

A woman with dark hair, wearing a blue button-down shirt and a red apron, is smiling and looking to her left. She is holding a yellow pen over a notepad. The background shows a bakery with shelves of various pastries and breads. A red pendant light hangs above her. The left side of the image has a blue overlay with white text.

# CMSP ELIGIBILITY TRAINING

December 12, 2023 & December 13, 2023

# INTRODUCTIONS

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**Kari Brownstein**  
*Executive Director*

**Alison Kellen**  
*Program Director*

**Guillermo Velazquez**  
*Eligibility Analyst*

**Paradis Pourzanjani**  
*Program Analyst*

## MEETING DETAILS

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A recorded version of this presentation will be made available on CMSP's website for future reference at:

<https://cmspcounties.org/eligibility-information-resources/#tab-id-3-active>

**Copies of today's webinar slides will be e-mailed out after the presentation**

# AGENDA

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1. Key Terms & Abbreviations
2. Program History & Overview
3. Eligibility Criteria
4. Eligibility Manual Changes (ACL 23-04)
5. Continuous Coverage Unwinding (ACL 23-02)
6. Services Offered (Covered Benefits)
7. Case Scenarios
8. Other CMSP Coverage Programs
9. Resources
10. Questions & Answers
11. Wrap-Up

# KEY TERMS & 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
Property	Any real, liquid or personal possessions also referred to as “assets” and/or “resources”
QLE	Qualifying Life Event

# BACKGROUND ON CMSP & GOVERNING BOARD

In 1982 California law eliminated Medi-Cal eligibility for medically indigent adults (MIA)

- MIA population became county responsibility under WIC Section 17000 (county aid to medically indigent)

CMSP 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)
- 35 participating counties (Yolo County joined 7/1/12)

In April 1995 CMSP Governing Board established by California law:

- Charged with overall policy and fiscal responsibility for CMSP
- Ten county officials elected by CMSP counties
- Ex-officio, non-voting State representative (CA HHS Agency Secretary)

Following the Affordable Care Act that went into effect in 2014:

- Significant decrease to CMSP membership
- Path to Health, Connect to Care and Additional Grant Programs Launched

CMSP is administered through contracts with:

- Advanced Medical Management (AMM) for medical and dental benefit administration
- MedImpact Health Systems for pharmacy benefit administration
- California DHCS for CMSP Eligibility / RedMane’s mCase for Path to Health and Connect to Care Eligibility
- Other consultants and contractors provide various services



# CMSP: SERVING 35 COUNTIES IN CALIFORNIA

Alpine	Modoc
Amador	Mono
Butte	Napa
Calaveras	Nevada
Colusa	Plumas
Del Norte	San Benito
El Dorado	Shasta
Glenn	Sierra
Humboldt	Siskiyou
Imperial	Solano
Inyo	Sonoma
Kings	Sutter
Lake	Tehama
Lassen	Trinity
Madera	Tuolumne
Marin	Yolo
Mariposa	Yuba
Mendocino	



# GOVERNING BOARD MEMBERS

**Richard Forster**  
*(Chair)*  
Supervisor  
Amador County

**Jennifer Vasquez**  
*(Vice Chair)*  
Director  
Yuba County Health &  
Human Services

**John Vasquez**  
Supervisor  
Solano County

**Oscar Villegas**  
Supervisor  
Yolo County

**Richard Egan**  
County Administrative  
Officer  
Lassen County

**Elishia Hayes**  
County Administrative  
Officer  
Humboldt County

**Matthew Hymel**  
County Administrator  
Marin County

**Elizabeth Kelly**  
Director  
Colusa County Health &  
Human Services

**Deborah Martinez**  
Director  
Madera County Social  
Services

**Christine Zoppi**  
Director  
Glenn County Health &  
Human Services

**Kimberly Chen**  
California Health &  
Human Services Agency  
*(ex-officio)*



# CMSP BENEFIT PROGRAM SUMMARY

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## CMSP Eligibility

- Resident of a CMSP county
- County Social Services Departments enroll individual into CMSP
- Incomes 139% - 300% FPL
- Not eligible for Medi-Cal or other publicly funded health coverage
  - ✓ With Medi-Cal reinstituting renewals, please keep CMSP top of mind for any former Medi-Cal beneficiaries that no longer qualify for Medi-Cal due to being over income.
- Enrollment terms up to 6 months (1-month retroactive eligibility)

## Benefits

- Full scope benefits for documented and undocumented adults
- No-cost primary care coverage for all CMSP enrollees (regardless of immigration status)
  - ✓ Primary & specialty care office visits, minor procedures, screening labs & vaccinations
  - ✓ Prescription drugs (CMSP drug formulary) with \$5.00 copay

A woman with dark hair, wearing a light blue button-down shirt and a red apron, stands in a bakery. She is smiling and holding a small notepad and a yellow pen. Behind her is a large glass display case filled with various pastries and breads. On top of the display case are several decorative vases with flowers. To the right, there is a red pendant light and a cash register on the counter.

