



ELIGIBILITY TRAINING

NOVEMBER 1, 2021



PRESENTERS

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AGENDA



1. Key Terms and Abbreviations
2. Dispelling Myths About CMSP
3. History & Program Overview
4. Eligibility Processing
5. Case Scenarios
6. Covered Benefits
7. Other Programs: Path to Health & Connect to Care
8. Resources

KEY TERMS AND ABBREVIATIONS

TERM	DEFINITION
ACL	All County Letter
AMM	Advanced Medical Management – administrator for medical claims and contracting
CFBU	CMSP Family Budget Unit
CMSP	County Medical Services Program
CTC	Connect to Care
DDSD	California Department of Social Services, Disability Determination Service Division
FPL	Federal Poverty Level
ICT	Inter County Transfer
MedImpact	Administrator for pharmacy claims
NOA	Notice of Action
PTH	Path to Health
Property	Any real, liquid or personal possessions also referred to as “assets” and/or “resources”
QLE	Qualifying Life Event

DISPELLING THE MYTHS OF CMSP

Myth 1:
“...CMSP went away”

Myth 2:
“...CMSP is a State Program”

Myth 3:
“...CMSP only covers documented adults”

Myth 4:
“...The Share of Cost is too high”

Myth 5:
“...CMSP doesn't cover retroactive services”

Myth 6:
“...No one needs CMSP since there's Covered California, MAGI Medi-Cal and Hospital-Based Presumptive Eligibility”

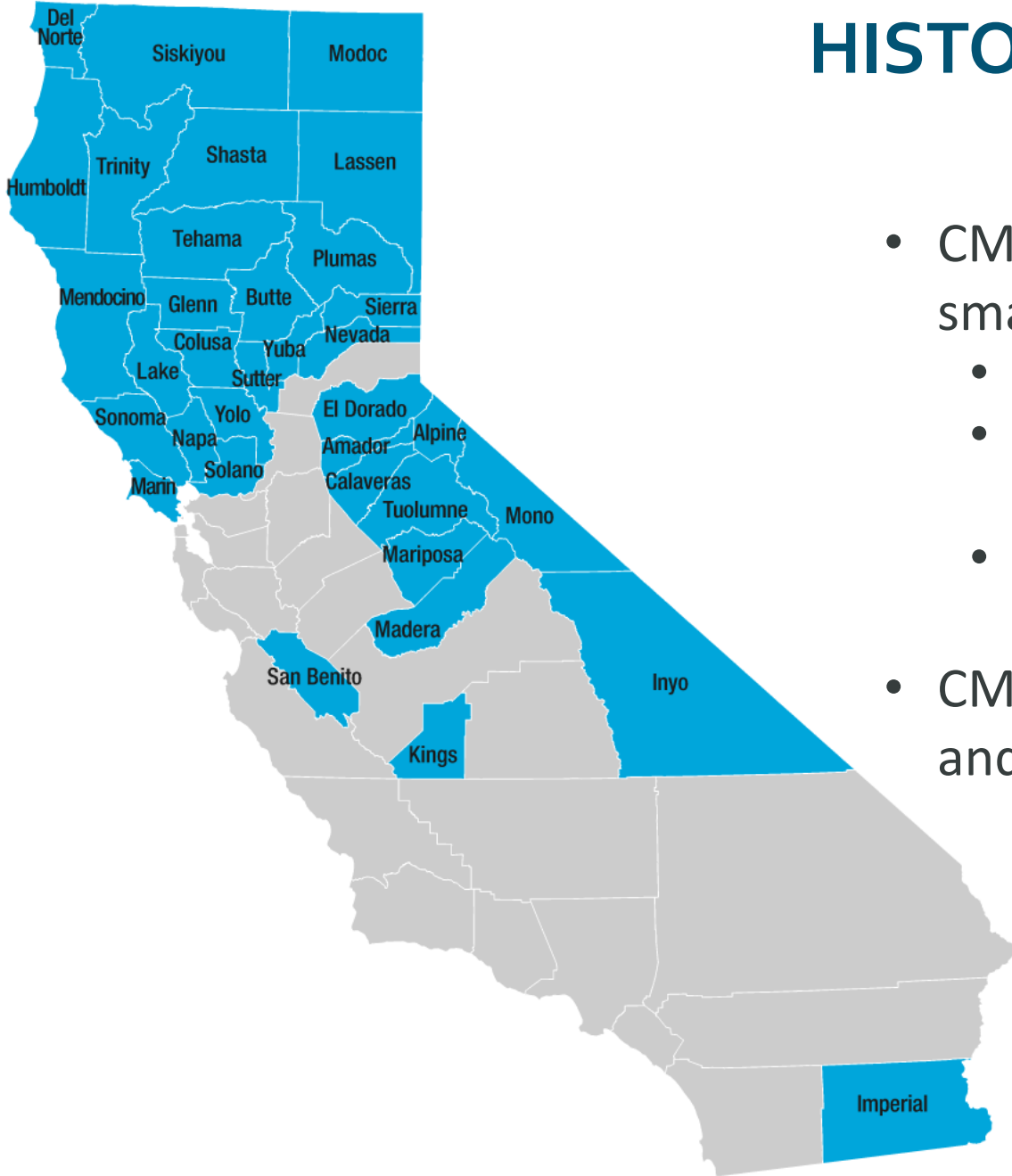
Myth 7:
“...CMSP only covers emergency services”

DISPELLING THE MYTHS OF CMSP

Myth 1: **“...CMSP went away”**

- CMSP has continued to serve counties since 1983
- CMSP has maintained the core CMSP program as well as launched the Path to Health Pilot Project and Connect to Care
- The CMSP Governing Board has supported health care infrastructure in CMSP counties through health professional education loan repayment programs and grants

HISTORY & GOVERNANCE



- CMSP was created in 1983 to address needs of smaller counties:
 - A “pooled risk” health benefit program
 - Eligible counties have populations of 300,000 or less (in base year 1980)
 - Currently 35 participating counties (shown in blue)
- CMSP Governing Board is charged with overall policy and fiscal responsibility for CMSP

DISPELLING THE MYTHS OF CMSP

Myth 2: **“...CMSP is a State Program”**

- CMSP is a multi-county governmental entity created in statute (California Welfare & Institutions Code 16809)
- The CMSP Governing Board is composed of eleven members. Ten members are county officials who are elected by the thirty-five participating CMSP counties. One member of the Governing Board is an ex-officio, non-voting representative of the California Health and Human Services Agency.

GOVERNING BOARD MEMBERS



Brad Wagenknecht
(Chair)
Supervisor,
Napa County

Birgitta Corsello
(Vice Chair)
County Administrator,
Solano County

Richard Forster
Supervisor,
Amador County

Leonard Moty
Supervisor,
Shasta County

Carmel Angelo
County Executive Officer,
Mendocino County

Richard Egan
*County Administrative
Officer,*
Lassen County

Sanja Bugay
Director,
Kings County Human
Services Agency

Elizabeth Kelly
Director,
Colusa County Health and
Human Services

Jennifer Vasquez
Director,
Yuba County Health and
Human Services

Christine Zoppi
Director,
Glenn County Health and
Human Services

Brendan McCarthy
California Health & Human
Services Agency (*ex-officio*)

WHAT IS CMSP?

The County Medical Services Program (CMSP) provides health coverage for uninsured low-income, indigent adults that are not otherwise eligible for other publicly funded health care programs such as Medi-Cal or Covered California.

CMSP is not health insurance and does not meet minimum essential coverage (MEC) requirements



WHO DOES CMSP SERVE?

- Adults residing in one of the 35 affiliated counties
- Aged 21 through 64
- With income up to 300% FPL
 - Asset test for applicants over 138% FPL
- Anyone can apply regardless of citizenship or immigration status
 - Undocumented immigrants have emergency services and primary care benefits



DISPELLING THE MYTHS OF CMSP

Myth 3:
**“...CMSP only covers
documented adults”**

- CMSP provides coverage to documented and undocumented individuals
- Applicants must reside in one of the 35 CMSP counties



ELIGIBILITY PROCESSING

HOW IS CMSP DIFFERENT FROM MEDI-CAL?



	CMSP	MAGI MEDI-CAL (19 - 64)
Age Limit	21-64	Up to age 64
Citizenship Requirement	<ul style="list-style-type: none"> ▪ Citizens and documented immigrants receive full scope CMSP ▪ Undocumented immigrants receive CMSP emergency services & primary care benefits 	<ul style="list-style-type: none"> ▪ Citizens, documented immigrants, and undocumented immigrants up to age 26 receive full scope Medi-Cal ▪ Undocumented immigrants over age 26 receive restricted Medi-Cal
Income Requirements	Up to 300% FPL (most 139-300%)	0-138% FPL
Share of Cost (SOC)	Above 138% FPL	No
Property Limits	Above 138% FPL	No
Eligibility Period	6 months	1 year
ICT Process	No – Members must be discontinued in their old county and submit a new application in their new county	Yes
Appeals Process	60 days	90 days
Retroactive Coverage	1 month	3 months

HOW IS CMSP ELIGIBILITY DETERMINED

- CalWIN (Solano, Sonoma, & Yolo)
- CalSAWS (remaining 32 counties)
 - ✓ If counties are experiencing any CMSP-related issues within CalSAWS, please file a ticket with CalSAWS. Additionally, please email Alison Kellen at akellen@cmspcounties.org to advise of any major issues.
- Today's training will not cover CalWIN, CalSAWS or MEDS transactions

CMSP ELIGIBILITY SUMMARY

	Medically indigent adult who meets all CMSP eligibility criteria and is not covered by Medi-Cal or other publicly funded health coverage.	
	21 through 64 years of age.	
Residence	California residence. Residence in a CMSP county. Full Benefits: A citizen of the United States or an alien who is: permanently residing in the United States under color of law. Emergency Services Only: Person whose immigration status has not been determined.	
Income / Limits for incomes over 100% FPL	Number of Persons Whose Property is Considered	Property Limit
	1 person	\$20,000
	2 persons	30,000
	3 persons	31,500
	4 persons	33,000
	5 persons	34,500
	6 persons	36,000
	7 persons	37,500
	8 persons	39,000
	9 persons	40,500
	10 or more persons	42,000
	Spend-down of excess property permitted. No personal property limits incomes up to 138% FPL.	
	One vehicle exempt—no maximum value.	
	Principal residence, including any appertaining buildings and land on which the applicant/beneficiary lives there.	
	Principal residence must be real property with a net market value of \$500,000 or less if all other requirements are met.	

