also receive CMSP benefits under Aid Code 8F to cover any acute care services. There is no LTC length of stay requirement to receive a 53 Aid Code. Persons made eligible for 8F will not be subject to length of eligibility (reduced certification) restrictions while receiving LTC/SNF services. If the person has a Share of Cost under Aid Code 53 he/she will have no Share of Cost under aid code 8F as the Share of Cost is met under the 53 aid code. The Applicant must complete and sign the following forms: MC 13 (or other appropriate Medi-Cal form declaring citizenship/immigration status).

### ~~(1) CMSP 219~~

~~(2) MC 13 (or MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status).~~

Additionally, an Application (MC 223) for disability evaluation must be completed for any Beneficiary determined eligible for Aid Code 8F services, if the disability is expected to last 12 consecutive months or longer. The Beneficiary's failure to cooperate will result in denial or discontinuance of 8F services.

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Upon notification that the Beneficiary has entered LTC/SNF, the County Welfare Department (CWD) shall:

1. Check to see if the Beneficiary has presumptive eligibility: if so, discontinue CMSP, and follow 22C – 3.6 of MEPM.
2. Provide a DDSD packet within 10 days of notification if the disability is expected to last at least one year, or result in death. If the packet is not completed and returned within thirty (30) days, eligibility for CMSP should be terminated with timely notice.

### ~~3-017. CMSP Application for County General Assistance/General Relief (GA/GR) Recipients~~

~~The County may follow an abbreviated CMSP eligibility process for Recipients of County GA/GR payments who request medical assistance. GA/GR eligibility shall serve as verification of CMSP eligibility until GA/GR eligibility is terminated. Such Applicants must sign and complete the following forms:~~

~~A. MC 13 (or MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status);~~

~~B. CMSP 219~~

~~C. CMSP 1153 or other approved form or process.~~

### 3-0178. Date of Application

The date of the CMSP Supplemental Application for CMSP shall be the date of the Medi-Cal or Covered California Application submitted by the applicant, or a SAWS 1 is received by the County Department.

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### 3-0189. Withdrawal of Application--Request for Discontinuance

An Applicant or Beneficiary may withdraw or request discontinuance from the CMSP Supplemental Application process at any time. The County shall note such request in the case file. If a written request is not submitted by the Applicant or Beneficiary, the County shall issue a Notice of Action (NOA) which indicates that the action is being taken to withdraw the CMSP Supplemental Application or discontinue benefits and that the Applicant/Beneficiary must contact the County to indicate if they desire that the Application process or eligibility continue.

### 3-01920. Face-To-Face Interview

A face-to-face interview with the Applicant, ~~or the person completing the Statement of Facts~~, is optional at the time of Application, Reapplication, or Restoration. However, the County eligibility staff may require the Applicant to complete a face-to-face interview February 1, 2015

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before benefits are established when eligibility staff determine any of the following conditions exist:

- A. Information provided on the CMSP Supplemental Application form or verifying information provided is questionable;
- B. The individual has no visible means of support, such as in-kind income (as discussed in Section 8-016), or means of support is not reported for the individual; or
- C. Income and expenses of a self-employed individual do not match reported income, and the questionable information cannot be resolved with follow-up telephone contact and/or mail.

If needed, the interview:

- D. Shall be completed within 30 days of the date of the Application or Reapplication.
- E. Shall not be required for persons who have a government representative, such as a public guardian, acting on their behalf.
- F. Shall be conducted by a representative of the County Department unless, for good reason, a direct interview between the County Department and the Applicant or the person completing the ~~Statement of Facts~~CMSP Supplemental Application is not possible. In such a situation, the interview may be conducted by another Public Agency acting on behalf of the County Department.
- G. An Authorized Representative may accompany an Applicant to a face-to-face interview but may not attend a face-to-face interview in lieu of the Applicant.

### ~~3-021. — Statement of Facts~~

~~Shall include the completion and explanation of the contents of the Applicant's rights and responsibilities form, CMSP 219. The representative of the agency conducting the interview is responsible for meeting the requirement.~~

~~Following completion and submission of the Application form, a Statement of Facts (CMSP 210/MC 210/SAWS 2) or other approved form shall be completed, signed, and filed with the County Department. The CMSP 210 is the preferred form to use for an Application, but the MC 210 may be used in lieu of CMSP 210. The Statement of Facts shall be used by the County Department in the determination of the Applicant's eligibility, Share of Cost, and other health coverage.~~

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3-022. Persons Who May Complete and Sign the CMSP Supplemental Application~~Statement of Facts~~

The Applicant or spouse of the Applicant shall complete and sign the CMSP Supplemental Application. ~~The CMSP Supplemental Application may be signed through a Telephonic Signature Declaration in accordance with the requirements sets forth on CMSP form 216. Statement of Facts, unless~~ one of the conditions outlined below is met, the CMSP Supplemental Application may be signed by another party on behalf of the applicant:

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A. The Applicant has a conservator, guardian, or executor. In this case, the conservator, guardian or executor shall complete and sign the CMSP Supplemental Application~~Statement of Facts~~.

(1) An Authorized Representative is not permitted to complete the CMSP Supplemental Application~~Statement of Facts~~ without the Applicant's permission and participation or sign the ~~Statement of Facts~~CMSP Supplemental Application for any Applicant.

B. The Applicant is not competent, in a comatose condition or suffering from amnesia, and there is no spouse, conservator, guardian or executor. In this case:

(2) The County Department shall evaluate the Applicant's circumstances and determine whether or not there is a need for protective services.

a) If the County Department determines that there is a need for protective services, it shall make a referral to the public guardian or Adult Protective Services (APS) Division. The public guardian or APS social worker may complete and sign the CMSP Supplemental Application~~Statement of Facts~~.

b) If the County Department determines that there is no need for a referral to the public guardian or APS division, or if the public guardian or APS division is unable or refuses to complete the eligibility process, then the CMSP Supplemental Application~~Statement of Facts~~ may be completed and signed, in accordance with Section 3-024, by a family representative or a representative of a Public Agency or the County Department.

c) The person completing the CMSP Supplemental Application~~Statement of Facts~~ on behalf of the Applicant shall provide all available information required on the CMSP Supplemental Application~~Statement of Facts~~ regarding the Applicant's circumstances.

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d) If a County Department representative completes and signs the CMSP Supplemental Application, Statement of Facts, another representative of that County Department shall:

- (i) Confirm, by personal contact, the Applicant's inability to act on his own behalf.
- (ii) Countersign and approve any recommendation for eligibility.
- (iii) ~~If T~~the Applicant cannot be located before completing the CMSP Supplemental Application, Statement of Facts. ~~In this case~~, the County Department shall obtain as much information as possible regarding the Applicant's circumstances. In such cases, a Relative, friend, or a representative of a Public Agency or the County Department may complete the CMSP Supplemental Application Statement of Facts on behalf of the Applicant in accordance with (B)(2)(b), and (B)(2)(d11).
- (iv) ~~If T~~the Applicant dies before completing the CMSP Supplemental Application, Statement of Facts. ~~T~~the County Department shall discontinue processing the application. At this point the County Department will pursue Medi-Cal eligibility via the DDS process based on presumptive eligibility. In such cases, a Relative, friend, or a representative of a Public Agency, or the County Department may complete a Medi-Cal Statement of Facts and DDS packet on behalf of the Applicant in accordance with Medi-Cal manual Section Article 22 and Procedures Section 4A. If forms are completed by the County Department a diligent search must be initiated.