## ELIGIBILITY CRITERIA

# CMSP VS. MEDI-CAL



	CMSP	MAGI MEDI-CAL (19 - 64)
Age Limit	21-64	Up to age 64
Citizenship Requirement	<ul style="list-style-type: none"> <li>▪ Citizens and documented immigrants receive full scope CMSP</li> <li>▪ Undocumented immigrants receive CMSP emergency services &amp; primary care benefits</li> </ul>	<ul style="list-style-type: none"> <li>▪ Citizens, documented immigrants, and undocumented immigrants up to age 26 or 50 years or older receive full scope Medi-Cal</li> <li>▪ Undocumented immigrants over age 26 - 49 receive restricted scope Medi-Cal</li> </ul>
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 CMSP ELIGIBILITY IS DETERMINED

- CalSAWS
  - ✓ If counties are experiencing any CMSP-related issues within CalSAWS, please file a ticket with CalSAWS. Please email [eligibility@cmspcounties.org](mailto:eligibility@cmspcounties.org) to advise of any major issues.
  - ✓ Removal of Medi-Cal asset test time only applies to Medi-Cal. Review CMSP's asset limits.

CMSP ELIGIBILITY SUMMARY																							
	medically indigent adult who meets all CMSP eligibility criteria. Medi-Cal or other publicly funded health coverage.																						
	21 through 64 years of age.																						
Residence	California residence. Residence in a CMSP county. <b>Full Benefits:</b> A citizen of the United States or an alien who is: permanent residence; permanently residing in the United States under color of law. <b>Emergency Services Only:</b> Person whose immigration status has not been determined.																						
Asset Limits for incomes over 100% FPL	<table><tr><th>Number of Persons Whose Property is Considered</th><th>Property Limit</th></tr><tr><td>1 person .....</td><td>\$20,000</td></tr><tr><td>2 persons .....</td><td>30,000</td></tr><tr><td>3 persons .....</td><td>31,500</td></tr><tr><td>4 persons .....</td><td>33,000</td></tr><tr><td>5 persons .....</td><td>34,500</td></tr><tr><td>6 persons .....</td><td>36,000</td></tr><tr><td>7 persons .....</td><td>37,500</td></tr><tr><td>8 persons .....</td><td>39,000</td></tr><tr><td>9 persons .....</td><td>40,500</td></tr><tr><td>10 or more persons .....</td><td>42,000</td></tr></table> <p>Spend-down of excess property permitted. No personal property limits incomes up to 138% FPL.</p> <p>One vehicle exempt—no maximum value.</p> <p>Principal residence, including any appertaining buildings and land on which the applicant/beneficiary lives there.</p> <p>Real property with a net market value of \$50,000 or less is exempt if the following conditions are met.</p>	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
Number of Persons Whose Property is Considered	Property Limit																						
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10 or more persons .....	42,000																						

Today's training will not cover CalSAWS or MEDS transactions.

# TIMEFRAMES

- All individuals **must** apply for Medi-Cal.
- 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.
- Maintain CMSP by reducing your property reserve to within the CMSP property limit by the last day of any month, including the month of application.
- Provide a written explanation of possible ways that you may spend your excess property as long as you receive adequate consideration for the property.
- Consult a county 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 request a hearing, you must request one within 30 days of the date the Notice of Action was mailed to you.
- If you do not request a hearing within 30 days of the date that you became aware of the action, you will be deemed to have accepted the action.
- If you request a hearing, you must appear at the hearing.

