



CMSP Letter No: 23-04
Issue Date: September 29, 2023

TO: All County Welfare Directors

SUBJECT: CMSP Eligibility Manual Updates and County Trainings

The purpose of this All County Letter is to provide instructions to counties concerning changes to CMSP Eligibility Manual approved by the CMSP Governing Board and to share information about two upcoming county trainings.

CMSP Eligibility Manual Changes

Please find enclosed updated, marked sections of the CMSP Eligibility Manual. The CMSP eligibility changes are effective October 1, 2023 for CMSP applications with beginning dates of aid on or after October 1, 2023. To view the entire updated manual, please visit <https://cmspcounties.org/eligibility-information-resources/> under "Eligibility Manual".

The CMSP Eligibility Manual includes the following updates:

- Creates a definition of a Prospective Applicant;
- Removes the definition and references to Restricted Scope CMSP Benefits as the CMSP Governing Board approved full-scope benefits for aid code 50 members effective July 1, 2023;
- Removes the reference to the concluded CMSP County Wellness and Prevention Pilot;
- Removes the requirement for CMSP Applicants to also apply for Covered California;
- Updates the reference to the CMSP informational flyer (see below);
- Adds additional methods to value boats, campers and trailers;
- Updates the in-kind resources chart to remove the clothing category;
- Adds documentation of income for educational purposes; and,
- Modifies language regarding health insurance premium deductions.

Please find enclosed an updated version of the CMSP Benefit Program flyer. As stated in Section 3-0124 of the CMSP Eligibility Manual, counties are to provide a copy of the flyer in the Medi-Cal/Covered California application package and/or Medi-Cal informing packet sent to applicants. The flyer contains a section for counties to enter the appropriate website and/or phone number specific to their county.

CMSP County Eligibility Trainings

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. Attendees **must** register in advance and will be sent the Zoom login information after their registration is accepted.

Tuesday, December 12, 2023 from 10:00 – 11:30 AM

To register:

https://us06web.zoom.us/webinar/register/WN_QTW8fxt5QFedy8EOY65Sng

Wednesday, December 13, 2023 from 1:00 – 2:30 PM

To register:

https://us06web.zoom.us/webinar/register/WN_2a-gPXDESMKU03xBmIMBVw

Training topics will include the CMSP supplemental application, CMSP income and asset requirements, CMSP manual and forms, CMSP benefits and retroactive coverage.

A recorded version of the CMSP County Eligibility Training will be available to view after December 18, 2023. To view, please visit <https://cmspcounties.org/eligibility-information-resources/> under “Trainings”.

If you have any questions regarding the CMSP Eligibility Manual updates or the upcoming county trainings, please contact Alison Kellen, Program Director, at (916) 649-2631 ext. 119 or akellen@cmspcounties.org.

Sincerely,



Kari Brownstein
Executive Director

Attachments

CMSP Benefit Program

If you've been denied Medi-Cal coverage, you may still be eligible for health benefits. Ask your county eligibility worker about CMSP.

CMSP Eligibility Rules

- Adults aged 21 to 64
- Must live in a CMSP County
- No citizenship requirement
- Income up to 300% FPL (Federal Poverty Level)
- Personal assets valued up to:
 - \$20,000 for household of 1
 - \$30,000 for household of 2
 - Additional \$1,500 for each additional household member after 2
- Cannot be eligible for Medi-Cal or Medicare

CMSP Covered Benefits

Summary of benefits. Share of cost, certain limitations, & restrictions may apply. Please see member guide for details.