TIMEFRAMES

- All individuals must apply for Medi-Cal, and if otherwise eligible they must apply for Covered California (if Open Enrollment or QLE) first
- After a Medi-Cal denial, notify the individual about the opportunity to apply for CMSP
- If the individual wishes to apply, send the CMSP Supplemental Application (CMSP 215 form) and provide two opportunities to submit the completed form and all pending verifications
- The timeframe for each opportunity is 10 calendar days
- CMSP applications must be dispositioned no later than 75 days after the initial Medi-Cal/Covered California application (45 days + 30 days)
- The begin date of aid for an approved CMSP application is the date of the initial Medi-Cal/Covered California application

COUNTY MEDICAL SERVICES PROGRAM (CMSP) SUPPLEMENTAL APPLICATION

APPLICANT TO COMPLETE: PART A ☐ PART B & C ☐

PART A - RIGHTS & RESPONSIBILITIES

Print name of applicant	Date
Print name of person acting for applicant	Relationship to applicant

Be sure you have read every item, and sign and date. Read the following carefully before signing.

- I understand that I am applying for the County Medical Services Program (CMSP) and that the county may review my application for other federal, state and local programs, and I consent to my eligibility being determined for these other programs. I must apply for all other available medical aid programs such as Medi-Cal and offered through Covered California before CMSP eligibility will be considered.
- I understand that I am not eligible for CMSP if I am fleeing to avoid prosecution, custody or confinement after conviction for a crime that is a felony under the laws of the place that I am fleeing, or violating a condition of probation or parole imposed under Federal or State Law.
- I understand that I have declared citizenship or immigration status on an application form or MC 13 statement of citizenship. I understand that my declaration of citizenship or immigration status for Medi-Cal or Covered California eligibility will also be used in determining my CMSP eligibility.

CMSP RIGHTS, RESPONSIBILITIES, AND OTHER INFORMATION

You have the right to:

- Ask for an interpreter to help you in applying for CMSP benefits if you have difficulty in speaking or understanding the English language.
 - Be treated fairly and equally regardless of your race, color, religion, national origin, sex, age, sexual orientation, marital status or political beliefs.
- Apply for CMSP benefits and to be told in writing whether or not you qualify for CMSP, even if the county representative tells you during the interview that it appears that you are, or are not now, eligible.
- Review manuals containing the rules of CMSP if you want to question the basis on which your eligibility is approved or denied.
- Receive a Benefits Identification Card (BIC) as soon as possible if you have a medical emergency and qualify for CMSP.
- Keep all information you give to the county department kept in the strictest confidence.
- Apply for CMSP by reducing your property reserve to within the CMSP property limit by the last day of any month, including the application.
- Explaination of possible ways that you may spend your excess property as long as you receive adequate consideration.
- Service worker about other public or private services or resources that may be available to you.
- in the county if you are dissatisfied with an action taken, or not taken, by the county Department.
- hearing, you must request one within 30 days of the date the Notice of Action was mailed.
- in, you must request the hearing within 30 days of the date that you became a
- you at the hearing.

OPPORTUNITY TO APPLY

- Notify all persons (21 – 64 years of age) determined ineligible for Medi-Cal, and not eligible for Medicare, of the opportunity to apply for CMSP. Such notification may be provided by the County Social Services Department through:
 - A follow up letter with an enclosed copy of the CMSP Supplemental Application;
 - A notification generated by the County Department that provides information on how to obtain a Supplemental CMSP Application and submit the application; or,
 - As an added section to the Denial Notice of Action provided to the Medi-Cal applicant, as long as such additional section provides information on how to obtain a Supplemental CMSP Application and submit the application.
- Provide a copy of the flyer “CMSP Eligibility Rules and Benefits – CMSP Primary Care Benefit” (English version and Spanish version back-to-back) in the Medi-Cal/Covered California application package and/or Medi-Cal informing packet sent to applicants.

CMSP Eligibility Rules and Benefits

CMSP Primary Care Benefit

(with no share of cost)



Legal Residents & Undocumented Persons In Participating CMSP Counties

For uninsured adults with incomes up to 300% FPL:

- ✓ Monthly income up to \$3,015
- ✓ Annual income up to \$36,180

CMSP Eligibility Rules	CMSP Primary Care Benefit
<ul style="list-style-type: none">• Adults between 21 and 64 years old• Legal residents & undocumented persons• Applicants can qualify with:<ul style="list-style-type: none">• Incomes up to 300% FPL• Keeping more than one person (up to \$20,000 for a single person)• Reduced monthly cost-sharing• Persons cannot be eligible for Medi-Cal, Covered California, or Medicare• Coverage in 35 participating counties	<ul style="list-style-type: none">• Most health care benefits:<ul style="list-style-type: none">• Up to three (3) office visits for primary care, specialty care or physical therapy• Preventative health screenings & lab tests• Prescription drugs with a \$5 co-pay (up to \$1500 in benefits per enrollment year)• Services provided by contracting community health centers, clinics & other providers• Up to six months of benefit coverage• Eligibility can be renewed

Contact your County Social Services Department to apply

For more information:
www.cmspcounties.org/about/county_contacts.html

Medical Services administered by: **AMM**

CMSP
COUNTY MEDICAL
SERVICES PROGRAM

Prescription Drug Services administered by: **MediImpact**

CMSP AND COVERED CALIFORNIA: OPEN ENROLLMENT

- From the beginning to 15 days prior to the end of Open Enrollment, applicants must apply for Covered California coverage, if they are otherwise eligible for this coverage.
- If the applicant is approved for Covered California, they may still be eligible for CMSP coverage until the date their Covered California coverage begins.
- Applicants who are approved for Covered California must provide verification that they have paid their first month's premium in order to qualify for CMSP.



CMSP AND COVERED CALIFORNIA: OUTSIDE OPEN ENROLLMENT

- Outside of Open Enrollment, applicants who are otherwise eligible must apply for Covered California if they have a Qualifying Life Event (QLE) that entitles them to a Special Enrollment.
- If no Qualifying Life Event exists, applicants must provide an attestation verifying that none of the conditions for a QLE are applicable.
- Applicants must disclose whether they had Covered California coverage which terminated due to lack of payment.



DISABILITY DETERMINATION SERVICE DIVISION (DDSD) PROCESS

- Any time an applicant discloses a disability, they must complete the DDSD process to try to establish linkage to non-MAGI Medi-Cal
- If an applicant is in Long-Term Care with LTC aid code 53, they are also potentially eligible for CMSP aid code 8F, but must complete the DDSD application packet
- Any applicant who fails to cooperate with the DDSD process will be denied, and any member who fails to cooperate with the DDSD process will be discontinued from CMSP
- If a CMSP member dies, the DDSD process must be initiated
- CMSP may contact your county to advise of Presumptive Disability cases or known deceased members

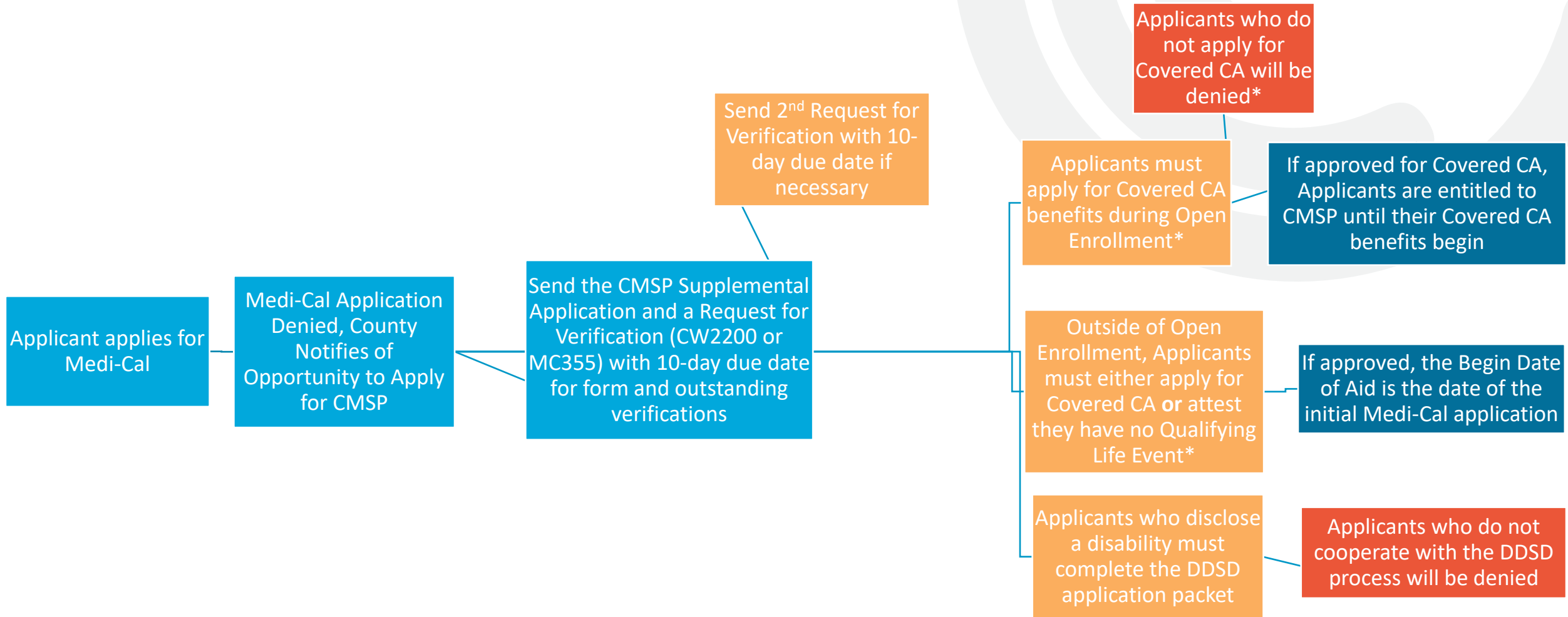
3. PD CATEGORIES

CWDs may grant PD when client meets any of the following conditions. SP-DDS are not limited to the categories shown below:

NO	IMPAIRMENT CATEGORIES
1	OBSOLETE – Reserved for future use
2	Amputation of a leg at the hip
3	Allegation of total deafness
4	Allegation of total blindness
5	Allegation of bed confinement or immobility without a wheelchair, walker, or crutch—longstanding condition—excluding recent accident and recent surgery
	Allegation of a stroke (cerebral vascular accident) more than three months in the marked difficulty in walking or using a hand or arm
	Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy and marked difficulty in walking or using a hand or arm (braces), speaking, or coordination of the hands or arms

For more information on DDSD process:
Medi-Cal Eligibility Procedure Manual (MEPM) Article 22

APPLICATION FLOWCHART



**Applies to applicants who are otherwise eligible for Covered California. See CMSP Eligibility Manual 3-012.3*

APPLICANTS MUST PROVIDE VERIFICATION OF



IDENTITY

Documents that are valid for verifying ID in Medi-Cal are valid for CMSP

ID may be verified with a “2Z” match with Social Security as indicated by MEDS

If the applicant cannot provide any of the above, ID may be verified with an affidavit or through collateral contact



RESIDENCY

Residency cannot be verified through the Federal HUB

Documents that are valid for verifying Residency in Medi-Cal are valid for CMSP



INCOME

Income cannot be verified through the Federal HUB

One paystub may be accepted as representative of monthly pay

If an applicant has fluctuating income, a full month's worth of paystubs must be submitted



PROPERTY

Asset limit is \$20,000 for a household of 1, \$30,000 for a household of 2

Countable vs. exempt property follows non-MAGI MC rules*

Assets may be verified by affidavit or signature on a Statement of Facts if it includes sufficient information

**Exception covered on trust slide*

INCOME EXPENSES

- The 300% FPL income test applies to net non-exempt income
- A \$90 deduction is applied to all earned income
 - Earned income includes State Disability Insurance (SDI) and temporary workers' compensation benefits
- Dependent Care expenses are allowable as a deduction so long as the County determines adequate dependent care cannot be provided by another member of the household. Dependents may be children or incapacitated individuals of any age. The actual deduction will be:
 - For each child under age 2, a maximum of \$200 per month
 - For each child 2 years of age or older, a maximum of \$175 per month
 - For each incapacitated dependent, a maximum of \$175 per month
 - This expense is also applied when a member of the household other than a Spouse or Parent terminates employment specifically to provide necessary care

INCOME EXPENSES

- Child or spousal support may be an expense so long as there is a court order in place and the support is actually paid by the applicant
- Applicants who receive child or spousal support will have a \$50 per month expense deducted from this income, whether it is paid voluntarily or through court order
- Health insurance premiums, other than Covered California premiums, if paid by the Applicant or spouse, and purchased for any person, living in or out of the home, whether or not in the CFBU or MFBU
- Income from household members excluded from the CFBU, including individuals excluded by choice, is not counted toward the income total

PROPERTY / ASSETS

- There is no asset test for applicants with income under 138% FPL
- For applicants with income between 138% and 300% FPL, the asset limits are
 - \$20,000 for a household of one
 - \$30,000 for a household of two
 - Add \$1,500 for each additional person in the home (eg, \$31,500 for a household of three)
- Countable vs. exempt property follows non-MAGI Medi-Cal rules*
 - **Exception covered on trust slide*
- Assets may be verified by affidavit or signature on a Statement of Facts if it includes sufficient information
- Eligibility may be established though the “Spend Down” of excess property, when the property reserve exceeds the property limit (CMSP Eligibility Manual 7-030).

TRUSTS

- Trusts are counted as Other Real Property, unless
 - The Applicant/Beneficiary is the income-beneficiary only, with no ownership of the trust
 - The Applicant/Beneficiary is denied access to the principal of the trust after a court petition to release the funds
 - The Applicant/Beneficiary is a Native American with interest in land held in trust by the United States Government
 - The trust is a burial trust valued at \$1,800 or less
 - The trust is valued at \$6,000 or less and meets utilization requirements
 - For higher value trusts, the first \$6,000 is exempt if utilization requirements are met
 - Utilization requirements are met if the property produces net yearly income of at least 6% of its net market value

SHARE OF COST CALCULATION

- Determine the net non-exempt income and round to the nearest dollar
 - Amounts ending in 50 cents or more will be rounded up to the next higher dollar
- Determine the appropriate maintenance need (\$600 for regular applicants, \$35 for Long-Term Care applicants)
- Subtract the maintenance need from the total rounded net non-exempt income for the month
- Multiply the result by .25 to find the SOC

Share of Cost is automatically calculated by CalWIN and CalSAWS

DISPELLING THE MYTHS OF CMSP

Myth 4: **“...The Share of Cost is too high”**

- The CMSP Governing Board approved a policy which reduces a member's monthly share of cost by 75%
- Members may pay, or obligate to pay, the share of cost to a health care provider for covered services
- Additionally, there are preventative health services and \$5 prescription medications available without SOC to CMSP members

PUBLIC HEALTH EMERGENCY

- CMSP has continued with no negative actions or discontinuances through January 31, 2022
- CMSP will continue to monitor any future PHE actions
- When the PHE ends, CMSP will communicate procedures to counties via an All County Letter about CMSP discontinuances and reapplications



TELEPHONIC APPLICATIONS

- CMSP encourages telephonic applications, particularly during the ongoing PHE
- If an application is filed telephonically, the county eligibility worker should complete the CMSP Supplemental Application – Telephonic Signature Declaration (CMSP 216)

CMSP Supplemental Application – Telephonic Signature Declaration

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this document is true, correct and complete.

Certification

- I understand the questions and statements on this form.
- I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and employment agencies, etc.
- I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for benefits.
- I understand that the information the county receives from USCIS and/or Social Security may affect my eligibility benefits.
- I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect or incomplete facts, my benefits may be denied or stopped, and I may be prosecuted for providing false information and possibly improperly receiving benefits and fraud.
- I understand that I may be asked to prove my statements and my eligibility may be subject to review.
- I understand that I must report all changes in income, property, and/or other changes to the county within 10 days of any of these changes.
- I understand that the household, specifically any adult member of the household (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household or any member of the household should not have received.
- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.
- I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation is not eligible for benefits.
- I understand these statements and authorize the signature of the CMSP 215 Supplemental Application.
- ☐ Check indicates verbal agreement by applicant

County Worker:	Case Number:	Applicant Name:

ENROLLMENT PERIODS

- In non-PHE times, approved CMSP Members are eligible for up to 6 months of coverage from the date of application
- Reapplications must be completed by the end of the sixth month to continue coverage for an additional 6 months

COUNTY MEDICAL SERVICES PROGRAM (CMSP) SUPPLEMENTAL APPLICATION

APPLICANT TO COMPLETE: PART A ☐ PART B & C ☐

PART A - RIGHTS & RESPONSIBILITIES

Print name of applicant	Date
Print name of person acting for applicant	Relationship to applicant

Be sure you have read every item, and sign and date. Read the following carefully before signing.

- I understand that I am applying for the County Medical Services Program (CMSP) and that the county may review my application for other federal, state and local programs, and I consent to my eligibility being determined for these other programs. I must apply for all other available medical aid programs such as Medi-Cal and offered through Covered California before CMSP eligibility will be considered.
- I understand that I am not eligible for CMSP if I am fleeing to avoid prosecution, custody or confinement after conviction for a crime that is a felony under the laws of the place that I am fleeing, or violating a condition of probation or parole imposed under Federal or State Law.
- I understand that I have declared citizenship or immigration status on an application form or MC 13 statement of citizenship. I understand that my declaration of citizenship or immigration status for Medi-Cal or Covered California eligibility will also be used in determining my CMSP eligibility.

CMSP RIGHTS, RESPONSIBILITIES, AND OTHER INFORMATION

You have the right to:

- Ask for an interpreter to help you in applying for CMSP benefits if you have difficulty in speaking or understanding the English language.
- Be treated fairly and equally regardless of your race, color, religion, national origin, sex, age, sexual orientation, marital status or political beliefs.
- Apply for CMSP benefits and to be told in writing whether or not you qualify for CMSP, even if the county representative tells you during the interview that it appears that you are, or are not now, eligible.
- Review manuals containing the rules of CMSP if you want to question the basis on which your eligibility is approved or denied.
- Receive a Benefits Identification Card (BIC) as soon as possible if you have a medical emergency and qualify for CMSP.
- Have all information you give to the county department kept in the strictest confidence.
- Qualify for CMSP by reducing your property reserve to within the CMSP property limit by the last day of any month, including the month of application.
- Receive an explanation of possible ways that you may spend your excess property as long as you receive adequate consideration.
- Speak to a social service worker about other public or private services or resources that may be available to you.
- Request a hearing from the county if you are dissatisfied with an action taken, or not taken, by the county Department of Social Services. If you wish such a hearing, you must request one within 30 days of the date the Notice of Action was mailed to you. If you do not receive a Notice of Action, you must request the hearing within 30 days of the date that you became aware of the action of which you are dissatisfied.
- Have someone accompany you or represent you at the hearing.
- Disenroll from CMSP upon request.