# DISABILITY DETERMINATION SERVICES 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

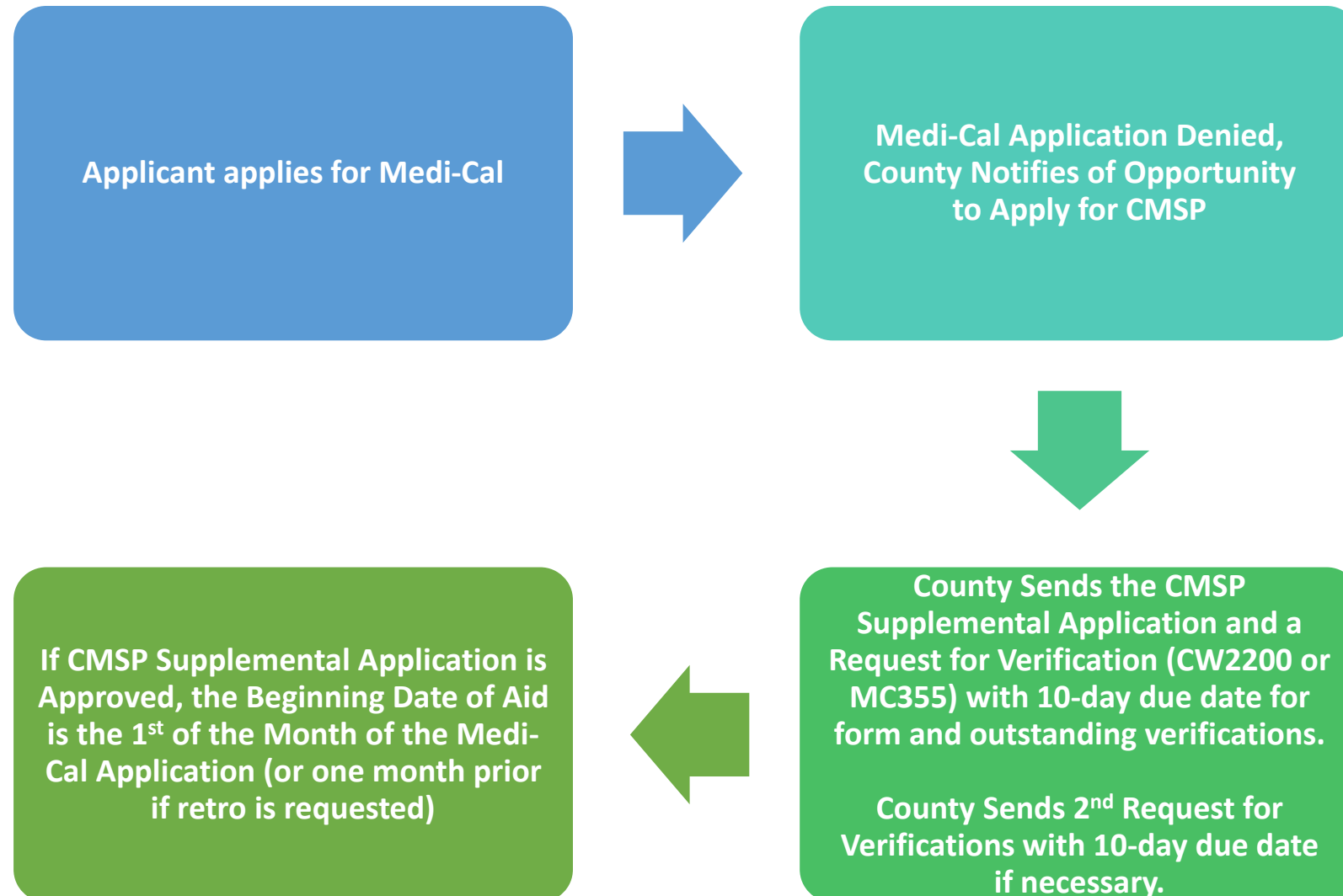
CWDs may grant PD when client meets any of the following conditions. SP- are not limited to the categories shown below:

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 other long-standing condition—excluding recent accident and recent surgery
6	Allegation of a stroke (cerebral vascular accident) more than three months ago and difficulty in walking or using a hand or arm
7	Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy, or difficulty in walking, or coordination of the hands or arms

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

# CMSP APPLICATION FLOWCHART

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# APPLICANTS MUST PROVIDE VERIFICATION OF:

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## 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

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- 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 *(continued)*

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- 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

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- 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 (e.g., \$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 through the “Spend Down” of excess property, when the property reserve exceeds the property limit (CMSP Eligibility Manual 7-030).
- CMSP’s asset limits are different than Medi-Cal.
  - ✓ Beginning July 1, 2022, a new law in California increased the asset limit for Non-MAGI Medi-Cal programs.
  - ✓ CMSP’s asset limits remain as \$20,000 (individual) and \$30,000 (couple).