-  **Primary & Preventative Care**
No cost primary care benefits including check ups & doctor visits for sickness, injuries, or other concerns
-  **Emergency Services & Hospitalization**
Ambulance, emergency room services, & approved hospital stays
-  **Dental**
Teeth cleanings, restorative & other specified dental services
-  **Vision**
Eye exams & prescription glasses
-  **Mental Health & Substance Use Disorder Services**
Counseling & treatment
-  **Outpatient Services**
Physical & occupational therapy, lab services, & x-rays
-  **Prescription Coverage**
Certain prescriptions may be subject to \$5 copay with a maximum of \$1500 in prescription drug benefits per eligibility period

Contact your County Social Services Department to apply:

To learn more about CMSP's benefit programs, visit <http://careinreach.com/>

Programa de Beneficios de CMSP







Si te han negado la cobertura de Medi-Cal, aún puedes ser elegible para obtener beneficios de salud. Consulta a un trabajador de elegibilidad de tu condado acerca de la cobertura de salud de CMSP.

Reglas de elegibilidad de CMSP

- Tienes que tener entre 21 a 64 años
- Debes vivir en un condado que ofrezca los programas de CMSP
- No se requiere que seas ciudadano estadounidense
- Tienes que tener un ingreso de hasta 300% basado en el FPL (Federal Poverty Level o Nivel Federal de Pobreza)
- Tus bienes personales deben estar valuados hasta:
 - \$20,000 por hogares de 1 persona
 - \$30,000 por hogares de 2 personas
 - \$1,500 adicionales por cada miembro adicional en hogares de más de 2 personas
- No puedes ser elegible para Medi-Cal o Medicare

Beneficios de Cobertura Médica de CMSP

Resumen de beneficios. Pueden aplicar ciertas limitaciones y restricciones. Para obtener más detalles, puedes consultar la guía para miembros:

-  **Cuidado Primario y Preventivo**
Cuidados médicos primarios sin costo que incluyen chequeos y visitas al médico ya sea por enfermedad, lesiones u otras consultas
-  **Servicios de Emergencia y Hospitalización**
Ambulancia, servicios de sala de emergencias y estadías hospitalarias aprobadas
-  **Odontología**
Limpiezas dentales, restauración y otros servicios dentales especificados
-  **Visión**
Exámenes de la vista y anteojos recetados
-  **Servicios de Salud Mental y Trastorno por Uso de Sustancias**
Asesoramiento y tratamiento
-  **Servicios ambulatorios**
Terapia física y ocupacional, servicios de laboratorio y radiografías
-  **Cobertura de recetas**
Ciertas recetas médicas pueden estar sujetas a un copago de \$5 con un máximo de \$1500 en beneficios de medicamentos recetados por un determinado período de elegibilidad

Contacta al Servicio Social de tu Condado para aplicar:

Para obtener más información sobre los beneficios de los programas de CMSP, visita <http://saludalalcance.com/>

- 1-051. Family Member
- 1-052. Fleeing Felon
- 1-053. Full Scope CMSP Benefits
- 1-053.1 Full Time Employed
- 1-054. General Assistance (GA)/General Relief (GR)
- 1-055. Heirloom
- 1-056. In-Home Supportive Services (IHSS)
- 1-057. Inmate
- 1-058. Institution
- 1-059. Institution--Medical
- 1-060. Institution--Mental Diseases
- 1-061. Institution--Nonmedical
- 1-062. Institution--Private
- 1-063. Institution--Public
- 1-064. Institution--Tuberculosis
- 1-065. Intraprogram Status Change
- 1-066. Life Estate
- 1-067. Life Insurance
- 1-068. Limited Service Status
- 1-069. Long-Term Care (LTC)
- 1-070. Marriage
- 1-071. Medi-Cal
- 1-072. Medi-Cal Family Budget Unit (MFBU)
- 1-073. Medically Needy (MN) Person or Family
- 1-073.1 Member
- 1-074. Mini-Budget Unit (MBU)
- 1-075. Multiple Dwelling Units
- 1-076. Nonrecurring Lump Sum Payment
- 1-077. Obligate
- 1-078. Other Public Assistance (Other PA) Recipient
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- 1-080. Parent
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- 1-082. Persons Living In The Home
- 1-083. Principal Residence
- 1-084. Program -- County Medical Services Program (CMSP)
- 1-084.2 Property
- 1-085. Property--Community
- 1-086. Property--Personal
- 1-087. Property--Real
- 1-088. Property--Separate
- 1-089. Property--Share of Community
- 1-090. Prospective Applicant
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- 1-09~~43~~. Quality Control
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- 1-09~~76~~. Relative
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- 1-09~~98~~. Residence
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- 1-10~~10~~. Restoration
- ~~1-101. Restricted Scope CMSP Benefits~~
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- 1-105. Spend Down
- 1-106. Supplemental Security Income (SSI)/State Supplemental Payment (SSP)
- 1-107. Temporary Assistance for Needy Families (TANF)
- 1-108. Third Party Administrator
- 1-109. Transfer of Property
- 1-110. U.S. Citizenship and Immigration Services (USCIS)
- 1-111. Verification
- 1-112. 300% Federal Poverty Level (FPL) Income Test