3-023. Filing the CMSP Supplemental Application Statement of Facts

The County Department shall:

- A. Set a reasonable deadline for returning the CMSP Supplemental Application Statement of Facts to the County Department and inform the Applicant of the deadline at the time the CMSP Supplemental Application Statement of Facts is given or mailed to the Applicant.
- B. Attempt to contact the Applicant to determine the reason for delay if the CMSP Supplemental Application Statement of Facts is not returned by the deadline specified in (A).

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- C. Extend the deadline for returning the CMSP Supplemental Application Statement of Facts if a valid reason for the delay, such as incapacity, is found.
- D. Deny the Application or discontinue eligibility if a valid reason for the delay, such as incapacity, is not found.
- E. Provide a copy of the completed CMSP Supplemental Application Statement of Facts to the individual who signed it, at their request.

### 3-024. Obtaining Information for the Completion of the CMSP Supplemental Application Statement of Facts

The County Department or the representative of a Public Agency completing the CMSP Supplemental Application Statement of Facts in accordance with Section 3-022 (B) shall:

- A. Perform a reasonably diligent search to obtain available information regarding the Applicant's circumstances applicable to a CMSP eligibility determination.
- B. Complete the CMSP Supplemental Application Statement of Facts based upon the findings of the diligent search.
- C. Initiate a Medi-Cal Application in those cases where a disability is expected to last for more than 12 months. If the Applicant is Competent and refuses to apply for Medi-Cal based on a disability and to complete a DDSD Application to determine disability, the County shall deny the CMSP Supplemental Application due to non-cooperation after the County has explained the additional benefits available to the Applicant under the Medi-Cal program.

### 3-025. Verification--Prior to Approval

The County Department shall obtain verification of the following information contained on CMSP Supplemental Application~~the Statement of Facts~~ prior to Approval of Eligibility:

1. Identity as specified in Section 3-025.1.
2. Income.  
Note: The Applicant needs to provide verification of in-kind income only if the Applicant claims that the value of the in-kind income being received is less than the in-kind values chart in section 8-017.
3. The value of stocks, bonds, and mutual funds.
4. Trust deeds.
5. Other real property.
6. All CMSP income deductions such as child care costs, health insurance premiums, alimony, etc.
7. Any other item which the County determines to be necessary to establish

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eligibility.

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Note: In emergency situations the Applicant's signed statement may be accepted to verify anticipated income, and the worker ~~shall~~will give the Applicant ten (10) days to provide written verification. If the verification is not received the worker ~~shall~~will discontinue case. Future benefits cannot be issued without the Member providing verification of the anticipated income.

The following can be verified by Applicant's sworn statement or ~~Statement of Facts~~CMSP Supplemental Application:

- A. Savings and checking accounts (including closure of accounts) – as long as Applicant provides:
- The type of account
  - The account number
  - Bank name
  - Balance
  - Date of the account closure
  - Balance on closure

Note: For closed bank accounts, if transfer occurred within 2 months prior to the date of application, please consider transfer of property sections of the manual 7-016 through 7-20.

- B. Life insurance as long as Applicant provides:

- Insurance company name and address
- Type of insurance (Whole or Term)
- Face value
- Cash surrender value (CSV)

- C. Burial Insurance and trusts as long as Applicant provides:

- Company's name and address
- Face value
- CSV

- D. Non-exempt vehicles:

- Must provide enough information and (make, model, year) details for the worker to determine the Fair Market Value (FMV).

- E. In-kind income as specified in sections 8-016 and 8-017.

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NOTE: If other members of the individual's family are ineligible for Medi-Cal solely due to not providing valid Medi-Cal resource verifications, their failure to comply will not affect CMSP individuals' CMSP eligibility, unless CMSP also requires this verification and it is not provided.

**Any resource or income verification that is acceptable for non-MAGI Medi-Cal is acceptable for CMSP.** If the Applicant has provided verification to the Public Agency (i.e. CalFresh) they are not required to provide again. The eligibility worker will document the fact that verification has been received by the Department. Such documentation includes IEVS reports that may be generated by systems as part of the application process and may include information concerning income and resources.

### 3-025.1 Verification of Identity

For CMSP the identity of one Adult in the CFBU shall be verified by viewing one of the items from the following list. If the identification of one spouse is verified, the other spouse is not required to provide additional verification.

- California Driver's License
- DMV Identification Card
- Picture ID
- United States Citizenship or Alien Status Documents
- Birth Certificate
- School ID Card
- Passport
- Social Security Card (or a document containing the Social Security number and the individuals name)
- Marriage Record
- Divorce Decree
- Adoption Record
- Court Order for a Name Change
- Church Membership or baptism/confirmation record
- Any other document which appears to be valid
- A "2Z" match with Social Security as indicated by the Medi-Cal Eligibility Data System (MEDS)

If the applicant/beneficiary is unable to provide any of the above documents they must be given the opportunity to complete an affidavit attesting to their identity. The affidavit must include:

- Name
- Date of birth
- Place of Birth
- Current address



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If the County is unable to obtain any of the items on the list and the applicant/beneficiary is unable to complete an affidavit the County may establish identity through collateral contacts.

### 3-025.2. Verification of Identity of an Authorized Representative

An Authorized Representative appointed by an Applicant with the MC 306 or other similar form must provide a valid identification.

### 3-026. Clarification of ~~Statement of Facts~~CMSP Supplemental Application

When necessary, the County Department shall clarify information on the ~~Statement of Facts~~CMSP Supplemental Application. If additional clarification is needed:

A. The County Department shall inform the person who signed the ~~Statement of Facts~~CMSP Supplemental Application of the information needed and the reason for the request. The Applicant or person who signed the ~~Statement of Facts~~CMSP Supplemental Application shall be responsible for securing the additional information.

B. If the Applicant or person who signed the ~~Statement of Facts~~CMSP Supplemental Application has difficulty in securing the necessary information, the County Department shall, with the person's written consent, obtain the information. The Applicant's Authorization for Release of Information shall identify persons to be contacted and the specific information to be requested.

### 3-027. Verification by Signature

If the County determines that verification by signature is the only viable method available for any item on the ~~CMSP Supplemental Application, Statement of Facts~~, the County shall state that fact in the ~~case record, County use section on the Statement of Facts~~. The signature on the ~~CMSP Supplemental Application, Statement of Facts~~ shall not be accepted as verification of a person's Application for an SSN.

The signature on the ~~CMSP Supplemental Application, Statement of Facts~~ shall be accepted as verification of the facts if both of the following conditions are met:

- A. The information required for establishing eligibility under these regulations is not available; and
- B. The County Department determines that the information provided on the ~~CMSP Supplemental Application, Statement of Facts~~ is sufficient to determine eligibility. If the information on the ~~CMSP Supplemental Application, Statement of Facts~~ is insufficient, the County Department shall accept a signed statement, from the

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person completing the CMSP Supplemental Application~~Statement of Facts~~ that provides the necessary supplemental information.

### 3-028. Eligibility Determination

After the Applicant has applied for CMSP, ~~completed the Statement of Facts~~ and provided all essential information and verifications, the County Department shall determine the Applicant's eligibility and Share of Cost. A determination based on the results of a County search for information under Section 3-024 shall be completed in the same manner as any other determination with only the income and resources discovered through the search considered available. The County Department shall make the determination within 45 days from the date of Application or Reapplication in accordance with section 3-032.