# TRUSTS

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- 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.
    - For example, the net market value of the trust is \$5,500. If the trust can generate at least \$330/year in income (6% of \$5,500), the property will be exempt.

# SHARE OF COST CALCULATION

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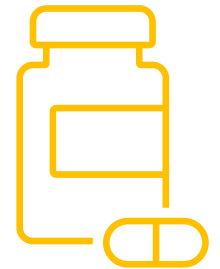
- Determine the net non-exempt income and round to the nearest dollar
  - ✓ Amounts ending in 50 cents or more will be rounded up to the next higher dollar
- Determine the appropriate maintenance need (\$600 for regular applicants, \$35 for Long-Term Care applicants)
- Subtract the maintenance need from 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 CalSAWS*

## SHARE OF COST *(continued)*

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- 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, preventative health services and \$5 prescription medications are available without SOC to CMSP members





# TELEPHONIC APPLICATIONS

- CMSP encourages telephonic applications.
- 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

- 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.

# 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
- 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 Advanced Medical Management (AMM)

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/>



## Member Change Request Form CMSP Fax to 858-578-2135

**\*=Mandatory Fields.**

TYPE OF CHANGE (Please check)		<input type="checkbox"/> Add			
CARRIER HQ: CMSP1/CMSP2					
Requester:		Phone: (   ) -   -   -	Fax: (   ) -   -   -		
Email:	Title:	Date:   /   /			
<b>MEMBER INFORMATION</b>					
*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:   /   /

CMSP 202 (05/14)

# 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			
<b>CMSP County Instructions:</b> 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.			
<b>Member Information:</b>			
Name:		DOB:	
CIN:	COUNTY USE ONLY: Case Number:	County:	
<b>Eligible Months:</b>		<b>Reason for eligibility granted past 1 year:</b>  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.  <b>Documentation:</b> Depending on the case, one of the following supporting documents <b>must</b> 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  <b>County comments:</b>	
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 affected past 2 years			
<b>County Representative:</b>			
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 211 (6/07)			

# CMSP AID CODES

**89:** CMSP Full-Scope Services, with SOC

**50:** CMSP Full-Scope Services  
(undocumented), with and without 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)

«Aid Codes Master Chart (continued)»

Code	Benefits	SOC	Program/Description
8F	CMSP acute inpatient services only	Y/N	CMSP Companion Aid Code. Used in conjunction with Medi-Cal aid code 53. Aid Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B. For more information about LTC services, refer to the <i>County Medical Services Program (CMSP)</i> section in this manual.
53	Restricted to LTC and related services	Yes	MI – LTC services. Covers eligible persons age 21 through 65 years old who are residing in a Nursing Facility Level A or B with or without SOC. For more information about LTC services, refer to the County Medical Services Program (CMSP) section in this manual. <b>Note:</b> <i>LTC services refers to both those services included in the per diem base rate of the LTC provider, and those medically necessary services required as part of the patient's day-to-day plan of care in the LTC facility (for example, pharmacy, support surfaces and therapies).</i>

\* Prior to July 1, 2023, aid code 50 only covered restricted scope services



# 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. Mail completed questionnaires to CMSP.
- Use the appropriate Other Health Coverage (OHC) code in the SAWS system. Refer to MEDS Quick Reference guide.

## OHC

1109

Pay and Chase OHC / Post Payment Recovery  
**A** Any carrier (includes multiple coverage)

### Cost Avoidance OHC

**C** Champus Prime HMO  
**D** Medicare Part D  
**F** Medicare RISK HMO  
**G** Medical Parole  
**I** Institutionalization (Public Institution coverage)  
**K** Kaiser  
**L** Dental only policies

SEND COMPLETED FORM TO: County Medical Services Program, Attn. TPL Unit, 1545 River Park Drive, Suite 435, Sacramento, CA 95815

## 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:	
<b>Section I: Please list the name of the person covered by other health insurance</b>			
Name (first, middle, last)	Date of Birth	Social Security Number	Sex
<b>Section II: Health Insurance Information (Insurance 1)</b>		<b>Health Insurance Information (Insurance 2)</b>	
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		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: _____		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

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- 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.