1-021. Applicant

Applicant means the individual or family ~~making that has submitted~~, or on whose behalf ~~was submitted is made~~, an CMSP Application, Reapplication, -or request for Restoration of aid to the County Department.

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

Individual(s) or organization(s) chosen by a competent Applicant/Beneficiary to assist, accompany, and/or represent him/her.

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 which provides eligibility documentation that allows access to medical care, provider billing, and Share of Cost tracking. The CA-BIC replaces the 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. Burial Insurance

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

1-026. 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.

- 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.

1-052. Fleeing Felon

Fleeing Felon means an individual who is fleeing to avoid prosecution, or custody or confinement under the laws of the place from which the individual flees, for a crime, or an attempt to commit a crime, which is a felony under the laws of the place which the individual flees, or which, in the case of New Jersey, is a high misdemeanor under the laws of such State, or violating a condition of probation or parole imposed for committing a felony under Federal or State law. Fleeing Felons are ineligible for benefits under CMSP and are treated as ineligible members of the CFBU.

1-053. Full Scope CMSP Benefits

Full Scope CMSP Benefits means all of the health care benefits covered by CMSP under Aid Codes 88 and 89 for an applicant or enrollee that meets all eligibility criteria, including legal residency and identity standards. ~~It is not restricted to a benefit package of emergency services only, as covered under Aid Code 50.~~ Full Scope Benefits may be available without a share of cost (Aid Code 88) or with a share of cost (Aid Code 89).

1-053.1. Full Time Employed

Full time employed means working 40 hours or more per week.

1-054. General Assistance (GA)/General Relief (GR)

General Assistance/General Relief (GA/GR) means support provided by the county under Section 17000 of the California Welfare and Institutions Code for incompetent, poor, and indigent persons who are not supported and relieved by their relatives, friends, their own means, or other state or private program or Institution.

1-055. Heirloom

Heirloom means any item of Personal Property other than cash, securities, or other liquid resources, which has substantial sentimental value, has been owned by the same family for at least two generations, and is intended to be retained by the same family in succeeding generations.

Welfare and Institutions Code to provide for the health care of the medically indigent Adults residing in rural and semi-rural counties of California which contract with the Governing Board to participate in CMSP.

1-084.1 Property

“Property” for purposes of this manual means any real, liquid or personal possessions also commonly referred to as “assets” and/or “resources.”

1-085. Property--Community

Community property means property acquired by either spouse during Marriage, unless the property was acquired as Separate Property or with funds that can be identified as Separate Property

1-086. Property--Personal

Personal property means possessions or interest, exclusive of Real Property, that may be easily transported or stored; including but not limited to cash on hand, bank accounts, notes, mortgages, deeds of trust, cash surrender value of Life Insurance, motor vehicles, uncollected judgments, an interest in a firm in receivership, a lawsuit, patents, copyrights, household goods, and musical instruments.

1-087. Property--Real

Real property means land and improvements, which generally include any stationary property attached to the land and any oil, mineral, timber or other rights related to the land.