### 3-029. Denial or Discontinuance Due to Lack of Information, Noncooperation or Loss of Contact

The Application or Reapplication shall be denied or eligibility discontinued under any one of the following circumstances:

- A. There is insufficient information available to make an eligibility determination, after the County Department has made a reasonable effort to obtain the necessary information;
- B. The Applicant or person completing the CMSP Supplemental Application~~Statement of Facts~~ fails, without good cause [as defined in section 3-030(B)], to provide necessary verification or to cooperate with the County Department in resolving incomplete, inconsistent or unclear information on the ~~Statement of Facts~~CMSP Supplemental Application;
- C. The Applicant fails, without good cause [as defined in section 3-030(B)], to participate in the face-to-face interview in accordance with Section 3-020;
- D. The County Department, after reasonable attempts to contact the Applicant or Beneficiary, determines that there is loss of contact;
- E. The Applicant or Beneficiary, without good cause [as defined in section 3-030(B)], fails to cooperate with the DDSD process, including failure to cooperate with, or provide requested information to, the Social Security Administration as part of the DDSD process;
- F. Applicant's income exceeds 200% of FPL; or
- G. Resources exceed maximum allowable for CFBU for CMSP eligibility.;
- ~~H. The Applicant fails to return a signed CMSP 219;~~

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### 3-030. Reversal of a Denial or Discontinuance Due to Lack of Information, Noncooperation, or Loss of Contact

An Applicant or Beneficiary whose eligibility is denied or discontinued for any of the reasons specified in 3-029 may:

- A. Reapply at any time, including the month of Application or Reapplication.
- B. Have the denial or discontinuance rescinded within 30 days from the discontinuance/denial date by providing evidence that the Applicant, the Beneficiary or their family had good cause for not meeting the conditions specified by the County Department. For purposes of this section good cause is limited to:
  - 1) Physical or mental illness or incapacity of the Applicant or the authorized representative, which precludes timely submission of the CMSP Supplemental Application~~Statement of Facts~~ and all required verifications necessary to determine the Applicant's or Beneficiary's eligibility.
  - 2) Participation of the Applicant, the Beneficiary or their authorized representative in a face-to-face interview is precluded by physical or mental illness or incapacity, or the ~~Un~~availability of transportation to the County Department for the face-to-face interview.
  - 3) A delay in the receipt of verifications, reports and/or other information necessary to determine eligibility that is beyond the control of either the Applicant or the County Department.
  - 4) The CWD is notified by SP-DDSD the Applicant's or Beneficiary's case has been closed with a 'No Determination' status due to insufficient evidence resulting from the failure to cooperate. The CWD shall:
    - a) First notification – Discontinue CMSP with timely notice for failure to cooperate with DDSD process.

If the Applicant or the Beneficiary contacts the CWD prior to the effective date of discontinuance and provides a reasonable excuse for failure to cooperate, the CWD may rescind the discontinuance and resubmit the disability Application to SP-DDSD with any new information, if applicable.

Note: If the Applicant or the Beneficiary is willing to cooperate and if it has been less than 30 days from the date the DDSD case was closed, then the County shall contact DDSD and request that DDSD reopen the existing packet.

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If it has been over 30 days from the date that the DDSD case was closed the CWD shall require the Applicant or the Beneficiary to resubmit a new packet.

- b) Second Notification – Discontinue CMSP with a timely notice for failure to cooperate with DDSD process.

If the Member reapplies for CMSP following the discontinuance and agrees to cooperate, the CWD shall resubmit the disability application with any new information, if applicable, to DDSD.

The CWD shall not grant eligibility for CMSP until the individual provides the CWD with adequate documentation of compliance with DDSD requests, or the CWD receives a final determination on the case from DDSD (see CMSP ACL 05-04 appendix B for more details). If the Member appeals a denial by Social Security for non cooperation within thirty days the CWD shall either 1) rescind the CMSP discontinuance for the remainder of the CED, or 2) approve a CMSP reapplication if otherwise eligible.

### 3-031. Discontinuance Due to Death

Eligibility for CMSP shall be discontinued at the end of the month in which a Beneficiary dies. In addition, upon notice of the death of a Beneficiary, the CWD shall initiate a DDSD referral.

### 3-032. Eligibility Determination Promptness Requirement

The County Department shall complete the determination of eligibility and Share of Cost as quickly as possible but not later than 45 days following the date of Application, Reapplication or request for Restoration is filed.

- A. The 45-day period may be extended when the Applicant, for good cause [see section 3-030(B)], has been unable to return the completed CMSP Supplemental Application Statement of Facts or and necessary verifications in time for the County Department to meet the promptness requirement. The CWD may permit additional and reasonable time for the Applicant who is making a reasonable effort to obtain the required verifications or information.
- B. The CWD shall contact the Applicant or Beneficiary twice in writing to obtain any verification or information needed to determine eligibility. The First Contact may take place at the initial face-to-face interview when the Eligibility Worker gives the Applicant a written request to provide specific information. If the application is submitted by mail the first contact occurs when the Eligibility Worker sends a written request to the Applicant for needed information/verifications. In both of these instances the Eligibility Worker shall give the Applicant/Beneficiary 10-calendar days to provide the necessary information

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- 4) A statement, when appropriate, regarding the information or action necessary to reestablish eligibility.
- 5) A statement informing the applicant/enrollee of their right to file an appeal and the procedures for exercising these rights.

B. The Notice of Action shall be mailed as follows:

1. Adverse Actions, at least ten calendar days prior to the first of the month in which the action becomes effective.
2. Discontinuances or changes in the Share of Cost which are not Adverse Actions, in sufficient time to reach the Beneficiary by the effective date of the action.
3. All other instances, no later than the date the County Department takes the action.

C. Conditional notices, which advise Applicants or Beneficiaries that eligibility will be denied or discontinued unless specified actions are taken by the Applicants or Beneficiaries, shall not be considered to have met the Notice of Action requirements of this Section.

D. Authorized Representatives may receive one copy of a specific Notice of Action from the County Department, at the request of the Applicant. Such requests must be documented in the case comments.

### 3-034. Corrective Action on Denied Applications

A denial of an Application shall be rescinded when the County Department determines that the denial was in error. CMSP eligibility that results from corrective action taken on a denied Application shall be approved based on the date of the CMSP Application that was denied.

### 3-035. Applicant and Beneficiary General Responsibilities

The County shall assist the Applicant as necessary in meeting the requirements of this Section.

Applicants, persons acting on behalf of such Applicants, or persons who have completed and signed the ~~Statement of Facts~~CMSP Supplemental Application, shall:

- 1) Complete and participate in the completion of all documents required in the Application.

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7) Examine the case record without the Applicant/Beneficiary being present.

B. The AR may not:

- 1) Act in lieu of the Applicant/Beneficiary;
- 2) Sign the CMSP ~~Supplemental Application, 210~~, MC 210 or SAWS 2 Statements of Fact, ~~or the MC 220 (Authorization of Release of Medical Information); or the CMSP 210 (Rights and Responsibilities);~~
- 3) Act for any incompetent person, pursuant to section 3-011.1;
- 4) Transfer or reassign an MC 306 Appointment without a new MC 306 being completed by the Applicant/Beneficiary; or
- 5) Act for the Applicant beyond the determination of eligibility.

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### 3-036. Unconditionally Available Income

At the time of Application/Reapplication an Applicant or Beneficiary shall, as a condition of CMSP eligibility, take all actions necessary to obtain unconditionally available income except as limited in (C) below. This includes applying for such income and cooperating in supplying the information requested by the agency making the award determination.