DISPELLING THE MYTHS OF CMSP

Myth 5:
**“...CMSP doesn’t cover
retroactive services”**

- CMSP applicants can request one month of retroactive coverage
- CMSP members are encouraged to advise their medical providers as soon as they become eligible
- Medical providers are able to verify a patients CMSP eligibility through the Medi-Cal point of service device, Medi-Cal online/phone, or by calling AMM

RETROACTIVE COVERAGE

- Applicants may request up to 1 month of retroactive CMSP coverage
- This request may be made in writing or verbally, so long as the eligibility worker documents the request in case notes
- Counties may choose to use the MC 210A for CMSP retro requests

State of California—Health and Human Services Agency

Department of Health Care Services

Case Name

Case Number

SUPPLEMENT TO STATEMENT OF FACTS FOR RETROACTIVE COVERAGE/RESTORATION

My present circumstances, as listed on the Statement of Facts which I signed on , are true and correct statements, to the best of my knowledge, for the month(s) of (Date) except as specified below.
(For restorations, this should be the month in which the request is made)

Circumstances that are/were different: (If no change, write in "No change.") Documentation is needed to verify all sources of income and to support any difference in property, residence, etc.

Circumstances	Month:	Month:	Month:
Number of persons living in your home			
Income— Specify any differences in: Amount of income Kind of income Work expenses Education expenses Child care			
All Personal Property including motor vehicles, boats, bank accounts, etc. (Lowest bank account balances should be listed for each month unless they were exactly the same as the balance listed on the Statement of Facts. List differences or state "No change.")	Checking: Savings:	Checking: Savings:	Checking: Savings:
Real Property (list differences only or state "No change.")			
California Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Insurance Coverage Change	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (List differences only or state "No change.")			

I understand that I may not retroactively spend my property down in order to reduce its amount and thereby qualify for Medi-Cal.

I understand that I may be asked to prove my statements but that the county is required by law to keep them confidential, and that if dissatisfied, I have a right to a fair hearing. I understand that if I deliberately make false statements or withhold information, I can be prosecuted for fraud.

Signature

Date

Signature of person acting for applicant and relationship (guardian, conservator, etc.)

Date

Signature of witness (required if applicant signed by mark)

Date

The following person helped me to fill out this form:

Name and relationship to applicant	Address	Date

MC 210 A (09/07) (Formerly MC 213)

Page 1 of 3

IMMEDIATE NEED

- If a newly approved CMSP recipient has an urgent need for medication and cannot wait for their aid code to post to MEDS, complete the MedImpact Member Change Request Form (CMSP 202) for immediate need services
- If this form is not in your county's form database, it is available on the CMSP website at <https://cmspcounties.org/county-forms/>.

***=Mandatory Fields.**

TYPE OF CHANGE (Please check) <input type="checkbox"/> Add					
CARRIER HQ: CMSP1/CMSP2					
Requester:		Phone: () - - -	Fax: () - - -		
Email:		Title:	Date: / /		
MEMBER INFORMATION					
*Effective Date: / /					
*Street:					
*Address Con't:					
*City:					
*State:			*Zip:		
County Name:					
*County Code:			*Aid Code:		
Relation/ Person Code	*Last Name	*First Name	*Gender =M/F	*DOB	*Member CIN#
Ins/01				/ /	
*Does this member have a SOC requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Comments:					

Solano and Sonoma Counties Only: To expedite processing, do not wait for the CIN# to be issued before submitting this member add form to MedImpact. Please fax immediately and no greater than 1 hour from granting of eligibility to MedImpact.

Acceptance Agreement: County Medical Services Program is solely responsible for ensuring the accuracy of eligibility information provided to MedImpact and shall be obligated to pay MedImpact for claims accepted by MedImpact that are submitted by or on behalf of persons included on any eligible information provided to MedImpact. My signature below affirms that the information on this form is complete and accurate to the best of my knowledge.

X _____
Signature of Authorized Plan Representative Required

Date: / /

ELIGIBILITY GREATER THAN ONE YEAR

- Sometimes during an appeal process or administrative error, applicants will be granted CMSP coverage for dates over a year in the past
- In these cases, complete and submit the CMSP 211 to ensure the CMSP member will have any medical bills from this period covered
- Documentation, such as Fair Hearing Ruling, must be submitted with the CMSP 211

Notification of CMSP or Medi-Cal Eligibility Greater than 1 Year

CMSP County Instructions: Complete this form only when a CMSP member has been granted either CMSP or Medi-Cal eligibility past 1 year from the current month. Please manually update MEDS for as many months as the system will allow for.

Member Information:	
Name:	DOB:
CIN:	COUNTY USE ONLY: Case Number:
	County:

Eligible Months:		
Month Requiring Change	Month & Year	New CMSP or Medi-Cal Aid Code
Month 13:		
Month 14:		
Month 15:		
Month 16:		
Month 17:		
Month 18:		
Month 19:		
Month 20:		
Month 21:		
Month 22:		
Month 23:		
Month 24*:		
* Please complete & submit another form if member's eligibility is effected past 2 years		

Reason for eligibility granted past 1 year:
Check (✓) what situation is applicable in this case:
<input type="checkbox"/> CMSP member with a Medi-Cal disability approval with an onset date greater than 1 year from the current month.
<input type="checkbox"/> CMSP approval due to Fair Hearing or Administrative Error granted past 1 year from the current month.
Documentation:
Depending on the case, one of the following supporting documents must be attached to the CMSP 211 and submitted to CMSP:
<input type="checkbox"/> DDSD Approval Letter
<input type="checkbox"/> Social Security Disability Approval Letter
<input type="checkbox"/> CMSP Fair Hearing Ruling
<input type="checkbox"/> Explanation of Administrative Error with a copy of the Approval Notice sent to the member
County comments:

County Representative:	
Name & Title of Person Completing Form:	Date:
Signature:	Telephone Number: ()

Please fax form with supporting documentation to the
CMSP Governing Board Office, Attention: Eligibility at (916) 649-2606

CMSP AID CODES

89: CMSP Full-Scope Services, with SOC

50: Restricted Scope (undocumented), with SOC

88: CMSP Full-Scope Services, no SOC

8F: CMSP acute inpatient services only,
companion aid code to Medi-Cal LTC
aid code 53

Retired:

Aid codes 84 & 85

(See ACL 14-05)

```
INQS                ** CLIENT INQUIRY SUMMARY **                LRZ - 12/09/10
                                                                14:03:50

[REDACTED]          [REDACTED]          REQUESTED-ID [REDACTED]
MEDS-ID [REDACTED]  CIN [REDACTED]      BIRTHDATE [REDACTED]

WA ENTER VALID OPTION -OR- USE F7/F8 TO SCROLL THROUGH OPTION LIST

OPTION LIST:  OPTIONS LISTED BELOW CONTAIN DATA FOR THIS CLIENT
QM MEDI-CAL/CMSP - PRIMARY
QA ADDRESS INFORMATION
QD CHANGE DATES & AUTH REP INFO
QE OTHER CLIENT ELIGIBILITY INFO
QH HEALTH CARE PLANS 1 THRU 3
QK HEALTH CARE PLANS CAPITATION
QP PENDING/DENIED APPLIC & APPEALS
Q6 MEDI-CAL/CMSP - 13TH-15TH MONTHS
Q7 ELIGIBILITY BY MONTH
Q8 FOOD STAMP HISTORY (36 MONTH)

                                                                ** ADDITIONAL OPTIONS NOT SCROLLABLE:
                                                                WA WORKER ALERTS  COUNT =      5

<F13=VALID OPTIONS>  F3=RETURN; F7=BACK; F8=FORWARD
Te SSL                                                       R 7 C 2 H2F7
```

OTHER HEALTH INSURANCE

- CMSP is a payor of last resort
- If an applicant has other healthcare coverage (including Worker's Compensation), they will need to complete the CMSP 203 Other Health Insurance Questionnaire
- Completed questionnaires must be mailed to CMSP
- Additionally, counties need to use the appropriate Other Health Coverage (OHC) code

CMSP/OTHER HEALTH INSURANCE QUESTIONNAIRE

Please provide all the information requested and return this form to your eligibility worker. **Attach a copy of your insurance policy, membership card or any other documents to help complete this questionnaire.** PLEASE TYPE OR PRINT. DO NOT ABBREVIATE. COMPLETE THIS FORM FOR ANY HEALTH INSURANCE, INCLUDING PREPAID HEALTH PLANS/HEALTH MAINTENANCE ORGANIZATIONS, OR CHAMPUS. FAILURE TO REPORT OTHER HEALTH INSURANCE MAY CAUSE OVERPAYMENT OR TERMINATION OF YOUR CMSP ELIGIBILITY.