1-088. Property--Separate

Separate property means any item that is considered Separate Property under California Property Law. Generally, Separate Property is property acquired by an individual by any method prior to Marriage, after obtaining an interlocutory or final judgment of dissolution, or while voluntarily separated; or at any time by gift or inheritance, or purchases made with funds that are Separate Property, and can be identified as Separate Property, or with funds from the sale of Separate Property.

1-089. Property--Share of Community

Share of community property is to be treated as if each spouse owns one-half of the Community Property for purposes of determining CMSP eligibility.

1-090. [Prospective Applicant](#)

Prospective Applicant means someone who, after a Medi-Cal denial, has been mailed or provided the CMSP supplemental application but has not yet returned it to their county social services agency.

1-091. Public Agency

Public Agency means an administrative division of local, state, or federal government, or an organization that has a contract to act in behalf of the local, state, or federal government.

1-0924. Public Assistance (PA) Recipient

Public Assistance (PA) Recipient means a person or family receiving assistance under CalWORKs, Foster Care, SSI/SSP, IHSS, RCA, and ECA.

1-0932. Public Funds

Public Funds means monies provided by local, state, or federal government, such as, but not limited to, Adoption Assistance or Pickle.

1-0943. Quality Control

Quality Control means the review of CMSP cases to ensure proper determination of eligibility and correctness of Share of Cost.

1-0954. Reapplication

Reapplication means an Application for CMSP eligibility made in the same County as a previous Application, if the previous Application was denied or withdrawn or if the certification period ended in the previous month or will come to an end the following month and a renewal of eligibility is being sought.

1-0965. Recipient

Recipient means a person or family receiving aid under a PA program, Other PA, Medi-Cal or CMSP.

1-0976. Relative

Relative means a mother, father, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew, niece, half-brother, half-sister, or any such person of a preceding or succeeding generation denoted by a prefix of grand, great or great great.

1-0987. Repayment

Repayment means the liquidation of an Overpayment in response to issuance of demands and recovery thereof by the County Department.

1-09~~98~~. Residence

Residence means the place in which a person or family lives or is physically present if the person or family has no present intention of leaving.

1-~~100099~~. —Responsible Relative

Responsible Relative means a Family Member who is responsible to contribute to the cost of health care services received by a Beneficiary.

1-10~~10~~. Restoration

Restoration means restoring CMSP eligibility for a person or family in the same County as that in which they were previously eligible for CMSP, due to an erroneous discontinuance, fair hearing decision, or administrative error. Eligibility is restored to the end of the original certification period.

~~1-1021. Restricted CMSP Benefits~~

~~Restricted CMSP Benefits means program covered services to treat an emergency medical condition. Restricted CMSP Benefits are provided under Aid Code 50 to aliens otherwise eligible but lacking documentation of Satisfactory Immigration Status or citizenship.~~

1-102. Satisfactory Immigration Status

Satisfactory Immigration Status means lawful admission for permanent Residence in the United States, or status as an alien permanently residing in the United States under color of law.

1-103. Share of Cost

Share of Cost means the amount of net income in excess of CMSP maintenance need, which must be paid or obligated, toward the cost of the health care received, before CMSP will pay for covered services.

1-104. Share of Encumbrances

Share of Encumbrances means that portion of the encumbrances attributed to each portion of jointly owned property.

1-105. Spend Down

Spend Down means the process of reducing or converting excess property assets in order to become eligible for CMSP.