A portrait of a middle-aged man with a full, grey beard and mustache. He is wearing a dark-colored baseball cap with sunglasses perched on top. He is looking slightly off-camera to the right. The background is a blurred landscape with green hills and mountains under a cloudy sky. A semi-transparent blue rectangular box is positioned on the left side of the image, containing white text.

# ELIGIBILITY MANUAL UPDATES

# CMSP ACL 23-04



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.

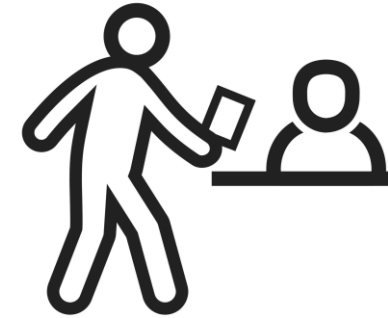
Please find enclosed an updated version of the CMSP Benefit Program flyer. As stated in Section 3-0124 of the CMSP Eligibility Manual, counties are to provide a copy of the flyer in the Medi-Cal/Covered California application package and/or Medi-Cal informing packet sent to applicants. The flyer contains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

# NEW PROSPECTIVE APPLICANT DEFINITION

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- “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.
- Prospective Applicants do not have hearing rights.

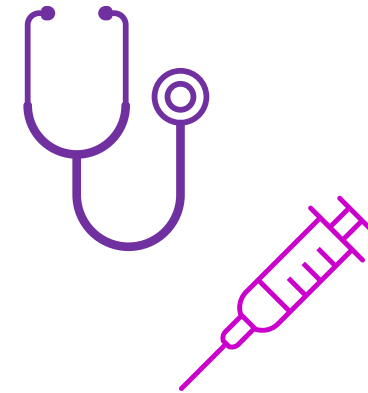
★ *CMSP Eligibility Manual 1-090*



# REMOVAL OF RESTRICTED CMSP BENEFITS

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- 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.






# UPDATED FLYER

- 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 Benefit Program in the Medi-Cal/Covered California application package and/or Medi-Cal informing packet sent to applicants.

★ CMSP Eligibility Manual 3-012.4

**CMSP** COUNTY MEDICAL SERVICES PROGRAM

### 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://www.sccdc.org>

### 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**  
Oiertas 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/>

07/2023

# CMSP & COVERED CALIFORNIA

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- An application to Covered California is no longer a condition of CMSP eligibility.
- Beginning 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 the open enrollment period.
- Beginning February 1 through October 31 of each year, Applicants for CMSP that are not otherwise eligible for Medi-Cal shall be informed by the county that QLEs would allow for an application to Covered California, and the county shall assist the applicant to apply on the basis of one or more of these conditions. List of QLEs are posted online at <https://www.coveredca.com>.

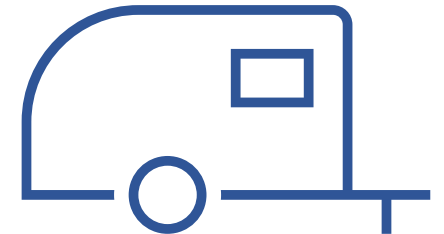
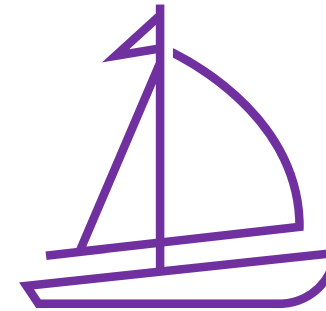


# ADDITIONAL VALUATION METHODS

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- Additional methods to value boats, campers and trailers.
  - ✓ Real Property can be determined by Kelley Blue Book, Google, or similar online tools. In addition, the Applicant's can submit a self-attested statement if Applicant does not wish or is unable to provide three appraisals, or the value cannot be determined.