- A. Income shall be considered unconditionally available if the Applicant or Beneficiary has only to claim or accept the income. Such income includes, but is not limited to:
  - 1) Disability insurance benefits.
  - 2) Benefits available to veterans of military service.
  - 3) OASDI benefits, except for early Social Security retirement.
  - 4) Unemployment insurance benefits, if such benefits are available and the individual is working less than 40 hours per week.
- B. Only the person who refuses to apply for and accept unconditionally available income shall be rendered ineligible by such refusal.
- C. After the amount of unconditionally available income is determined, an Applicant or Beneficiary will not be required to apply for or accept such income, if either of the following exists:
  1. The acceptance of such income would not result in a Share of Cost; or

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enforcing: Arrival-Departure Record, USCIS Form I-94, and an order issued by the Executive Office of Immigration Review.

- O. Aliens whose deportation is being withheld in accordance with INA Section 243 (h) {8 USC 1253 (h)}: Arrival-Departure Record, USCIS Form I-94, and an order issued by the Executive Office of Immigration Review.
- P. Citizens of the Republic of the Marshall Islands, the Federated States of Micronesia, or Palau who, in accordance with 48 USC Sections 1681 through 1695, 1901 and 1931 may live, work, or study in the United States without restrictions: Arrival-Departure Record, USCIS Form I-94, annotated "CFA/MIS" or "CFA/PAL". Citizens of Palau must have a passport or similar travel document which establishes Palau citizenship.
- Q. Aliens granted extended voluntary departure for a specified time due to conditions in their home countries: Arrival-Departure Record, USCIS Form I-94, showing this status or Alien Voluntary Departure Notice, USCIS Form I-210.
- R. Aliens whose USCIS documents have been lost or stolen or are unreadable: An Individual Fee Register Receipt (USCIS Form G-711) which shows the person has applied for replacement of a lost, stolen, or unreadable alien registration, or alien admission document listed in this section.
- S. Aliens living in the United States with the knowledge and permission of USCIS whose departure USCIS does not contemplate enforcing: INS documents which establish these facts.

### 5-014. Opportunity to Submit Documents

Applicants shall be informed that they must present documents, which serve as reasonable evidence of United States citizenship, or USCIS issued documents, which indicate Satisfactory Immigration Status for CMSP purposes.

A. Applicants for full scope CMSP benefits, including persons born abroad and claiming United States citizenship, shall have 30 calendar days, or the time it actually takes the County to process the CMSP Application, whichever is longer, to submit such documents. The 30-day period begins at the time the completed MC 13 (or ~~MC 210, SAWS 2~~ or other appropriate Medi-Cal form declaring citizenship/immigration status) is received by the County Department.

B. Applicants who do not present documentation indicating United States citizenship or Satisfactory Immigration Status within the period prescribed in subsection (A) shall receive Restricted CMSP Benefits.

a. Applicants who do not present documentation indicating United States Citizenship or Satisfactory Immigration Status and who receive Restricted

## CMSP ELIGIBILITY MANUAL

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(1) Physical presence, if there is no intention of leaving the County unless the Applicant maintains a home outside the County of physical presence.

(2) Living in the County at the time of Application, not receiving medical assistance from another County, and having entered the County with a job commitment or to seek employment, whether or not currently employed.

- B. Family Members may establish separate residences without a break in marital or family ties. Only those Family Members who meet the requirements of this article may be eligible for CMSP.
- C. Once County Residence is established, it continues until Residence is established in another County.
- D. A person's declaration on the ~~Statement of Facts~~ CMSP Supplemental Application shall be accepted as proof of Residence unless there is evidence to the contrary.
- E. Aliens possessing only a visitor visa are not considered a resident.

### 5-019. Temporary Absence From the County

Residence shall not be affected by temporary absence from the County for periods of 60 days or less. An absence of 60 days or less shall be presumed to be a temporary absence, unless there is evidence to the contrary. An Application or Reapplication from an Applicant or Beneficiary who has been temporarily absent from the County for 60 days or less shall be accepted.

### 5-020. Absence From the County for More Than 60 Days

Absence from the County for more than 60 days shall be presumptive evidence of the Applicant's or Beneficiary's intent to change County Residence.

- A. The person may contest this presumption by declaring in writing:
  - 1. An intent to return to the County; and
  - 2. The existence of one of the following circumstances:
    - a. Illness or emergency circumstances, which prohibit return to the County.
    - b. Family Members with whom the Applicant or Beneficiary lives are County residents and are physically present in the County.



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- B. The net market value of all nonexempt motor vehicles shall be included in the property reserve.
- C. Counties have the responsibility to determine a reasonable value for motor vehicles. The Applicant does not need to obtain three appraisals by auto dealers, insurance adjustors, or personal property appraisers. Some of the methods which may be used to determine the reasonable value include, BUT ARE NOT LIMITED TO:
- 1) The market value determined by the wholesale value published in the "Kelley Blue Book" which is also available on-line at the Kelley Blue Book's Website: <http://www.cars.com/go/kbb/kbbinput.jsp>
  - 2) The market value determined by the "National Auto Dealers Association (NADA) Guide" Website: [http://www.nadaguides.com/autohome2.aspx?Lnk=1&wSec=10&wPr=\)wPg=2111](http://www.nadaguides.com/autohome2.aspx?Lnk=1&wSec=10&wPr=)wPg=2111)
  - 3) An estimate of market value obtained by the Applicant from a disinterested knowledgeable source from the auto industry.

Or

- 4) DMV Vehicle License Fee Rate Table. ~~You must type in the link exactly as seen below. Note there are two underscores ( \_ ) in the link.~~
- ~~[http://www.dmv.ca.gov/forms/reg/vlf\\_chart\\_2005.pdf](http://www.dmv.ca.gov/forms/reg/vlf_chart_2005.pdf)~~

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The Vehicle License Fee Rate (VLF) chart is updated by the Department of Motor Vehicles. The current 2% chart has now been replaced with a .65% VLF chart. No longer will the license fee be multiplied by \$50 to derive the market value of a motor vehicle.

The ~~new~~ procedure for determining the market value of a motor vehicle shall be determined by the following process (Note: the VLF chart is just one method of obtaining a reasonable value):

- Determine the class of the motor vehicle.
- Determine the year the motor vehicle was purchased, (Note: this could be initial purchase of a new vehicle or resale date.)

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### 7-049. Household Items

All items used to furnish and equip a home shall be exempt.

### 7-050. Personal Effects

Personal effects are to be considered as property.

A. All items of clothing are exempt.

B. The following jewelry shall be exempt:

(1) Wedding and engagement rings.

(2) Heirlooms.

(3) Any other item of jewelry with a net market value of \$100 or less.

C. The net market value of jewelry not exempted above shall be included in the property reserve.

D. The net market value of jewelry shall be the value listed by the Applicant on the ~~Statement of Facts~~ CMSP Supplemental Application, unless the County Department determines further verification is necessary. If verification is required:

1) The Applicant shall submit:

a. A sales slip showing the actual purchase price; or

b. At least one written statement signed and dated from a jeweler, insurance adjuster, or Personal Property appraiser. The statement shall include a description of the item and its current market value.

1) Subtract any encumbrances of record from the market value.  
This is the net market value.

### 7-051. Recreational Items

All recreational items shall be exempt, except for motor vehicles, such as motor homes, All Terrain Vehicles (ATV) and snowmobiles, which shall be considered in accordance with Section 7-047. Boats, campers, and trailers shall be considered in accordance with Section 7-048.