1-106. Supplemental Security Income (SSI)/State Supplemental Payment (SSP)

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
 - 3-012.1 Medi-Cal Linkage and Disability
 - 3-012.2 Evaluation of Other Program Linkage
 - 3-012.3 Evaluation for Expanded (MAGI-Based) Medi-Cal and Covered California
 - 3-012.4 Information and Education for Potentially Eligible Persons
 - ~~3-012.5 Interface with CMSP County Wellness and Prevention Pilot Project~~
- 3-013. Persons Who May File an Application for CMSP
- 3-014. CMSP Supplemental Application Form
- 3-015. Application for Retroactive CMSP
- 3-016. CMSP Application for Medi-Cal LTC Aid Code 53, Acute Care
- 3-017. Date of Application
- 3-018. Withdrawal of Application--Request for Discontinuance
- 3-019. Face-To-Face Interview
- 3-020. Persons Who May Complete and Sign the CMSP Supplemental Application
- 3-021. Filing the CMSP Supplemental Application
- 3-022. Obtaining Information for the Completion of the CMSP Supplemental Application
- 3-023. Verifications--Prior to Approval
 - 3-024.1. Verification of Identity
- 3-025. Clarification of CMSP Supplemental Application
- 3-026. Verification by Signature
- 3-027. Eligibility Determination
- 3-028. Denial or Discontinuance Due to Lack of Information, Noncooperation, or Loss of Contact
- 3-029. Reversal of a Denial or Discontinuance Due to Lack of Information, Noncooperation, or Loss of Contact
- 3-030. Discontinuance Due to Death
- 3-031. Promptness Requirements
- 3-032. Notice of Action for CMSP Determinations
- 3-033. Corrective Action on Denied Applications
- 3-034. Applicant and Beneficiary General Responsibilities
- 3-035. Unconditionally Available Income
- 3-036. Social Security Numbers
- 3-037. Case Records and Confidentiality

or electronic method (allowed by Medi-Cal) from the Applicant/Beneficiary or Authorized Representative to cancel the designation.

3-012. Evaluation of Medi-Cal Linkage

The County Department shall evaluate potential Medi-Cal linkage of each applicant prior to and as a part of processing the CMSP Supplemental Application.

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 DDS 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 ~~a~~Applicants shall be evaluated for all Medi-Cal programs, including MAGI-based Medi-Cal ~~beginning January 1, 2014.~~

In addition, all ~~a~~Applicants shall be evaluated for Covered California. For ~~applicants~~ Applicants that are otherwise eligible for Covered California, the following rules shall apply:

~~March 27, 2020~~ October 1, 2023

A. ~~Applications Subject to~~ Covered California's 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.~~

~~12. Beginning February 1, 2015 November 1 through January 31 of each year, Applicants for CMSP that are not otherwise eligible for Medi-Cal shall be informed by the county about Covered California and assisted to apply during Covered California's Open Enrollment period. An application to Covered California is not a condition of CMSP eligibility, 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 AGL to counties each year advising of the open enrollment periods.~~

~~23. When applications are subject to a Covered California open enrollment period, applicants for CMSP that are not otherwise eligible for Medi-Cal shall be encouraged by the county to apply for Covered California and assisted to apply 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.~~
- ~~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's Qualifying Life Events 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.~~

~~12. 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.~~

~~23. Beginning February 1 through October 31 of each year, Applicants for CMSP that are not otherwise eligible for Medi-Cal shall be informed. 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 and are not on Covered California shall be advised by the county that any of the following items listed below are considered "special circumstances a qualifying life event", such as the events listed below, that would allow for an application to Covered California, and the county shall assist the applicant to apply for Covered California on the basis of one or more of these conditions. required to do the following: Covered California's comprehensive list of qualifying life events are posted online at <https://www.coveredca.com>. An application to Covered California is not a condition of CMSP eligibility.~~

~~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:~~

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

~~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.~~

3-012.4 Information and Education for Potentially Eligible Persons

The County Department shall do all of the following:

- A. 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 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.
- B. Provide a copy of the flyer “CMSP ~~Eligibility Rules and Benefit Program~~”s—~~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.