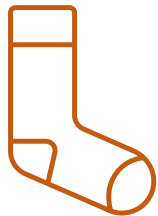
★ *CMSP Eligibility Manual 7-048*



# UPDATED IN-KIND RESOURCES CHART

- All items of clothing are exempt, so CMSP removed the in-kind clothing category

★ *CMSP Eligibility Manual 8-017*



In-Kind Values Chart

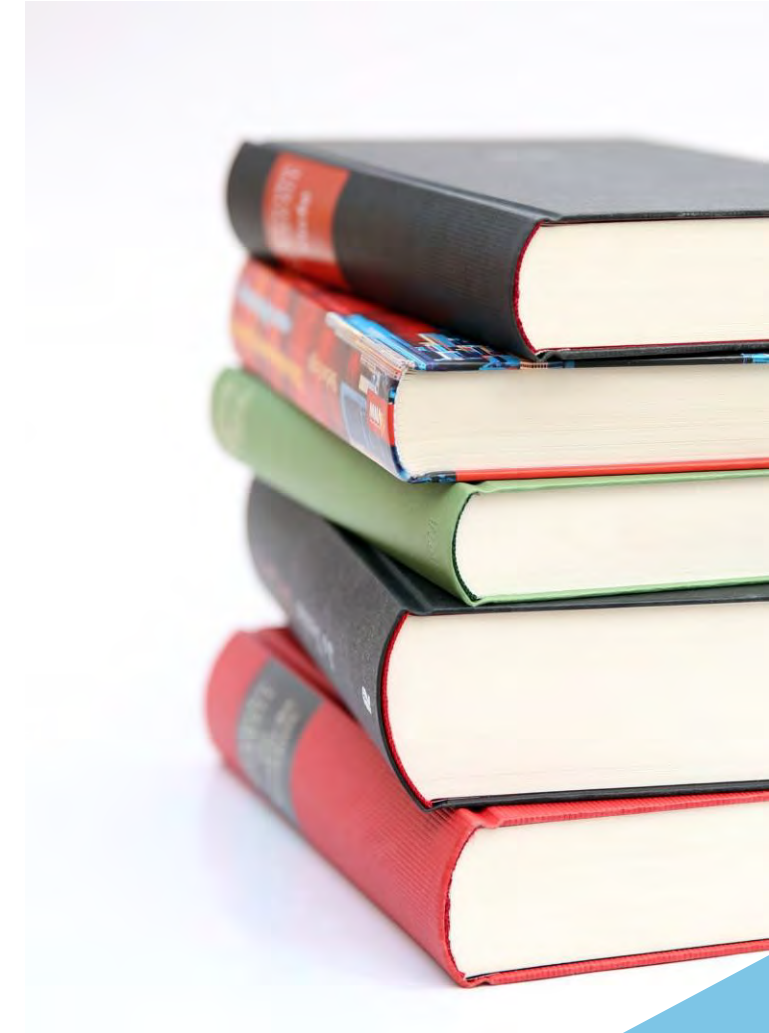
CFBU Size	HOUSING Value	UTILITIES Value	FOOD Value
1 Person	\$153	\$33	\$86
2 Persons	\$206	\$38	\$182
3 Persons	\$225	\$40	\$232
4 Persons	\$236	\$41	\$286
5 Persons	" "	" "	\$346
6 Persons	" "	" "	\$401
7 Persons	" "	" "	\$447
8 Persons	" "	" "	\$490
9 Persons	" "	" "	\$537
10 Persons +	" "	" "	\$582

# DOCUMENTATION OF EDUCATIONAL INCOME

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- Applicant shall provide documentation of any income received for educational purposes and the time period (e.g., quarter, semester, year) for which the income was provided.

★ *CMSP Eligibility Manual 8-046*





# MEDICARE PREMIUM DEDUCTIONS

- 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.

★ *CMSP Eligibility Manual 8-059*

## Part A (hospital insurance)

Part A helps pay for inpatient care at:

- Hospitals
- Skilled nursing facilities
- Hospice

It also covers some outpatient home health care.


Part A is free if you worked and paid Medicare taxes for at least 10 years. You may also be eligible because of your current or former spouse's work.

## Part D (prescription drug coverage)

Part D helps cover prescription drug costs.

You must sign up for Part A or Part B before enrolling in Part D.



A woman with long, dark, curly hair is smiling and looking towards the camera. She is wearing a blue and white floral patterned top and a necklace with small white beads. She is standing in front of a large glass window or door, which appears to be part of a greenhouse or conservatory. To her left, there are several potted plants on a shelf. The background shows a blurred view of greenery outside.