Case number: _____	CIN: _____		
Section I: Please list the name of the person covered by other health insurance			
Name (first, middle, last) _____	Date of Birth _____	Social Security Number _____	Sex _____
Section II: Health Insurance Information (Insurance 1)		Health Insurance Information (Insurance 2)	
1. What is the name and address of your health insurance company? Include street number, city, state and ZIP. Do not use abbreviations. Company Name: _____ Address: _____ City, State, Zip: _____	1. What is the name and address of your health insurance company? Include street number, city, state and ZIP. Do not use abbreviations. Company Name: _____ Address: _____ City, State, Zip: _____		
2. Do you have to obtain medical services from a specific facility or a group of providers? (PHP/HMO/PPO) <input type="checkbox"/> Yes <input type="checkbox"/> No 3. What is the full name, address, phone number, and Insurance Identification Number of the individual, employee, union member, or person to whom the insurance policy was issued? Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No Insured Name: _____ Insurance ID Number: _____ Address: _____ Telephone number: (____) _____ City, State, ZIP: _____	2. Do you have to obtain medical services from a specific facility or a group of providers? (PHP/HMO/PPO) <input type="checkbox"/> Yes <input type="checkbox"/> No 3. What is the full name, address, phone number, and Insurance Identification Number of the individual, employee, union member, or person to whom the insurance policy was issued? Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No Insured Name: _____ Insurance ID Number: _____ Address: _____ Telephone number: (____) _____ City, State, ZIP: _____		
4. What is the policy number? 5. What are the dates of your policy? Beginning date: _____ Ending date(if applicable): _____	4. What is the policy number? 5. What are the dates of your policy? Beginning date: _____ Ending date(if applicable): _____		
6. Give name, address, and telephone number of union, employer, group, organization, or school that your insurance policy is through. Group Name: _____ Local or group number: _____ Address: _____ Telephone number: (____) _____ City, State, ZIP: _____	6. Give name, address, and telephone number of union, employer, group, organization, or school that your insurance policy is through. Group Name: _____ Local or group number: _____ Address: _____ Telephone number: (____) _____ City, State, ZIP: _____		
7. Does your health insurance provide or pay for: (Check all that apply) <input type="checkbox"/> Hospital outpatient (i.e. lab work/physical therapy) <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Long-term care/nursing home <input type="checkbox"/> Hospital stays <input type="checkbox"/> Doctor visits <input type="checkbox"/> Dental care <input type="checkbox"/> Only specific illness (i.e. cancer) • Type of illness: _____	7. Does your health insurance provide or pay for: (Check all that apply) <input type="checkbox"/> Hospital outpatient (i.e. lab work/physical therapy) <input type="checkbox"/> Prescription drugs <input type="checkbox"/> Long-term care/nursing home <input type="checkbox"/> Hospital stays <input type="checkbox"/> Doctor visits <input type="checkbox"/> Dental care <input type="checkbox"/> Only specific illness (i.e. cancer) • Type of illness: _____		

HOSPITAL-BASED PRESUMPTIVE ELIGIBILITY

- Medi-Cal's Hospital-Based Presumptive Eligibility (PE) begins on the day the Presumptive Eligibility application is approved, which can be mid-month.
- If a Hospital-Based PE recipient applies for Medi-Cal, is denied for being over the income limit, and then applies for CMSP, they can be approved for CMSP effective the first of the month of the Medi-Cal application date.
- Please note, Hospital-Based Presumptive Eligibility cases may result in an individual being enrolled in multiple aid codes (depending on the day) within a given month.

DISPELLING THE MYTHS OF CMSP

Myth 6:

“...No one needs CMSP since there’s Covered California, MAGI Medi-Cal and Hospital-Based Presumptive Eligibility”

- The Affordable Care Act and the creation of Covered California and MAGI Medi-Cal have created new coverage options for Californians
- However, there are instances (such as start of coverage, documentation status, and income) which create gaps
- We’ll explore some of these circumstances during the scenarios



CASE SCENARIOS

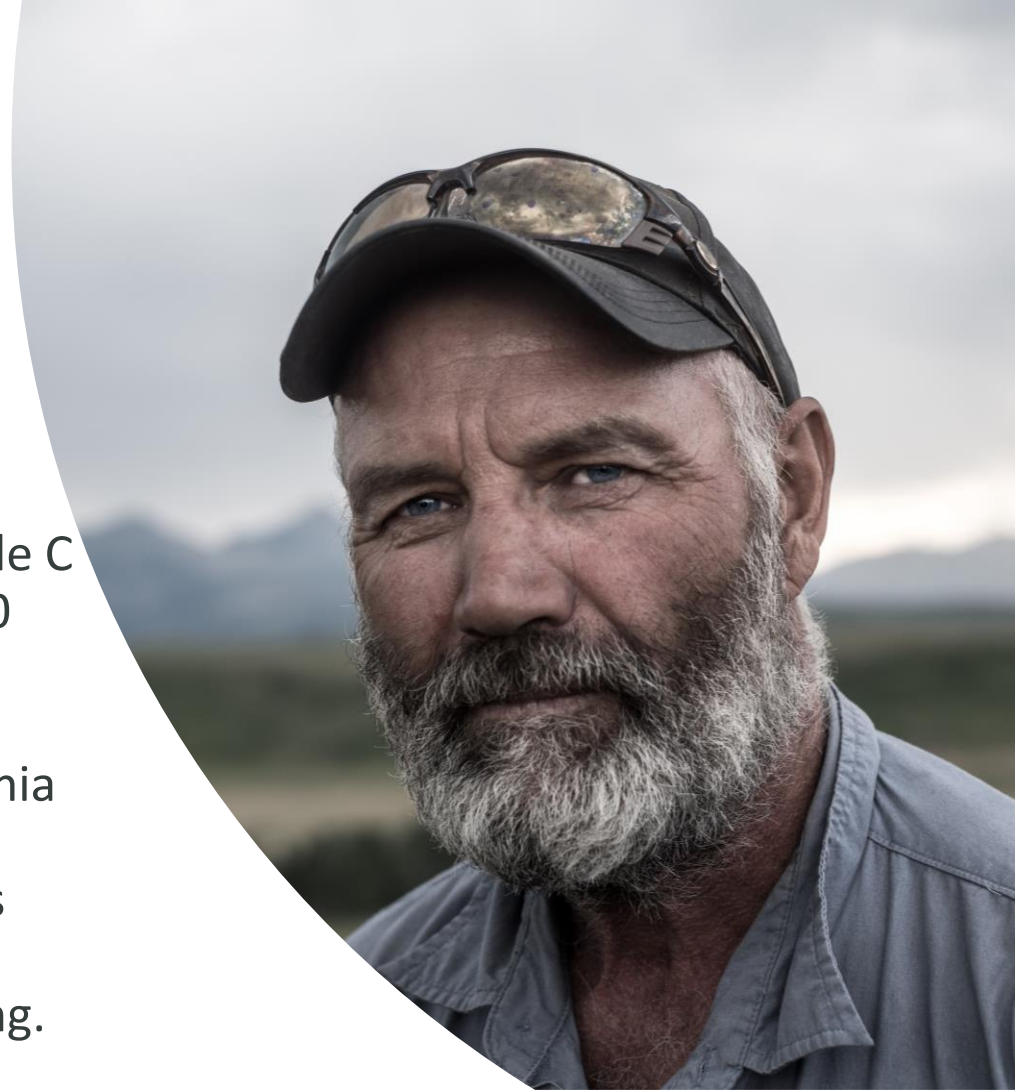
CASE SCENARIO: PAUL

Paul is 60 years old. He is self-employed and his most recent Schedule C shows that after all business-related expenses, his income is \$27,000 per year. He's the only member of the household.

It is Open Enrollment, Paul applied for Medi-Cal and Covered California on January 10th. His Medi-Cal application was denied. His Covered California application was approved and he has paid his first month's premium. He will have to wait until February 1st for his coverage to start. Paul has medical bills from December that he needs help paying.

Questions:

- 1) What is Paul's net non-exempt income? Which deductions apply to him?
- 2) Does Paul qualify for CMSP? For how long? Would he have a Share of Cost?
- 3) Can CMSP help Paul with his medical bills from December?



CASE SCENARIO: PAUL – ANSWERS

- 1) What is Paul's net non-exempt income? Which deductions apply to him?

Paul's monthly income is \$2,250 and he qualifies for the \$90 earned income deduction, leaving \$2,160 per month as net non-exempt income.

- 2) Does Paul qualify for CMSP? For how long? Would he have a Share of Cost?

Paul qualifies for CMSP until his Covered California coverage begins on February 1st. Since his income is above 138% FPL, he would have a Share of Cost of \$390 per month. $[(\$2,250 - \$90) - \$600 = \$1,535 \times 0.25 = \$390]$.

- 3) Can CMSP help Paul with his medical bills from December?

Since the medical bills are from the month before Paul submitted his application, he may apply for 1-month Retro CMSP coverage. The county should ensure that Paul had no Medi-Cal linkage in December and would have otherwise been eligible for CMSP (CMSP Eligibility Manual 3-015).

CASE SCENARIO: GLORIA

Gloria is 56 years old, divorced and her children are grown. She babysits for a few of her neighbors for \$1,600 per month total. During the application process, she states that she would like to find a different job, but she cannot due to her disability. She does not disclose her diagnosis.

Gloria's worker provides her with a DDSD Application, due in 10 days. 10 days later, the DDSD Application is returned, blank, with a note saying that Gloria found the questions on the application to be intrusive and she does not want to share such personal information.

Questions:

- 1) What is Gloria's net non-exempt income? Which deductions apply to her?
- 2) Is Gloria subject to an asset test? What would her asset limit be?
- 3) Is Gloria eligible for CMSP?



CASE SCENARIO: GLORIA – ANSWERS

- 1) What is Gloria's net non-exempt income? Which deductions apply to her?

Gloria works, so she is entitled to the \$90 earned income deduction, leaving \$1,510 per month as net non-exempt income.

- 2) Is Gloria subject to an asset test? What would her asset limit be?

Gloria's net non-exempt income is above 138% FPL for a household of 1, so she would be subject to an asset test. The asset limit for a household of 1 is \$20,000.

- 3) Is Gloria eligible for CMSP?

Gloria disclosed a disability, but did not cooperate with the DDS process, so her application will be denied.