~~3-012.5 Interface with CMSP County Wellness and Prevention Pilot Project~~

~~Beginning January 1, 2017 in all counties that receive CMSP Wellness and Prevention Pilot Project funding, the County Department shall establish a linkage with the lead department or agency for the CMSP Wellness and Prevention Pilot Project that provides a reliable process for referring persons served by the Pilot Project to the County Department and provides an inter-departmental strategy for educating the public about CMSP and the CMSP Primary Care Benefit.~~

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

Any person who wishes to receive CMSP may file a CMSP Supplemental Application. If the Prospective 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 Prospective Applicant:

- A. The Prospective Applicant's spouse, guardian, conservator or executor.
- B. A person who knows of the Prospective 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 Form

A person or family applying for CMSP shall submit a completed CMSP Supplemental Application form.

The Applicant or Prospective Applicant shall be given two opportunities to submit the completed CMSP Supplemental Application form including 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

Effective with Supplemental Applications taken on or after June 1, 2016, retroactive eligibility for a period of one month may be granted for CMSP cases. The beginning date of eligibility will be in accordance with Section 11-010.

Retroactive eligibility may be requested at the following times:

- (1) At the time the Supplemental Application is completed by requesting retroactive eligibility on the Supplemental Application.
- (2) During the Medi-Cal application process.
- (3) At any time during the applicant's term of CMSP enrollment by making a request for retroactive eligibility to the county worker and the request is documented in the case notes for the applicant.

To determine retroactive CMSP eligibility for an applicant, the county shall utilize the same information and process utilized to determine retroactive Medi-Cal eligibility with the MC 210A "Supplement to Statement of Facts for Retroactive Coverage/Restoration" form. In its process, the county may use the MC 210A form to process retroactive CMSP eligibility or collect the information required on that form through telephonic or other communication with the applicant. In no instance shall retroactive CMSP eligibility be granted for more than one month.

Notice to CMSP Applicants Regarding Retroactive Eligibility:

- At the time of application, all CMSP Applicants shall be informed of the ability to request retroactive eligibility for a period of one month.

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 the term of enrollment required for other Aid Codes 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 MC 13 (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.

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. Date of Application

The date of the CMSP Supplemental Application shall be the date of the Medi-Cal or Covered California Application submitted by the Aapplicant.

3-018. 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.

3-019. Face-To-Face Interview

A face-to-face interview with the Applicant 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 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;

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 on behalf of the Applicant shall provide all available information required on the CMSP Supplemental Application, regarding the Applicant's circumstances.
- d) If a County Department representative completes and signs the CMSP Supplemental Application, 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 the Applicant cannot be located before completing the CMSP Supplemental Application, 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 on behalf of the Applicant in accordance with (B)(2)(b), and (B)(2)(d11).
 - (iv) If the Applicant dies before completing the CMSP Supplemental Application, the County Department shall discontinue processing the application. At this point the County Department will pursue Medi-Cal eligibility via the DDSD 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 DDSD 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.

3-021. Filing the CMSP Supplemental Application

The County Department shall:

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

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 eligibility purposes.

A. Applicants for Full Scope CMSP Benefits under Aid Codes 88 and 89, 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 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-Full~~ Scope CMSP Benefits under Aid Code 50.

~~1. Applicants who do not present documentation indicating United States Citizenship or Satisfactory Immigration Status and who receive Restricted Scope Benefits under Aid Code 50 shall have the opportunity to request discontinuance of their CMSP in order to present acceptable documentation and have their CMSP benefits re-evaluated for full scope benefits. If the County determines that citizenship requirements have been met, the change in status will occur the first day of the month following receipt of the verifications.~~

C. The County Department shall provide adequate notice to the individual of any Adverse Action and shall accord to the individual an opportunity for a hearing.

5-015. Verification of Satisfactory Immigration Status

Applicants for Full Scope CMSP Benefits under Aid Code 88 or 89, who have declared themselves to be aliens, must also declare in writing whether, to the best of their knowledge and belief, they have a Satisfactory Immigration Status. Such aliens must complete the MC 13, Statement of Citizenship, Alienage, and Immigration Status. In addition;

A. Such aliens shall present original USCIS issued documents, which indicate their status. At least one of these documents should contain an alien registration or alien admission number.