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### 7-052. Musical Instruments

All musical instruments shall be exempt.

### 7-053. Livestock, Poultry, and Crops

Livestock, poultry, and crops are to be considered as property.

- A. These items will be exempt if retained primarily for personal use.
- B. Equipment and Personal Property used to produce and/or maintain livestock, poultry, and crops primarily for personal use shall be exempt.
- C. The net market value of livestock, poultry, or crops retained primarily for profit shall be included in the property reserve except to the extent it is exempt as business property in accordance with Section 7-059.
- D. The net market value of livestock, poultry, or crops shall be the net market value listed by the Applicant on the ~~Statement of Facts~~ CMSP Supplemental Application, unless the County Department determines further verification is required. If verification is required:

- (1) The owner shall submit three appraisals from persons or businesses dealing in livestock, poultry, or crops. The average of the three appraisals shall be the market value.
- (2) Subtract any encumbrances of record from the market value. This is the net market value.

### 7-054. Life Insurance

Life Insurance policies that generate cash surrender value and are owned by a member of the CFBU shall be exempt if the combined face value of all such policies on the insured individual is \$1,500 or less. If the combined face value of all such policies exceeds \$1,500, their net cash surrender value shall be included in the property reserve. Please see section 7-012 regarding availability of cash surrender value.

### 7-055. Burial Insurance

The cash surrender value of Burial Insurance policies on any individual in the family shall be exempt.

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### 7-056. Burial Plots, Vaults, and Crypts

Burial Plots, Vaults, and Crypts are to be considered as property.

- A. Any Burial Plot, Vault, or Crypt retained for use by any member of the family shall be exempt.
- B. The net market value of any Burial Plot not exempted above is other Real Property and shall be subject to all conditions placed on other Real Property in these regulations.
- C. The net market value of any Burial Vault or Crypt not exempted above is Personal Property and shall be included in the property reserve.
- D. The net market value of a Burial Plot, Vault, or Crypt shall be the market value listed by the Applicant on the ~~Statement of Facts~~ CMSP Supplemental Application, unless the County Department determines further verification is required. If verification is required:
  - (1) The Applicant shall submit a statement of value from the organization from which the plot, vault, or crypt was purchased. This statement of value shall be the market value.
  - (2) Subtract encumbrances of record from the market value. This is the net market value.

### 7-057. Burial Trusts or Prepaid Burial Contracts

Burial trusts and prepaid burial contracts are to be considered as property and treated as follows:

- A. The first \$1,800 paid for burial trusts and prepaid burial contracts for funeral, cremation, or interment expenses for an individual shall be exempt provided trusts or contracts are held with one of the following:
  - (1) A banking institution or trust company legally authorized and empowered by the State of California to act as trustee in the handling of trust funds.
  - (2) Not less than three persons, one of whom may be an employee of the funeral director handling the Pre-need Funeral Arrangement.
  - (3) A cemetery authority, which has established an endowment care fund under Section 7100.1 of the Health and Safety Code.

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- B. Motor vehicles shall be considered business equipment only if used for employment or for a means of self-support other than for commuting to and from work.
- C. Cash on hand and money in checking accounts necessary for business operations or a means of self-support shall be exempt.
- D. Real property used in whole or in part as a business or as a means of support shall be exempt.
- E. A person who owns equipment, inventory, licenses, and materials for self-support shall not be required to be personally involved in the business in order for the property to be exempt under (A).
- F. The net market value of nonexempt business equipment, inventory, licenses, or material shall be the amount listed on the ~~Statement of Facts~~[CMSP Supplemental Application](#), unless the County Department determines that the property may be evaluated under another section in this article, or that further verification is required. If further verification is required:
  - 1. The owner shall provide a copy of the current or prior year's Federal tax return's depreciation forms.
    - a. The County shall use the values indicated on the depreciation forms to establish the market value.
    - b. The County shall subtract encumbrances of record from the market values established to determine the net market value.
  - 2. If the Internal Revenue Service (IRS) forms are not available and if the sections between Section 7-053 and 7-063 can be applied as a method valuing the specific items of property may be evaluated using any of the other sections in this article, those sections shall be used.
  - 3. If the IRS forms are not available, the other sections in this article do not apply, and the County determines that further verification is required:
    - a. The owner shall submit an appraisal from an appropriate dealer, insurance adjuster, or Personal Property appraiser. The value listed on the appraisal shall be the market value.
    - b. The County shall subtract any encumbrances of record from the market value to determine the net market value.

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G. Stocks, bonds, and other similar items of Personal Property shall not be considered property necessary for employment or self-support even in those instances where the owner holds stock in the corporation in which the owner is employed. Such stocks, bonds, or other similar financial holdings shall be included in the property reserve.

### 7-060. Stocks Held by Natives of Alaska

Shares of stock in a regional or village corporation held by Natives of Alaska for a 20-year period during which such stock cannot be conveyed, transferred, or surrendered, shall be exempt.

### 7-061. Property Held in Trust

A. Real or Personal Property held in trust for the Applicant or Beneficiary shall be exempt if the Applicant or Beneficiary is unable to obtain access to the principal of the trust. To determine whether the trust is available, the Applicant or Beneficiary shall take whichever of the following actions is appropriate within 30 days of being advised by the County Department of the requirement to do so:

(1) Request the trustee to release the funds.

(2) Request that the trustee petition the court for the release of funds.

(3) Petition the court directly if the trustee refuses to take action specified in (1) or (2).

B. The trust shall be exempt pending completion of the actions specified in (1) through (3).

C. The trust shall be included in the property reserve or considered as other Real Property, under either of the following conditions:

The Applicant or Beneficiary refuses to initiate the action specified in (2).  
The court determines that the trust is available to the Applicant or Beneficiary.

D. The provisions of this Section shall not apply if the trust agreement clearly specifies that the Applicant or Beneficiary is the income-beneficiary only and has no ownership interest in the corpus of the trust.

Note: To ensure that recovery of costs of medical care provided to a CMSP member occurs, the County must notify ~~Anthem Blue Cross Third Party Liability Branch~~ the Governing Board's Third Party Benefits Administrator when an Individual or Pooled Trust is discovered, when the county worker finds out that the disabled individual or

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### Article 11 Period of Eligibility

#### 11-010. Beginning Date of Eligibility

The County Department shall determine the beginning date of eligibility as follows:

A. The beginning date of eligibility for persons applying for CMSP, and whose eligibility has not yet been determined, shall be either:

(1) The first day of the month of the Medi-Cal or Covered California Application, if all eligibility requirements are met. ~~The date a SAWS 1 is received by the County may be used to establish an Application date.~~

(2) The first day of the month, subsequent to the month of the Medi-Cal or Covered California Application, during which the eligibility requirements of CMSP are met.

B. For the purposes of (A), eligibility criteria are considered to be met throughout the month if they are met at anytime during the month.

#### 11-011. Period of Eligibility

The County Department shall determine the period of eligibility as follows:

A. For persons eligible for CMSP, the period of eligibility shall begin with the date specified in Section 11-010 (A):

B. Period of eligibility will be based on the Applicant's Aid Code:

- Effective ~~July 1, 2010~~April 1, 2014 Applicants who are eligible for full scope CMSP benefits with and without a monthly Share of Cost (Aid Codes 88, 85 and 89) will be eligible/certified for ~~six~~three months unless the application is subject to an Open Enrollment period (see Section 3-012.3);
- Applicants who are eligible for emergency services only, with or without a Share of Cost (Aid Code 50), will be eligible/certified for the month in which the Application is made and the month immediately following;
- Applicants who are eligible for CMSP through a companion code (Aid Code 8F) to Medi-Cal long-term care (Aid Code 53) will not be affected by this change to time-limited certification periods. However, they will be subject to the income limits as described in Section 8-011.
- Beneficiaries who are eligible for CMSP through a companion code (Aid Code 8F) to Medi-Cal long-term care (Aid Code 53)

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will not be affected by this change to time-limited certification periods. However, upon release from the long term care (LTC)/skilled nursing facility, the Beneficiary must reapply for CMSP if he/she wishes to continue benefits.