CASE SCENARIO: RAMON

Ramon is a single and 58 years old. He has a job in construction, but was injured and now receives temporary worker's compensation for the next 12 weeks. His workers' compensation claim is \$400 per week.



Questions:

- 1) What is Ramon's net non-exempt income? Which deductions apply to him?
- 2) Is Ramon subject to an asset test? What would his asset limit be?
- 3) Should Ramon's eligibility worker refer him to DDSD?

CASE SCENARIO: RAMON – ANSWERS

- 1) What is Ramon's net non-exempt income? Which deductions apply to him?
Temporary workers' compensation is earned income, so Ramon is entitled to the \$90 earned income deduction, leaving \$1,642 per month in net non-exempt income.
- 2) Is Ramon subject to an asset test? What would his asset limit be?
Ramon's net non-exempt income is above 138% FPL for a household of 1, so he would be subject to an asset test. The asset limit for a household of 1 is \$20,000.
- 3) Should Ramon's eligibility worker refer him to DDSD?
Ramon is temporarily out of work due to an injury, but that does not mean he is disabled. He will be returning to work within the next few months. Ramon does not need to go through the DDSD Application process. However, Ramon should complete the CMSP 203 form with the information of his worker's compensation insurance.

CASE SCENARIO: LUIS

Luis is 36 years old. He is undocumented and does not qualify for Covered California due to his immigration status. He works and earns \$2,500 per month. He has a son but does not have custody. He pays \$200 per month in child support that is court ordered.

Questions:

- 1) What is Luis' net non-exempt income? Which deductions apply to him?
- 2) Is Luis subject to an asset test? What would his asset limit be?
- 3) If approved for CMSP, would Luis have a Share of Cost?



CASE SCENARIO : LUIS – ANSWERS

1) What is Luis' net non-exempt income? Which deductions apply to him?

Luis works and pays court-ordered child support, so his deductions would be \$90 for earned income and the entire amount of his \$200 child support payment, leaving \$2,210 per month as net non-exempt income.

2) Is Luis subject to an asset test? What would his asset limit be?

Luis' net non-exempt income is above 138% FPL for a household of 1, so he would be subject to an asset test. The asset limit for a household of 1 is \$20,000.

3) If approved for CMSP, would Luis have a Share of Cost?

Luis' net non-exempt income is above 138% FPL for a household of 1, so he would have a Share of Cost of \$403 per month.

$$[(\$2,500 - \$200 - \$90) - \$600 = \$1,610 \times 0.25 = \$403]$$



COVERED BENEFITS

COVERAGE

- Approved CMSP members will receive a BIC from the State and a member card from AMM
- Advanced Medical Management (AMM) handles medical billing for CMSP
- Any questions about covered services or billing should be addressed to AMM
- MedImpact handles pharmacy billing for CMSP
- Any questions about prescription coverage or billing should be addressed to MedImpact



CMSP COVERED BENEFITS: PREVENTIVE CARE BENEFIT

- In-network primary care and specialist office visits, immunizations, and preventive health screenings are covered for documented and undocumented members without being subject to SOC
- If SOC is not met, selected prescription medications have a \$5 copay up to a maximum limit of \$1500 per enrollment term

Spend Down Amount Obligation: \$384.00	Remaining Spend Down Amount: \$384.00
Trace Number (Eligibility Verification Confirmation (EVC) Number):	
Eligibility Message: SUBSCRIBER LAST NAME: [REDACTED]. SUBSCRIBER IS ELIGIBLE FOR COUNTY MEDICAL SERVICES PROGRAM MEDICAL/DENTAL SERVICES WITH A SHARE OF COST OF \$ 384 . ADDITIONAL PREVENTATIVE CARE BENEFIT WITHOUT SHARE OF COST. CALL ADVANCED MEDICAL MANAGEMENT 1-877-589-6807. CMSP PHARMACY SERVICES WITH \$5 COPAY FOR PREVENTATIVE CARE PHARMACY. CALL MEDIMPACT 1-800-788-2949. REMAINING SOC/SPEND DOWN \$ 384.00.	

Covered Services without a SOC:

Adult Immunizations	Primary Care and Specialist Office Visits
Colorectal Cancer Screening	Routine Screening Laboratory Testing
EKG, Osteoporosis, DEXA Scan	Screening for Depression, Alcohol Misuse, Obesity Counseling (performed by a physician)
Mental Health Services (mild to moderate)	Screenings for HIV, HPV, Hepatitis B & C, STI Screenings
Outpatient Substance Use Disorder Services	Specified Ultrasound of Head, Neck, Trunk, Upper and Lower Extremities
Physical Therapy	Specified X-rays of Head, Neck, Chest, Trunk, Upper and Lower Extremities
Prescription Medications with a \$5 Copay per Prescription (\$1500 maximum benefit limit)	Tobacco Use Counseling and Intervention (performed by a physician)
Preventative Health Screenings	Various In-Office Minor Medical Procedures

CMSP COVERED BENEFITS: MAY REQUIRE A SOC

- Emergency services within California and designated border state areas of Arizona, Oregon and Nevada provided by network and non-network providers will be covered by CMSP. Emergency services do not require prior authorization by AMM.
- Some CMSP covered benefits require prior approval by AMM before services are provided.
- CMSP will not pay for non-emergency medical services provided to members when it is provided by a non-contracting, non-CMSP network provider.

Covered Services that may require a SOC:

Acute Inpatient Hospital Care (including acute inpatient rehabilitation and mental health)	Laboratory and Radiology Services
Adult Day Health Care	Medical Supplies dispensed by Physicians, Licensed Pharmacies, or Durable Medical Equipment dealers and prosthetic or orthotic providers
Blood and Blood Derivatives	Non-Emergency Medical Transportation when medically necessary
Chiropractic Services	Outpatient Audiology Services
Chronic Hemodialysis Services	Outpatient Occupational Therapy Services
Dental Services (including diagnostic and preventative care, oral surgery and selected endodontic, restorative and prosthodontics services)	Outpatient Physical Therapy Services
Durable Medical Equipment (DME)	Outpatient Rehabilitation Services in a Rehabilitation Facility
Emergency Ambulance Services and medically necessary transportation from the acute hospital to other facilities for medically necessary, specialized, or tertiary care	Outpatient Speech Pathology Services
Family Planning Services, including sterilization (when no other coverage, including F-PACT)	Physician Services
Hearing Aids	Podiatry Services
Home Health Agency Services	Prescription Drug Services provided by Licensed Pharmacists (CMSP pharmacy services, excluding home infusion therapy, are provided under contract between the CMSP Governing Board and MedImpact)
Hospital Outpatient and Outpatient Clinic Services	Prosthetic and Orthotic Appliances
Infusion therapy	Psychiatric Services (inpatient and outpatient) provided by a licensed, in network psychiatrist
Inpatient and Outpatient Heroin Detoxification Services (excluding methadone maintenance)	Transplants (Except Aid Code 50)

DISPELLING THE MYTHS OF CMSP

Myth 7:
**“...CMSP only covers
emergency services”**

- CMSP covers preventative health services and \$5 prescription medications for both documented and undocumented members without share of cost
- CMSP’s contracted provider network includes specialty care, durable medical equipment, physical therapy and other providers

EXCLUDED BENEFITS

- CMSP will not pay for non-emergency medical services provided to members when it is provided by a non-contracting, non-CMSP network provider.
- CMSP is the “payer of last resort.” CMSP is a secondary payer to state and federal health coverage programs, including ADAP, Family PACT, the Breast and Cervical Treatment Program (BCCTP), and Hepatitis C Patient Assistance Programs (PAP).

Benefit Coverage Exclusions:

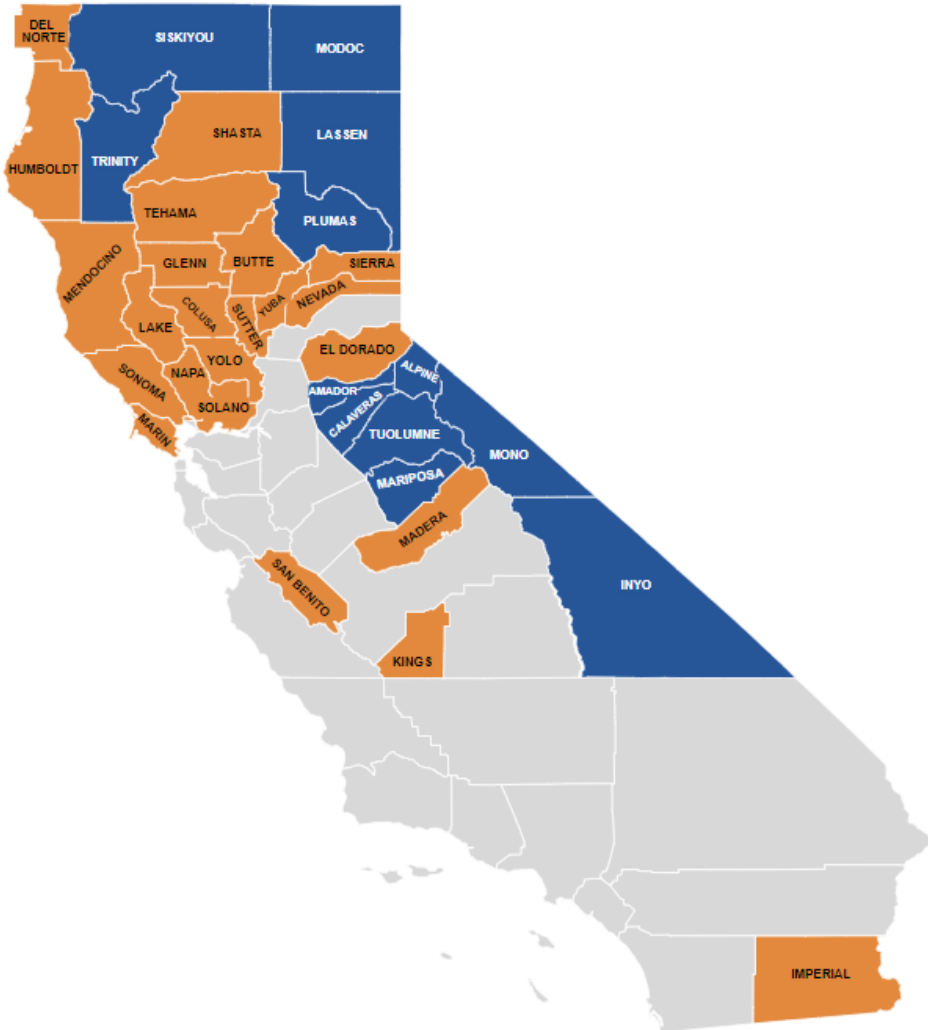
Acupuncture	Methadone Maintenance Services
Breast and Cervical Cancer Treatment Services when covered by another payer (Breast and Cervical Cancer Treatment Program/Medi-Cal)	Optometry Services and Eye Appliances
Contact Lenses that are not medically necessary	Podiatry-Related Acupuncture Services
Cosmetic Services	Pregnancy Related and Infertility Services
Family Planning Services when covered by other payer (F-PACT)	Public Transportation, such as airplane, bus, care or taxi rides
Hepatitis C Medications when covered by other payers	Sexual Reassignment Services
Long Term Care	Skilled Nursing Facility Services
Mental Health and Substance Use Disorder Services provided by non-contracted providers	Transplants for Aid Code 50 Members
Transportation for Aid Code 50 Members	