B. Counties shall forward copies of the USCIS issued documents to USCIS in cases where:

1. The document presented indicates immigration status but does not include an alien registration or alien admission number.
2. The document is suspected to be counterfeit or to have been altered.

3. The document includes an alien registration number in the A60 000 000 (not yet issued) or A80 000 000 (illegal border crossing) series.
 4. The document is an USCIS Form I-181b Notification Letter issued in conjunction with a Memorandum of Creation of Record of Lawful Permanent Residence (USCIS Form I-181), an Arrival-Departure Record (USCIS Form I-94) or a foreign passport stamped "PROCESSED FOR I-551, TEMPORARY EVIDENCE OF LAWFUL PERMANENT RESIDENCE" that USCIS issued more than one year before the date of Application for CMSP.
- C. Full Scope CMSP Benefits received pending completion of a determination of immigration status by USCIS shall be reduced to restricted (emergency services only) CMSP benefits upon receipt of a notice from the USCIS or the Applicant or Beneficiary of a lack of Satisfactory Immigration Status.

5-016. ~~Full Restricted~~ Scope CMSP Benefits Under Aid Code 50 for Certain Aliens

Aliens who possess only a visitor visa are **not** eligible for any CMSP benefits. Certain aliens are entitled to ~~full scope restricted (emergency services only)~~ CMSP benefits under Aid Code 50.

A. To be eligible these aliens must be:

1. A CMSP County resident, as specified in Section 5-018, and either of the following:
2. An alien who lacks INS issued documents establishing Satisfactory Immigration Status.
3. A nonimmigrant alien legally admitted to the United States for a limited period, such as individuals legally admitted under a work permit with a limited duration.

B. Alien Applicants for ~~Restricted Scope~~ CMSP Benefits shall meet all other program requirements except for possessing or having applied for a Social Security Number.

C. 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 this section.

5-017. Written Declaration of Status as a Citizen or National of the United States, or an Alien

All individuals requesting or receiving CMSP benefits shall state in writing, on the MC 13 (or CMSP 210, MC 210, SAWS 2 or other appropriate Medi-Cal form declaring citizenship/immigration status), under penalty of perjury, whether they are citizens or nationals of the United States or aliens. This shall not apply to Applicants for

~~Restricted Scope~~ CMSP Benefits in any category of aliens covered by a restraining order, injunction or other order issued by a court of competent jurisdiction restricting the requirement of a declaration of citizenship, national of the United States, or alien status.

5-018. Residence--General.

An individual applying for, or receiving, CMSP benefits must be a resident of a CMSP County.

A. County Residence shall be established by either of the following:

(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 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

- A. Determine the class of the motor vehicle.
- B. Determine the year the motor vehicle was purchased, (Note: this could be initial purchase of a new vehicle or resale date.)
- C. Divide the vehicle license fee by .0065 NOT .65.
- D. Subtract any encumbrance of record from the market value. This is the net market value.

Whatever method the counties use to determine the market value of a vehicle any encumbrance of record must be subtracted from the market value to establish the net market value, which must be included in the property reserve.

7-048. Boats, Campers, Trailers

Boats, campers and trailers shall be considered as property.

- A. The net market value of boats, campers and trailers, including mobile homes, which are not assessed as Real Property by the County assessor, shall be included in the property reserve unless exempt as:
 - (1) A home; or
 - (2) A vehicle exempted under section 7-047.
- B. Items in (A) which are assessed as Real Property by the County assessor and which are not exempt as a home shall be considered as other Real Property and treated in accordance with Section 7-034.
- C. The market value of these items shall be determined by any of the following:
 - 1. The average of three appraisals by dealers, insurance adjustors, or Personal Property appraisers submitted to the County Department by the Applicant or Beneficiary.
 - 2. The market value placed on the item by the County assessor.
 - 3. The market value of the item determined by use of the DMV License Fee chart, [Kelley Blue Book, Google, or similar on-line tools](#).
 - 4. The [Applicant's self-attested statement of the](#) original purchase price of the item if the Applicant or Beneficiary does not wish or is unable to provide three appraisals, or the value cannot be determined in accordance with (2) or (3).