### C. Add a person and changes to income and citizenship documentation

(1) In situations where an adult is added to an existing CMSP case per section 10-012.D a new certification period will be established for both adults the first of the month following the change.

(2) In situations where an existing CMSP member reports that his/her income has decreased and requests a new evaluation of a Share of Cost the individual must request that the exiting CMSP case be discontinued and a new Share of Cost and certification period shall be established the first of the following month.

Example: Member reports on April 28 that his income has stopped and requests a reevaluation of his Share of Cost. County discontinues current certification and issues notice of action indicating that the CMSP has discontinued by client's request. (This is not an adverse action so the NOA must be issued in sufficient time to reach the client by the effective date of the change.) EW reviews new income information and reduces the Share of Cost with an effective date of May 1 and establishes a new CED.

### 11-012. Instances for denial or discontinuance

A final date of eligibility shall be established when the County Department determines that the person or family no longer meets all eligibility requirements as of the first day of the following month provided that a ten day notice can be given.

#### A. Does not cooperate in any of the following Application processes, initially or during the course of CMSP eligibility:

~~(1)~~ ~~Medi-Cal linkage~~

~~(12)~~ DDSD

~~(23)~~ Avails themselves to other health coverage that includes but is not limited to employer sponsored coverage.

#### B. Moves out of County



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### Article 12. State of California Benefits Identification Card and ~~Anthem Blue Cross~~CMSP Benefits Identification Card Use and Issuance

- 12-010. State of California Beneficiary Identification Card (CA-BIC) Use
- 12-011. State of California Paper Immediate Need Cards
- 12-012. Locations at Which Cards May be Used
- 12-013. Format of ~~CMSP-CA-BIC Card~~
- 12-014. CA-BICCard for Restricted CMSP Benefits to Certain Aliens
- 12-015. CA-BICCard Issuance by the Department
- 12-016. Limitation on CA-BICCard Issuance
- 12-017. Verification to Providers of CMSP Eligibility
- 12-018. Retroactive Medi-Cal Card Issuance and Recipient Notification
- 12-019. Report of Eligible Beneficiaries
- 12-020. CA-BIC/Immediate Need Card Signature Requirement
- 12-021. ~~Anthem Blue Cross~~CMSP Identification Card Use
- 12-022. Issuance of ~~Anthem Blue Cross~~CMSP Identification Card
- 12-023. Format of ~~Anthem Blue Cross~~CMSP Identification Card

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### Article 12 State of California Beneficiary Identification Card Use and Issuance

#### 12-010. State of California Beneficiary Identification Card (CA-BIC) Use

- A. The CA-BIC is not proof of CMSP eligibility. It is used as a permanent form of identification and will be issued even to individuals who may not be eligible for the current month. The CA-BIC issued to CMSP beneficiaries persons is identical to that issued to Medi-Cal beneficiaries, and individuals may use the same card even if they transition from one program to the other (i.e., Medi-Cal to CMSP or CMSP to Medi-Cal).
- B. Providers may use the CA-BIC to determine eligibility status, clear any Share of Cost, and to submit electronic billing. Once the CA-BIC is "swiped" through a point of service (POS) device, or eligibility is verified through the Automated Eligibility Verification System (AEVS) or the Claims and Eligibility Real-Time System (CERTS), the provider will receive a message indicating eligibility status, Share of Cost, and any restrictions placed on the individual's benefits.

#### 12-011. State of California Paper Immediate Need Cards

Some beneficiaries will receive a State of California paper immediate need card instead of a CA-BIC. These cards are valid for 30 days, but the 30 days may cover a two-month period (i.e., "Issue Date," 03/03/98, and "Good Thru Date," 04/02/98). The provider will be able to verify eligibility status and Share of Cost with the State of California paper card in the same manner as the CA-BIC is used.

#### 12-012. Locations at Which Cards May be Used

The CA-BIC or paper immediate need card shall be authorization for payment for CMSP covered services received in any California County and outside of the State in designated border state areas.

#### 12-013. Format of CA-BIC CMSP Card

~~The A~~ CMSP CA-BIC or State of California paper immediate need card issued by the Department or County Department, in accordance with the CMSP contract with the State DHCS, shall be used to verify eligibility to enable authorization of CMSP services.

#### 12-014. CA-BIC Card for Restricted CMSP Benefits to Certain Aliens

An alien who is eligible for Restricted CMSP Benefits, and who meets all other eligibility requirements, shall receive a CA-BIC or State of California paper immediate need card which entitles him or her to program-covered services to treat an emergency medical condition.

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### 12-015. CA-BICCard Issuance by the Department

- A. The Department shall issue a CA-BIC to each person who is reported to be eligible for CMSP benefits or otherwise in the CFBU.
- B. A State of California paper immediate need card may be issued by the County Department to individuals eligible for CMSP benefits and who need an identification card prior to receiving a CA-BIC in order to receive covered services.

### 12-016. Limitation on CA-BICCard Issuance

The County Department shall not cause a CA-BIC to be issued or to establish eligibility on MEDS to any CMSP Beneficiary more than one year subsequent to the month of service, unless one of the following conditions is met:

- A. A court action requires that a CA-BIC be issued;
- B. An adopted administrative hearing states that, due to a County Department or Department administrative error, an eligible month was not posted on MEDS or a CA-BIC was not issued so that services could be reimbursed to the provider;
- C. The Department requests that the CA-BIC card be issued; or
- D. The County Department has determined that an administrative error has occurred.

### 12-017. Verification to Providers of CMSP Eligibility

The County is not to release information concerning an ineligible individual other than the fact that he/she is not eligible for CMSP for a specific month. The County may request that the provider use the POS, AEVS, or other automated system(s) first to determine the individual's eligibility status. If the provider indicates that he/she does not have access to such a method, the counties are required to provide verification of CMSP eligibility to approved providers as follows:

- A. Counties are to verify CMSP eligibility and provide limited eligibility information to all providers of CMSP upon request.
- B. Only County welfare departments and their out-stationed staff may have access to MEDS terminals for inquiry and update of eligibility information.
- C. Counties shall not provide MEDS printouts to any provider.

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- D. When a provider requests Beneficiary information, the County shall obtain the provider's name, telephone number, and sufficient information to positively identify the Beneficiary.
- E. If the provider is unable to furnish the Beneficiary's birth date or SSN, but is able to provide sufficient information such as the name and home address of the Beneficiary to enable identification, the County may release Beneficiary information.
- F. The following information may be released if (D) or (E) is met to the provider:
  - (1) County ID number (14 digits).
  - (2) Date of birth.
  - (3) Eligibility status for requested months (i.e., eligible, ineligible, Share of Cost amount, long-term care status).
  - (4) Other health coverage.
  - (5) Restricted status (if applicable)
  - (6) Client Identification Number (CIN)

### 12-018. Retroactive Medi-Cal ~~Card Issuance Determination~~ and Recipient Notification

If a CMSP Recipient is determined eligible for Medi-Cal, retroactive to the CMSP eligibility date, the County shall:

- A. Revise the Beneficiary's eligibility history by:
  - (1) Performing an EW-30 transaction to update the Beneficiary's 13-month MEDS history for the appropriate retroactive months.
  - (2) Performing an EW-50 transaction to update the Beneficiary's eligibility history for the appropriate retroactive months beyond the 13-month MEDS history.
- B. Notify the Recipient of the change in eligibility status, and advise the Beneficiary of the rights and responsibilities under Medi-Cal and the scope of Medi-Cal benefits.