OTHER CMSP PROGRAMS






- Primary Care for undocumented adults (age 26 & older) that reside in a CMSP county and are enrolled in a restricted scope Medi-Cal Aid Code.
- Clinics use Alluma's One-e-App enrollment platform.
- Pilot began in February 2019, enrollment & care is provided at **22** community health center systems with **104** locations in **21** counties (shown in yellow).
- Enrollment is currently **13,510**.



- Primary Care for both documented and undocumented adults (age 21 to 64) that reside in a CMSP county, have incomes above 138% to 300% FPL and have no existing health coverage.
- Clinics use Alluma's One-x-Connection enrollment platform.
- Pilot began in December 2020. Enrollment & care is provided at **26** community health center systems with **117** locations in **23** counties (shown in orange).
- Enrollment is currently **524**.

COMPARISON OF CMSP'S PROGRAMS

Programs for Residents of CMSP Counties	 CMSP COUNTY MEDICAL SERVICES PROGRAM	 PATH TO HEALTH™	 CONNECT TO CARE BY CMSP
Age Limit	21 - 64	26+	21 - 64
2021 Monthly Income (For Household of 2)	\$4,356 or less 300% FPL or less	\$2,004 or less 138% FPL or less	\$2,004 - \$4,356 138% - 300% FPL
Citizenship Requirement	Yes, for full scope. Primary care and emergency services covered for undocumented.	Undocumented Only	No
How to Enroll	County Social Services Department	Participating Health Centers	Participating Health Centers
Coverage for No-Cost Primary Health Care	Yes, with certain limits	Yes, with certain limits	Yes, with certain limits
Coverage for Basic Prescription Medications	Yes, with \$5 copay & certain limits	Yes, with \$5 copay & certain limits	Yes, with \$5 copay & certain limits
Coverage for Dental, Emergency Room, Urgent Care, & Inpatient Hospital Services	Yes, with SOC & certain limits	No, emergency services covered under Medi-Cal	No, application needed for CMSP

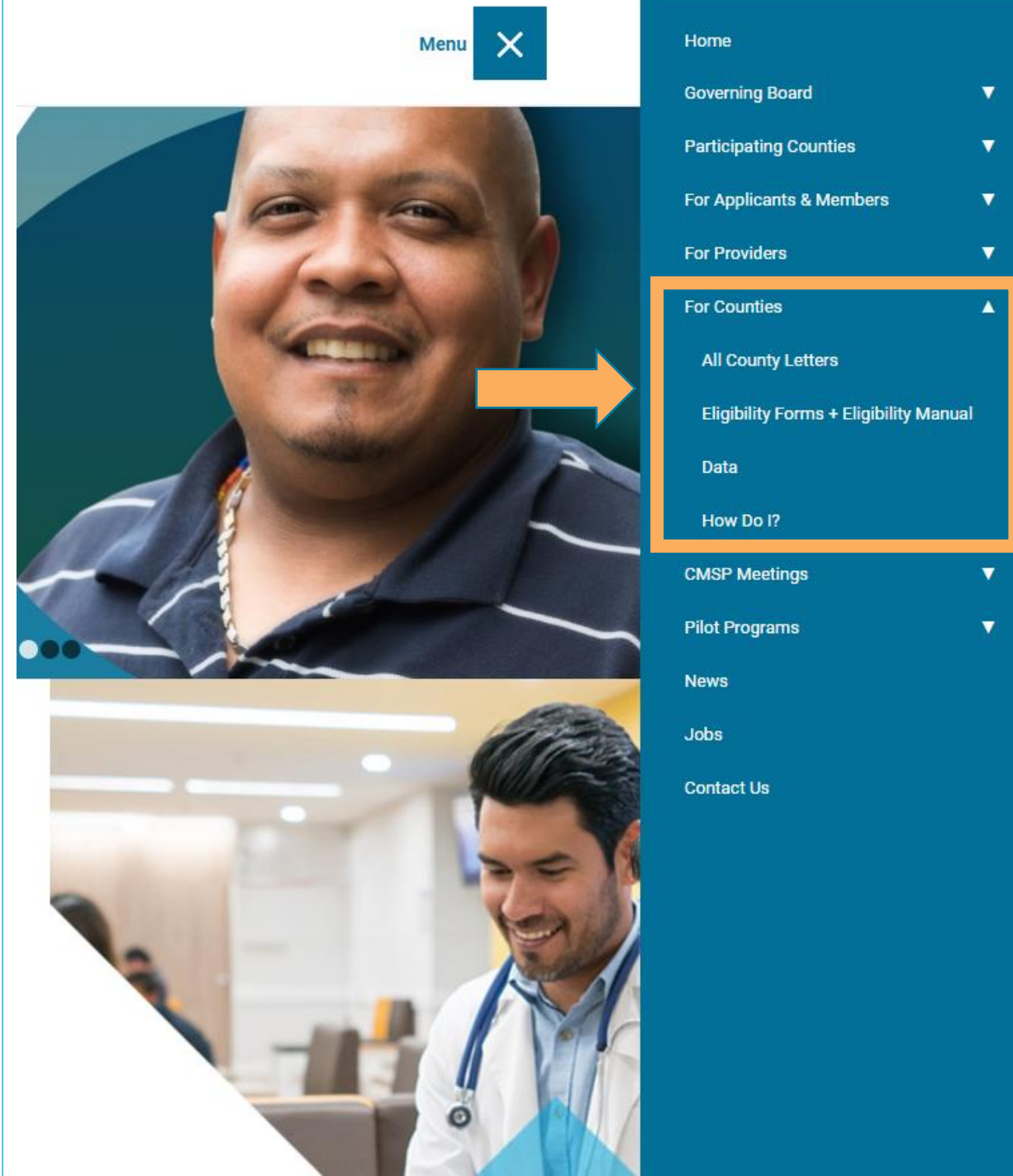


RESOURCES

ELIGIBILITY MANUAL, FORMS, AND ALL COUNTY LETTERS

The following can be found on CMSP's website under the "For Counties" tab:

- **All County Letters:** ACLs provide information or directions to CMSP counties relating to the CMSP Governing Board's programs and activities
- **CMSP Eligibility Manual:** Comprehensive collection of all CMSP program regulations
- **Eligibility Forms:** Includes the forms for Applicants and Beneficiaries, such as the Supplemental Application, and forms for County staff, such as the Eligibility Expenditure Report



COUNTY CONTACTS

- CMSP maintains a list of county contacts for each county
- County contacts receive copies of the CMSP All County Letters
- Additionally, CMSP may reach out to county contacts with CMSP-related eligibility issues
- To be added to the list, email your name, title, county, phone number and email address to Karalyn Foster at kfoster@cmspcounties.org



CMSP ELIGIBILITY EXPENDITURE REPORT (CMSP 1179)

- The CMSP Eligibility Expenditure Report must be completed and submitted quarterly
- CMSP will publish an ACL requesting verification of eligibility expenditures each year
- Eligibility Allocation to counties in December of each year

ELIGIBILITY EXPENDITURE REPORT
FISCAL YEAR 20__-20__
COUNTY: Alpine

INSTRUCTIONS:

This report is to be completed and sent to the County Medical Services Program (CMSP) Governing Board each quarter when the County submits its County Expenditure Claims (CEC) to the State Department of Social Services. This report will be used to determine future expenditure allocations as well as reallocations of unexpended funds. Information on line 217 of schedules DFA 327.4C and DFA 327.5C should match the amount claimed on this report. **This report is due each quarter 15 days following submission of the CEC.**

Fax to:

CMSP Governing Board
Attention: Data Section
FAX: (916) 649-2606
Phone: (916) 649-2631

—OR—

Mail to:

CMSP Governing Board
Attention: Data Section
1545 River Park Drive Suite 435
Sacramento, CA 95815

FIRST QUARTER			
Date		Amount claimed	
Supplemental claim date		Supplemental claim amount	
SECOND QUARTER			
Date		Amount claimed	
Supplemental claim date		Supplemental claim amount	
THIRD QUARTER			
Date		Amount claimed	
Supplemental claim date		Supplemental claim amount	
FOURTH QUARTER			
Date		Amount claimed	
Supplemental claim date		Supplemental claim amount	
I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the State Department of Social Services on regular and supplemental (adjusted) County Expenditure Claims.			
Signature of person completing report		Title	Telephone number
			Date