# CONTINUOUS COVERAGE UNWINDING



# CMSP ACL 23-02

- CMSP All County Letter 23-02 provided sample beneficiary letters and updated certification end dates for ongoing CMSP cases.
- CalSAWS implemented additional coding changes in late November 2023 to correct cases that were not properly discontinued.
- You can view current and historical ACL's at <https://cmspcounties.org/all-county-letters/>



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:

A man with dark hair and a goatee, wearing a white short-sleeved chef's uniform, is sitting in a black barber chair. He has his hands clasped in front of him and is looking directly at the camera. The background is a barbershop with various items on the walls, including a poster with portraits and a sign that says "COVERED BENEFITS". There is a white sink and a black rotary phone in the background.

## 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

 			
Member Name: John Smith Member ID: 12345678A		Hospitals: Hospitals must notify AMM within twenty-four (24) hours of admission by calling (877) 589-6807	
Customer Service: (877) 589-6807 TTY Line: (562) 429-8162 Pharmacy: (800) 788-2948	After Hours/Weekends: (562) 310-3143 Website: <a href="http://www.amm.com">http://www.amm.com</a>	Nonparticipating hospitals and providers: Non-participating providers in CA or designated border state areas may be considered for payment only for emergency care. They must notify AMM within 24 hours of providing service by calling (877) 589-6807.	Out-of-State Hospitals and Providers: This member has no benefits from non-AMM/CMSP providers except for emergency care in CA and within a 50 mile radius of the CA border in AZ, NV, and OR.
Primary care or specialist visit, adult preventative health screenings, selected lab & diagnostic tests performed by contracted providers with no share of cost or copay. \$6/Rx and \$1,600/Rx maximum may apply.  Please refer to the CMSP Member Guide for additional benefit information and list of covered services with no share of cost or copay.		By using this card, you acknowledge that AMM is the health care benefits administrator for CMSP. This card is for identification purposes only and is not proof of coverage and is not a guarantee.  * Prescription drug services through MedImpact (PCN Group No. 80148); not an AMM product.	
			
<b>Member Guide for Aid Codes 50 and 89 County Medical Services Program (CMSP)</b>			
<p>Welcome to the County Medical Services Program (CMSP). This Member Guide provides important information about your CMSP benefit coverage and how to obtain covered health care services. Please review this Member Guide to learn about your benefit coverage and how to contact Advanced Medical Management (AMM), the administrator for CMSP medical and dental benefits, if you have questions. This Member Guide also provides information on how to get prescription medications that are covered under your CMSP benefits and how to contact MedImpact Healthcare Systems, Inc. (MedImpact), the pharmacy benefit administrator for CMSP. AMM does not administer CMSP pharmacy benefits.</p> <p>As an eligible Member of the County Medical Services Program (CMSP), you will receive (1) CMSP Identification (ID) Card from AMM and one (1) State of California Benefits Identification Card (BIC), a total of two (2) ID cards:</p> <ol style="list-style-type: none"> <li><b>CMSP ID Card:</b> The CMSP ID Card is for your CMSP Benefit coverage. Under the CMSP Benefit you may have a monthly Share of Cost (SOC) that must be paid or obligated before certain CMSP benefits are provided (see the Appendix of this Guide). Your CMSP ID Card is enclosed with this Member Guide.</li> <li><b>State of California Benefits Identification Card (BIC):</b> This card contains your overall CMSP eligibility, including any SOC you have for the CMSP Benefit. You will receive this card separately from the State of California.</li> </ol>			



# PREVENTATIVE 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
- CMSP's contracted provider network includes specialty care, durable medical equipment, physical therapy and other providers

Spend Down Amount Obligation: <b>\$384.00</b>	Remaining Spend Down Amount: <b>\$384.00</b>
Trace Number (Eligibility Verification Confirmation (EVC) Number):	
Eligibility Message: <b>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.</b>	

## Covered Services without a SOC (if applicable)

Adult Immunizations	Primary Care & Specialist Office Visits
Colorectal Cancer Screening	Routine Screening & Laboratory Testing
EKG, Osteoporosis, & DEXA Scan	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 & Lower Extremities
Physical Therapy	Specified X-rays of Head, Neck, Chest, Trunk, Upper & Lower Extremities
Prescription Medications with a \$5 Copay per Prescription (\$1500 maximum benefit limit)	Tobacco Use Counseling & Intervention (performed by a physician)
Preventative Health Screenings	Various In-Office Minor Medical Procedures

# COVERED BENEFITS THAT MAY REQUIRE 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 (if applicable)

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

# CMSP BENEFIT EXPANSION

- Effective July 1, 2023, the CMSP benefit program offers additional dental, vision, and audiology services to align with full-scope Medi-Cal. Services below may require prior authorization. A complete list of covered codes and limitations for each of these services will be available at <https://cmsp.amm.cc> in the coming weeks.



