



CMSP Letter No.: 23-02
Issue Date: June 7, 2023

TO: All County Welfare Directors
SUBJECT: CMSP Continuous Coverage Unwinding

The purpose of this All County Letter is to provide information about the unwinding of the CMSP Continuous Coverage Requirement in both CalSAWS and CalWIN. Due to the Public Health Emergency, individuals with active CMSP coverage were protected from adverse actions under the Continuous Coverage Requirement and many have overdue Certification End Dates (CED).

As a reminder, counties should be screening denied Medi-Cal applications for potential CMSP eligibility. Copies of the CMSP Supplemental Application (CMSP 215), the CMSP Eligibility Manual, and a recorded version of CMSP’s county training can be accessed at <https://cmspcounties.org/eligibility-information-resources>.

CMSP Counties in CalSAWS

On May 30, 2023, CalSAWS reset the CED for active CMSP Aid Code (50, 8F, 88, 89) members in the 33 CMSP counties currently in CalSAWS according to the following logic:

CMSP Counties in CalSAWS	
CMSP Coverage Start Month/Year	New CED
3/2020 or prior	6/30/2023
4/2020 - 12/2020	7/31/2023
1/2021 - 12/2021	8/31/2023
1/2022 - 12/2022	9/30/2023
Start month on or after January 2023	No change to existing CED

A journal entry in the CalSAWS case reflects “Certification End Date re-established for CMSP benefits for this case as part of the unwinding of the public health emergency policy outlined in CMSP ACL 23-02.”

CMSP Counties in CalWIN (Solano & Sonoma County)

In consideration of the upcoming migration to the CalSAWS system, CalWIN will reset the CED for active CMSP Aid Code (50, 8F, 88, 89) members in Solano and Sonoma counties according to the following logic on June 11, 2023:



Solano & Sonoma Counties	
CMSP Coverage Start Month/Year	New CED
12/2022 or prior	9/30/2023
Start month on or after January 2023	No change to existing CED

A journal entry in the CalWIN case reflects "Certification End Date re-established for CMSP benefits for this case as part of the unwinding of the public health emergency policy outlined in CMSP ACL 23-02."

Notifications

The CMSP Governing Board Office will be mailing the attached notification (English/Spanish) to impacted CMSP members advising them of the upcoming CED and providing instructions to visit Covered California, BenefitsCal or contact the County Welfare Department to reapply for health coverage prior to their respective CED dates in June, July, August and September 2023.

In the event that a household has both CMSP and Medi-Cal members and the Medi-Cal member(s) is going through a full renewal post 4/1/2023 (Renewal Due Date 06/30/2023 or later), the CMSP member will be discontinued for Failure to Complete Redetermination if the program beneficiaries do not return the Medi-Cal Renewal Packet.

If you have any questions about the information presented in this letter, please contact Alison Kellen, Program Director, at akellen@cmspcounties.org or 916-649-2631, ext. 119.

Thank you,

Kari Brownstein
Executive Director

Attachment



[DATE]

[FIRST NAME] [LAST NAME]

[MAILING ADDRESS]

[CITY, STATE ZIP]

Case #: [CASE NUMBER]

Your healthcare coverage under the County Medical Services Program (CMSP) will end on **[NEW CED DATE]**.

You will need to apply for and be denied by Medi-Cal before you can reapply for CMSP again. You can complete a new application for health coverage online through:

BenefitsCal
<https://benefitscal.com>

or

Covered California
<https://www.coveredca.com/apply>

You can also contact **[COUNTY AGENCY]** at **[HUMAN SERVICES AGENCY PHONE NUMBER]** to apply for health coverage.

*See other side for Spanish
Consulte la versión en español al reverso*



[DATE]

[FIRST NAME] [LAST NAME]

[MAILING ADDRESS]

[CITY, STATE ZIP]

N.º de caso: [CASE NUMBER]

Su cobertura de atención médica en virtud del Programa de Servicios Médicos del Condado (CMSP, por sus siglas en inglés) finalizará el **[NEW CED DATE]**.

Usted deberá presentar una solicitud y ser rechazado por Medi-Cal antes de poder volver a presentar una solicitud para el CMSP. Puede completar una nueva solicitud de cobertura de atención médica en línea a través de:

BenefitsCal
<https://benefitscal.com>

o

Covered California
<https://www.coveredca.com/espanol/apply/>

También puede ponerse en contacto con **[COUNTY AGENCY]** llamando al **[HUMAN SERVICES AGENCY PHONE NUMBER]** para presentar una solicitud de cobertura médica.

*Consulte la versión en inglés al reverso
See other side for English*