### 12-019. Report of Eligible Beneficiaries

The Department shall compile a monthly report of all persons eligible for CMSP as follows:

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A. This report shall include all persons:

- (1) Determined by the County Department as eligible for CMSP benefits with no Share of Cost.
- (2) Determined by the County Department as eligible for CMSP benefits with a Share of Cost, which has not been met.
- (3) Determined as eligible for CMSP benefits with a Share of Cost, which has been cleared.

B. The County Department shall report the information specified in (A) (1) and (2) in a timely manner in accordance with Department procedures.

### 12-020. ~~CA-BIC~~/Immediate Need Card Signature Requirement

- A. Each Recipient of the ~~CA-BIC~~ shall sign the back of the card prior to presenting it to the provider to obtain CMSP covered service.
- B. For persons who are unable to sign their name, they may make a "mark" in lieu of their signature.
- C. For persons who are unable to sign their name or make their "mark," the provider shall determine that the individual is unable to sign the card due to a disability.

### 12-021. ~~Anthem-Blue-Cross~~CMSP Identification Card Use

- A. The ~~Anthem-Blue-Cross~~CMSP Identification Card is not proof of CMSP eligibility. This card is issued to individuals in addition to the ~~CA-BIC~~.
- B. The ~~Anthem-Blue-Cross~~CMSP Identification Card is a paper card and should be retained by the beneficiary until there is a break-in-aid.

### 12-022. Issuance of ~~Anthem-Blue-Cross~~CMSP Identification Card

~~Anthem-Blue-Cross~~The Governing Board or its Third Party Benefits Administrator will generate a ~~CMSP Identification e~~Card in the following circumstances.

- New Member
- Beneficiary requests a replacement card
- ~~There is a change in Primary Care Physician~~
- There is a break-in-aid

## CMSP ELIGIBILITY MANUAL

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### 12-023. Format of ~~Anthem Blue Cross~~CMSP Identification Card

An identification card, issued by ~~Anthem Blue Cross~~the Governing Board or its Third Party Benefits Administrator to each eligible member of the CFBU shall include the following information:

- ~~1. Name of Primary Care Provider~~
- ~~2.~~1. Member's name, gender and I.D. Number
3. Date of beneficiary's birth
4. Card issuance date
5. Provider ~~e~~Customer Service ~~and~~ Telephone Number
6. Non-participating Provider Emergency Service Notification Instructions
- ~~7.~~ Toll-Free Telephone Number for the Member ~~(also toll-free number for Med-Call)~~
- 7.

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## CMSP ELIGIBILITY MANUAL

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### Article 13. Other Health Care Coverage

- 13-010. Other Health Care Coverage--General
- 13-011. Beneficiary Responsibility--Other Health Care Coverage
- 13-012. County Responsibility--Other Health Care Coverage
- 13-013. ~~Anthem Blue Cross~~Governing Board Responsibilities--Other Health Care Coverage
- 13-014. Recovery of Third Party Payments
- 13-015. Veteran's Aid and Attendance Payments

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### Article 13. Other Health Care Coverage

#### 13-010. Other Health Care Coverage--General

An Applicant or Beneficiary shall apply for, and/or retain any available health care coverage when no cost is involved. This shall include but is not limited to coverage provided through Covered California.

#### 13-011. Beneficiary Responsibility—Other Health Care Coverage

An Applicant or Beneficiary shall:

- A. Report any entitlement to other health care coverage to the County Department at the time of Application, Reapplication, and at any time that entitlement changes.
- B. Utilize other health care coverage, which is available prior to utilizing CMSP.
- C. Report services received and information as specified in Sections 13-014(B) and 13-014 (C) (2). Report any changes in coverage or termination of coverage to the County Department within 10 days.

#### 13-012. County Department Responsibilities--Other Health Care Coverage

The County Department shall:

- A. Determine the other health care coverage available to an Applicant or Beneficiary, which shall include coverage available through Covered California.
- B. Code ~~ISAWS/~~CalWIN/~~C-IV/~~County Consortia appropriately using other health care coding prescribed by Medi-Cal.
- C. Report the other health care coverage to [Governing Board's Third Party Benefits Administrator](#)~~Anthem Blue Cross~~ by completing and submitting the Form CMSP 203 (Health Insurance Questionnaire) when other health care coverage is determined. Forms should be batched and mailed monthly. ~~to:~~ [See the CMSP website for the mailing address.](#)

~~Wellpoint  
Anthem Blue Cross  
Attn: TPL Branch  
2100 Corporate Center Drive, Mail Stop NQ2H  
Newbury Park, CA 91320~~

- D. Report termination of other health care coverage by:



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1. ~~Follow the Medi-Cal rules and process pursuant to All County Welfare Director Letter 13-12 as set forth on the DHCS website. Send a request by secure e-mail to terminate other health coverage to the Department of Health Care Services dedicated e-mail address WATS@dhes.ca.gov. The County is only required to provide proof of termination upon request from DHCS. The following fax number may be used for those counties that are unable to email: (916) 464-0851~~

2. A copy of the original CMSP 203 (Health Insurance Questionnaire) indicating the ending date of the OHC must be faxed to the Governing Board's Third Party Benefits Administrator. See the CMSP website for the fax number. ~~Anthem-Blue-Cross at:~~

~~TPL Branch—Other Health Care Termination  
FAX (805) 713-6966 fax~~

3. Remove other health care coverage coding from MEDS

13-013. ~~Anthem-Blue-Cross~~ Governing Board Responsibilities—Other Health Care Coverage

The Governing Board's Third Party Benefits Administrator ~~Anthem-Blue-Cross~~ shall:

- A. Recover payments made for CMSP services that should be paid through other health care coverage.
- B. Distribute other health care coverage payments collected which exceed both the CMSP payments for services and the administrative cost incurred in collecting the payment as follows:
  - (1) The difference between the provider's billing and the amount paid through other health care coverage.
  - (2) Funds remaining shall be paid to the legally entitled person or entity.

13-014. Recovery of Third-Party Payments

- A. A Beneficiary shall reimburse the Governing Board ~~Anthem-Blue-Cross~~ for any payment received for health care services which were paid for by CMSP if the payment received by the Beneficiary is made by either of the following:
  - (1) A federal or state program; or
  - (2) A legal or contractual entitlement.

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- B. A Beneficiary who receives health care services as a result of an accident or injury caused a person's action or failure to act shall furnish the Governing Board's Third Party Benefits Administrator~~Anthem Blue Cross~~ with an assignment of rights to receive payment for those services, if those services will be billed to CMSP. If the Beneficiary is unable to make the assignment, the Beneficiary's guardian, attorney, or the person acting on the Beneficiary's behalf shall do so.
- C. The Program may file a lien against the property of a Beneficiary if the Beneficiary fails to comply with the requirement in (A).
- D. The County Department shall provide the following written information to the Governing Board's Third Party Benefits Administrator~~Anthem Blue Cross~~ concerning a Beneficiary who may meet the conditions in (A) using one of the following methods:

1. CalWIN Counties must use the CMSP 1176 (Potential Third Party Liability Notification).

- a. Either Beneficiary or Eligibility Worker may complete, the 1176 does not have to be signed by the beneficiary
- b. The CMSP 1176 is to be batched and mailed monthly to the Governing Board's Third Party Benefits Administrator. See the CMSP website for the mailing address.