Print Form

Reset Form

CMSP 1179 (5/17)

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CMSP INDIVIDUAL MOVEMENT & ACTIVITY REPORT (CMSP 237)

- The Individual Movement and Activity Report must be submitted to CMSP monthly

INDIVIDUAL MOVEMENT AND ACTIVITY REPORT (County Medical Services Program Only)

Mail or fax one copy to:
County Medical Services Program
Governing Board
Attention: Data Section
1545 River Park Drive, Suite 435
Sacramento, CA 95815
Fax number: (916) 649 - 2606

County		Report month									
Intake Activity											
	Path2Health Approvals	CMSP Approvals	Denied (Income)	Denied (Property)	Denied (Linkage)	Denied (Other)	Withdrawals	Pending	Total		
1. Pending applications at beginning of month (1a + 1b).....	1	2	3	4	5	6	7	8	9		
a. Applications pending from last month											
b. Adjustments to Item 1a (Positive or negative) (Explain in comments)											
2. New applications	10	11	12	13	14	15	16	17	18	19	20
3. Reapplications (3a + 3b + 3c)	21	22	23	24	25	26	27	28	29	30	31
a. without break											
b. within two months											
c. with more than 2 months and less than 1 year											
4. Total applications on hand during the month (1 + 2 + 3)											32
5. Total applications disposed during the month (5a + 5b + 5c).....											
a. Approvals											
b. Denials											
c. Withdrawals.....											
6. Pending applications carried forward to next month											33
7. Annual redetermination of eligibility for 8F-only clients											34
8. Total disposed and redetermination activity (5 + 7)											35
Continuing Activity											
9. Continuing individuals on hand at beginning of month											36
10. Individuals added during month (10a + 10b)											37
a. Individuals added from intake (5a)											
b. Other approvals.....											
11. Total continuing individuals during month (9 + 10)											38
12. Total individuals discontinued during month.....											
a. End of certification period											
b. Linked to Medi-Cal											
i. SSI.....											
ii. DDS.....											
iii. Other.....											
c. Client requested — wanted to reapply with budget change.....											
d. Client requested — other											
e. Other											
13. Continuing individuals carried forward to next month (11 – 12)											39
Comments:											
County person to contact regarding this report											
Telephone number											
Date prepared											

OUTREACH

- CMSP All County Letter 21-02 provided news & updates regarding CMSP's Marketing Efforts.

Resources included in the ACL:

- Links to Official CMSP Social Media Pages
- Step-by-Step Instructions for Downloading Marketing Materials Available via Drop Box



CMSP Letter No.: 21-02
Issue Date: October 7, 2021

TO: All County Welfare Directors

SUBJECTS: CMSP County Training and Marketing Efforts

The purpose of this All County Letter is to provide information to counties about an upcoming CMSP Eligibility Training and share information about current marketing efforts.

CMSP County Eligibility Training

County social services staff from the 35 CMSP-participating counties are invited to attend an interactive training about County Medical Services Program (CMSP) enrollment and coverage on **Wednesday, October 27, 2021 from 10:00 to 11:30 AM**. Training topics will include the CMSP supplemental application, CMSP income and asset requirements, CMSP manual and forms, CMSP benefits and retroactive coverage.

Additionally, CMSP staff will provide an overview of the Path to Health Pilot Project (ACL 19-01 & ACL 19-04) and Connect to Care Program (CMSP ACL 20-07). Attendees must register in advance and will be sent the Zoom login information after their registration is accepted. Please complete registrations no later than October 25, 2021 at:

https://us06web.zoom.us/webinar/register/WN_a1q-7PArSf-FCkHgXukMRO

A recorded version of the CMSP County Eligibility Training will be available to view after November 1, 2021 at <https://cmspcounties.org/county-faq>.

CMSP Marketing Efforts

CMSP has initiated marketing efforts for its three health benefit programs: CMSP's full-scope benefit, Path to Health, and its newest benefit program, Connect to Care. On page 3 of this letter, counties will find a Dropbox link to view samples and download some of the various marketing materials to spread awareness of CMSP's benefit programs within its 35 counties.

All of CMSP's current marketing materials direct potential members to a landing page, <https://careinreach.com/>. A Spanish translated version of the landing page is also available at <https://saludalalcance.com/>. The landing page provides viewers with a breakdown of each of the three programs to determine which benefit program is right for them based on eligibility guidelines. The visitor can then click on the program that best fits their needs where they will be re-directed to that program's site and learn more about the program including covered benefits and how to locate an enrollment provider to assist them with the application process.

To spread awareness to the 35 counties, CMSP has worked with its marketing team to develop and implement the following:

County Medical Services Program Governing Board | 1545 River Park Drive, Suite 435 | Sacramento, CA 95815
Phone: 916.649.2631 | Fax: 916.649.2606 | www.cmspcounties.org

CARE IN REACH WEBSITE

Designed to help applicants find the CMSP program that best fits their needs:

- Connect to Care
- Path to Health
- CMSP Benefit

English:

<https://careinreach.com/>

Spanish:

<https://saludalacance.com/>

Find healthcare within reach.

Connect with a community health partner and find a program that works for you.



CONNECT TO CARE

Connect to Care is a new program designed to make it easier for Californians who need health care to get it. [Connect to Care](#) provides routine preventative care benefits to California residents that do not have other coverage options, regardless of immigration status.

To qualify, Connect to Care members must:

- Be age 21-64
- Live in one of the 35 CMSP counties
- Have income between 138–300% of the Federal Poverty Level (between \$2,004-\$4,356 per month for a two-person household – [learn more about the Federal Poverty Level guidelines here](#))

Connect to Care members cannot be enrolled in Medi-Cal or Medicare and cannot be covered by private health insurance.

BENEFITS

Preventative health care benefits covered by Connect to Care include:

- Primary care, specialist office visits and minor procedures
- Preventative health screenings
- Routine lab tests and adult immunizations
- Specified exams and physical therapy
- Tobacco-use counseling and intervention (performed by)
- Prescription medications with a \$5 copay per prescription



PATH TO HEALTH

[Path to Health](#) makes it easier for county residents – regardless of immigration status – that are already enrolled in restricted-scope (emergency-only) Medi-Cal to receive regular preventative care.

To qualify, Path to Health members must:

- Be age 26 or older
- Live in one of the 35 CMSP counties
- Be enrolled in restricted-scope Medi-Cal

BENEFITS

Primary health care benefits covered by Path to Health include:

- Non-emergency clinic visits and minor procedures
- Preventative health screenings
- Routine lab tests and adult immunizations
- Prescription medications with a \$5 copay per prescription (\$1,500 maximum benefit limit)

TO QUALIFY

You must be age 21 or older to qualify. Coverage is available to California residents with limited income, regardless of immigration status, through one of our three programs: [Path to Health](#), [Connect to Care](#), or [CMSP](#). [Learn which program might be right for you with the guidelines below.](#)

Program/Eligibility Criteria	Path to Health	Connect to Care	CMSP
Age	26 or older	21-64	21-64
2021 Income for Household of 2 per Federal Poverty Level (FPL) guidelines ¹	Monthly income \$2,004 or less (138% FPL or less)	Monthly income \$2,004 - \$4,356 (138-300% FPL)	Monthly income \$4,356 or less (300% FPL or less)
Medi-Cal/Other Insurance	Must be enrolled in restricted-scope Medi-Cal	Cannot be enrolled in Medi-Cal or private insurance	Can enroll in other insurance options
Immigration Status	Available regardless of immigration status	Available regardless of immigration status	Coverage limitations apply depending on citizenship



CMSP BENEFIT

A wide array of inpatient and outpatient benefits are provided through the CMSP Benefit, including emergency services when necessary. The full scope of CMSP services is offered to California residents who meet certain eligibility criteria and are not otherwise eligible for Medi-Cal or Covered California.

To qualify, CMSP Benefit members must:

- Be age 21-64
- Live in one of the 35 CMSP counties
- Have income up to 300% of the Federal Poverty Level (\$4,356 or less per month for a two-person household – [learn more about the Federal Poverty Level here](#))

BENEFITS

The CMSP Benefit includes coverage for emergency services and preventative care, including:

- Acute inpatient hospital care
- Ambulance services
- Primary care, specialist office visits and minor procedures
- Preventative health screenings

TRANSIT ADS & CARTELES

Bus and Bus Shelter Ads Running in Butte, El Dorado, Lake, Mendocino, Shasta, & Solano



Outdoor Posters at Convenience & Grocery Stores in 15 CMSP Counties



IMPORTANT WEBSITES



For more information about CMSP:
<https://cmspcounties.org/>

For CMSP Claims & Billing information:
<https://cmsp.amm.cc/>



For more information about Path to Health:
<https://mypathtohealth.org/>



For Spanish:
<https://caminoalasalud.org/>



For more information about Connect to Care:
<https://myconnecttocare.org/>



For Spanish:
<https://miconexionalasalud.org/>

KEY CONTACTS:

For CMSP Eligibility Questions:

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For Marketing & Benefit Coverage Questions:

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916-649-2631 ext. 125

For Program & Policy Questions:

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916-649-2631 ext. 119

Kari Brownstein, Executive Director

kbrownstein@cmspcounties.org

916-649-2631 ext. 113

For Questions Regarding Medical Services:

AMM – Advanced Medical Management

1-877- 589-6807

<https://cmsp.amm.cc/>

For Questions Regarding Pharmacy Services:

MedImpact

1-800-788-2949

THANK YOU



CMSPTM
COUNTY MEDICAL
SERVICES PROGRAM