COUNTY MEDICAL SERVICES PROGRAM
NOTICE OF ACTION
APPROVAL/DENIAL OF BENEFITS RESTRICTED TO
EMERGENCY MEDICAL SERVICES

Case name: ____________________________
Case number: __________________________
District: ________________________________
This affects: (Names)

Your application for CMSP benefits has been approved. Your CMSP certification period begins the first day of
(month/year) ________________ and ends the last day of (month/year) _______________. You will be eligible as follows:

Month: __________________  __________________
Gross income: $ _________________  $ _________________
Net nonexempt income: $ _________________  $ _________________
300% FPL*: $ _________________  $ _________________
Eligible for the month: □ Yes  □ No  □ Yes  □ No
Maintenance need: $ _________________  $ _________________
Excess income/monthly share-of-cost: $ _________________  $ _________________

* If this information indicates you are not eligible for a particular month, it was because your Net Nonexempt Income exceeded 300% of the
Federal Poverty Level (FPL).

An emergency medical condition means: a medical condition manifesting itself by acute symptoms of recent onset and sufficient severity
(including without limitation severe pain) such that a prudent layperson, possessing an average knowledge of health and medicine, could
reasonably believe that the absence of immediate medical attention could reasonably result in: placing the member’s health in jeopardy;
serious impairment to bodily function other serious medical consequences or serious and/or permanent dysfunction to any bodily organ or
part. The CMSP Governing Board may review the provider’s decision that an emergency service was required.

Your application for full CMSP benefits is denied. We have granted you, instead, eligibility for emergency medical treatment.

We are taking this action because you are a non-citizen who (one of the following reasons applies):

- Does not have satisfactory immigration status according to information received from the U.S. Citizenship and Immigration Services
  (USCIS).
- Lacks documentary proof of satisfactory immigration status for CMSP purposes.
- Has been admitted to the United States as a nonimmigrant for a limited period of time.

For the months that the above indicates you are eligible, you will receive your plastic Benefits Identification Card (BIC) soon. Do not throw
this card away. This card is good as long as you are eligible for CMSP. Take this plastic card to your pharmacy, doctor, or other provider
participating in the CMSP provider network to get your health care services. Your BIC will show the provider if you have a share-of-cost to
pay. The amount that you pay or obligate to the health care provider(s) will be automatically computed. After your total monthly share-of-cost
has been paid or obligated, you will not have to pay for covered health care services received that month from providers participating in the
CMSP provider network.

In addition to the plastic BIC as described above, you will soon receive a CMSP identification card. You should present this card along with
the BIC to your provider when obtaining services, including medications.

CMSP limits the length of your eligibility. You will automatically be discontinued from CMSP at the end of the month stated above.
If you continue to need aid after the date of discontinuance, you can reapply during your last month of eligibility. Please do not reapply
sooner.

Eligibility Worker ____________________________ Telephone number ____________________________ Date ____________________________

Do not throw your plastic ID card away. You can use it again if you become eligible for CMSP or Medi-Cal. The authority that requires this
action is in CMSP All County Letter No. 16-02 and/or CMSP Eligibility Manual sections 1-101, 3-027, 3-028, 3-029, 3-032, 5-016, 8-011, 8-
012, 8-053, 10-012, 11-011.

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