~~WellPoint  
Anthem Blue Cross  
Attn: TPL Branch  
2100 Corporate Center Drive, Mail Stop NQ2H  
Newbury Park, CA 91320~~

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2. ~~ISAWSC-IV~~ Counties may use the ~~ISAWSC-IV~~ printout, or the CMSP 1176 (see 13-014D.)

- a. The County must ensure that the printout contains an address label to ensure that the printout is sent to the Governing Board's Third Party Benefits Administrator~~Anthem Blue Cross~~ and not the Department of Health Services.
- b. The printouts may be batched monthly and mailed to the Governing Board's Third Party Benefits Administrator. See the CMSP website for the mailing address.

~~WellPoint  
Anthem Blue Cross~~

## CMSP ELIGIBILITY MANUAL

~~Attn. TPL Branch  
2100 Corporate Center Drive, Mail Stop NQ2H  
Newbury Park, CA 91320~~

### E. Recovery of Costs

To ensure that recovery of costs of medical care occurs, EWs must notify the Governing Board's Third Party Benefits Administrator, Anthem Blue Cross, Third Party Liability (TPL) Branch when:

- An Individual or Pooled Trust is discovered, or
- The EW finds out that the disabled individual or disabled spouse has died, or
- The trust is being terminated.

Send the beneficiary's name, Social Security number, Medi-Cal I.D. number, and photocopies of the trust document to the Governing Board's Third Party Benefits Administrator, Anthem Blue Cross using a Third Party Liability Notification of Trust Cover Letter (CMSP 205). See the CMSP website for the mailing address. ~~Third Party Liability Branch at the following address:~~

#### ADDRESS

~~WellPoint  
Anthem Blue Cross  
Attn. TPL Branch  
2100 Corporate Center Drive, Mail Stop NQ2H  
Newbury Park, CA 91320~~

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**NOTE:** It is the responsibility of the trustee to contact the County Medical Services Program-Governing Board in writing to obtain the dollar amount of medical assistance provided by CMSP and then submit that amount, or the amount remaining in the trust, whichever is less, to Anthem Blue Cross the Governing Board's Third Party Benefits Administrator.

### 13-015. Veterans Aid and Attendance Payments

Veterans Aid and Attendance payments, a veterans benefit designated to purchase aid and attendance services, shall be considered third-party payments and are exempt as per section 8-014 (F).

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### Article 14 Overpayments, Fraud and Improper Utilization

#### 14-010. Potential Overpayments

Potential Overpayments shall be evaluated as follows:

- A. A potential Overpayment occurs when any of the following conditions exist, as limited by (C).
  - (1) A Beneficiary has property in excess of the property limits for an entire calendar month.
  - (2) A Beneficiary or the person acting on the Beneficiary's behalf willfully fails to report facts, and those facts, when considered in conjunction with the other information available on the Beneficiary's circumstances, would result in ineligibility.
  - (3) A Beneficiary has other health care coverage of a type designated by the Department as not subject to post-service reimbursement, and the Beneficiary or the person acting on the Beneficiary's behalf willfully fails to report such coverage.
- B. A Beneficiary or the person acting on the Beneficiary's behalf, after completing the ~~Statement of Facts~~CMSP Supplemental Application and the rights and responsibilities forms, willfully fails to report facts and has done any of the following:
  - 1) Provided incorrect oral or written information.
  - 2) Failed to provide information, which would affect the eligibility or Share of Cost determinations.
  - 3) Failed to report changes, within ten days of the change, in circumstances, which would affect eligibility.
- C. No potential Overpayment exists if a change occurred in a person's circumstances and that change could not have been reflected in the person's eligibility determination in the month that the change occurred, or the following month, because a ten-day notice could not be issued.

#### 14-011. Fraud

Fraud occurs if the Beneficiary or the person acting on the Beneficiary's behalf willfully fails to report facts as specified in Section 14-010 (B) with the intention of deceiving the Program or the County Department for the purposes of receiving CMSP benefits to

## CMSP ELIGIBILITY MANUAL

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### 15-012. Benefits Hearings

1. A beneficiary or provider may appeal an adverse benefit determination by MedImpact Healthcare System Inc. (MedImpact) or ~~the Governing Board's third party benefits administrator~~Third Party Benefits Administrator~~Anthem Blue Cross~~ relating to:

- (1) A denial of benefits
- (2) A reduction of benefits
- (3) A termination of benefits that were previously approved

2. Any hearing request received by the County on benefit issues the beneficiary or provider will be directed back to ~~the Governing Board's Third Party Benefits Administrator~~Anthem Blue Cross or MedImpact.

- i. The beneficiary or provider should contact ~~The Anthem Blue Cross Utilization Management Department at 888-831-2246~~ the Governing Board's Third Party Benefits Administrator. See the Governing Board's website for the Customer Service phone number and mailing address. ~~or by writing to:~~

~~Anthem Blue Cross  
Attn: Grievance Coordinator  
P. O. Box 60007  
Los Angeles, CA 90060-0007~~

- ii. For prescription Drug Appeals the beneficiary or provider should contact MedImpact Customer Service at 1-800-788-2949 and inform the representative they wish to file a hearing or fax MedImpact at:

MedImpact Health Systems, Inc.  
Attn: Appeals Coordinator  
10680 Trenea Street  
San Diego, CA. 92131  
FAX: 1-858-790-6060

The beneficiary or provider may appeal an adverse benefit determination within sixty (60) calendar days of notification of benefit decision.

If the beneficiary wants to keep their treatment going during the appeal process, the beneficiary must request a hearing within ten (10) days from the date of notification. The beneficiary must state in their appeal request that they wish treatment to continue during the appeal process.

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### 15-013. Medical Benefits Hearing with the CMSP Governing Board

The beneficiary or provider must have exhausted the ~~Anthem Blue Cross/MedImpact~~ appeal processes of MedImpact or the Governing Board's Third Party Benefits Administrator before requesting a hearing with the Governing Board.

The beneficiary must complete and return a completed 1175A within thirty (30) calendar days of receiving an appeal decision by ~~Anthem Blue Cross or MedImpact~~ or the Governing Board's Third Party Benefits Administrator.

If the beneficiary or provider wants to continue receiving treatment during the Medical Benefit process, the beneficiary or provider must file a hearing request within ten (10) days of receiving a benefit appeal decision

The 1175A must be accompanied by:

1. A copy of the appeal decision or action that is the subject of the request for the Medical Benefits Hearing.
2. A statement describing why the beneficiary or provider believes the appeal decision or action is wrong.
3. A statement describing how the beneficiary or provider believes the matter should be resolved.
4. Any other relevant information the beneficiary or provider believes should be considered.

Only written request submitted on a Medical Benefit Hearing Request (1175A) will be accepted. Written requests may be faxed to (916) 649-2606 or mailed to the address listed below.

County Medical Services Program Governing Board  
ATTN: Medical Benefit Hearings  
1451 River Park Drive, Suite 222  
Sacramento, CA 95815

The decision of the Governing Board is the final determination of the matter.