D. Income in-kind, which is received as unearned income, shall be subject to unearned exemptions and deductions.

8-017. Value of In-Kind Income

A. The value of the income in-kind for the items specified in Section 8-016 shall be the actual cost, the net market value of the item, or the following amounts, whichever is less:

In-Kind Values Chart

CFBU Size	HOUSING Value	UTILITIES Value	FOOD Value	CLOTHING Value
1 Person	\$153	\$33	\$86	\$27
2 Persons	\$206	\$38	\$182	\$49
3 Persons	\$225	\$40	\$232	\$75
4 Persons	\$236	\$41	\$286	\$100
5 Persons	" "	" "	\$346	\$126
6 Persons	" "	" "	\$401	\$149
7 Persons	" "	" "	\$447	\$178
8 Persons	" "	" "	\$490	\$199
9 Persons	" "	" "	\$537	\$227
10 Persons +	" "	" "	\$582	\$249

B. If one of the items listed in 8-015 is shared with persons who are not included in the CFBU and who are not responsible for members of the CFBU, the income in-kind value to the members of the CFBU shall be the lesser of:

- (1) Their share of the net market value or actual cost of the item.
- (2) The value listed in the "In-Kind Values Chart" above.

8-018. Availability of Income

Only income which is actually available to meet the needs of a person or family shall be considered in determining that person's or family's Share of Cost.

A. Income shall be considered available in the month it is received, unless it is:

8-043. Earned Income Tax Credit

The actual Earned Income Tax Credit (EITC) payment received by a CMSP person shall be exempt as income whether received as a tax refund or an advance payment.

8-043.5. CARES Act

- A. Recovery Rebates (also known as economic impact payments or stimulus payments) provided under Section 2201 of the CARES Act shall be exempt as income. Furthermore, these one-time tax rebates of up to \$1200 for each adult and \$500 for each child are exempt as property for 12 months from receipt of the benefit.
- B. Pandemic Unemployment Compensation (PUC), the weekly \$600 amount increase, provided under Section 2104 of the CARES Act shall be exempt as income in the CMSP eligibility determination. Refer to Section 8-014 for other types of unemployment compensation which are counted as income.

8-044. Earnings of a Child Under Age 14

Earnings of a Child under 14 years of age shall be exempt.

8-045. Deductions From Income

The deductions specified in Sections 8-046 through 8-056 and 8-059 shall be deducted from nonexempt income in the sequence presented in these regulations to determine net nonexempt income.

8-046. Educational Expenses

Documented educational expenses for college or similar training courses, which are incurred, by an Applicant or Beneficiary shall be deducted either from any income received for educational purposes, as defined in (B), or any loan received for educational purposes, which is considered as property in accordance with Section 7-058(B). The Applicant shall provide documentation of any income received for educational purposes and the time period (e.g. quarter, semester, year) for which this income was provided.

- A. Such educational expenses shall be apportioned over the period of time they are intended to cover to determine the monthly deduction. Documented expenses incurred by the Applicant or Beneficiary include any of the following items or services necessary for school attendance:
 - 1. Tuition.
 - 2. Books.
 - 3. Fees.

8-059. Health Insurance Premiums

Health insurance premiums, not including any payments for Covered California, shall be deducted from all income if paid by and purchased for any person in the CFBU or MFBU, living in or out of the home, ~~whether or not in the CFBU or MFBU~~. Such a deduction shall be applied if the health insurance premium is paid voluntarily or as part of a Medical Support order.

- A. Health insurance payments paid less often than monthly shall be averaged on a monthly basis.
- B. The premium for Parts A, B and D of Medicare shall be deducted for those months in which the Family Member actually makes the payment.