## Dental Services

- ✓ Diagnostic & preventative dental hygiene (e.g., exams, x-rays, teeth cleanings)
- ✓ Emergency services for pain control
- ✓ Tooth extractions
- ✓ Fillings
- ✓ Root canal treatments (anterior/posterior)
- ✓ Crowns (prefabricated/laboratory)
- ✓ Scaling & root planning
- ✓ Periodontal maintenance
- ✓ Complete & partial dentures



## Vision Services

- ✓ Routine eye exam & glasses every 24 months
- ✓ Contact lens testing (if use of glasses are not possible due to eye disease or condition)
- ✓ Low vision testing for those with vision impairment that is not correctable by standard glasses, contact lenses, medicine or surgery that interferes with the person's ability to perform everyday activities (i.e., age related macular degeneration)
- ✓ Artificial eye services & materials for individuals that have lost an eye or eyes to disease or injury
- ✓ Covered Providers: Optometrists, Ophthalmologists, Opticians, & Ocularists



## Audiology Services

- ✓ Hearing Aid Evaluations & Hearing Aids
- ✓ Audiometry
- ✓ Evoked response testing
- ✓ Electronystagmography
- ✓ Tympanometry
- ✓ Cochlear implantation (including certain supplies and repairs)
- ✓ Speech therapy & speech generating devices

# CMSP BENEFIT EXPANSION

- Dental Services must be rendered by a CMSP contracted provider in order to be eligible for payment.
  - **Acceptable Dental Provider Types:**
    - ✓ Dentist (DDS)
    - ✓ Dental Hygienist
- Covered vision and audiology services rendered by non-contracted providers are eligible for payment at the contracted provider rate as long as the non-contracted provider meets the criteria specified in CMSP's Rate Policy. CMSP's Rate Policy is available to view at <https://cmspcounties.org/billing-claims-payment/>.
  - **Acceptable Vision Provider Types:**
    - ✓ Optometrists
    - ✓ Ophthalmologists
    - ✓ Opticians
    - ✓ Ocularists
  - **Acceptable Audiology Provider Types:**
    - ✓ Doctor of Audiometry (AuD)
- Members with a share of cost (SOC) must meet their SOC for the month in order for these services to be eligible for coverage by CMSP.

# 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).

Services that are Not Covered

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



# CASE SCENARIOS



## CASE SCENARIO #1

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- Carlos is 56 years old and lives with his wife, Maria, in San Benito County. His children have moved out of the house.
- Maria receives her health coverage through her employer.
- Carlos is self-employed.
- The household income is \$58,500 per year and the couple has \$25,000 in assets.
- Carlos was denied for Medi-Cal due to income and does not qualify for Covered California due to his immigration status.



# CASE SCENARIO #1 - ANSWERS

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## 1. What's next?

County should inform Carlos about the ability to apply for CMSP & send Carlos a CMSP Supplemental Application plus a Request for Verifications for items not already submitted with the Medi-Cal application.



## 2. If approved for CMSP, would Carlos only receive coverage for emergency services?

No, starting July 2023, all enrolled CMSP members are eligible to received covered preventative and emergency services.

## 3. What CMSP covered services could Carlos receive without meeting his monthly Share of Cost?

In-network primary care and specialist office visits, immunizations, preventive health screenings, and selected medications are covered for documented and undocumented members without being subject to SOC.



## CASE SCENARIO #2

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- Sarah is 61 years old and lives alone in Mono County.
- Sarah was previously enrolled in MAGI Medi-Cal but upon renewal was denied for being over income.
- Sarah works two part-time jobs.
- The household income is \$39,250 per year and Sarah has \$9,000 in assets.
- Even with the premium assistance, Sarah does not want to enroll in Covered California.



## CASE SCENARIO #2 - ANSWERS



### **1. If approved for CMSP, can Sarah only see providers in Mono County?**

No, Sarah can see providers across the CMSP network. Sarah also has coverage for emergency services within California and the border-state areas.

### **2. Doesn't Sarah have to apply for Covered California before her CMSP case can be approved?**

No, starting October 2023, the county must inform Sarah about Covered California and offer assistance to apply, if the client requests.

### **3. What CMSP covered services could Sarah receive without meeting her monthly Share of Cost?**

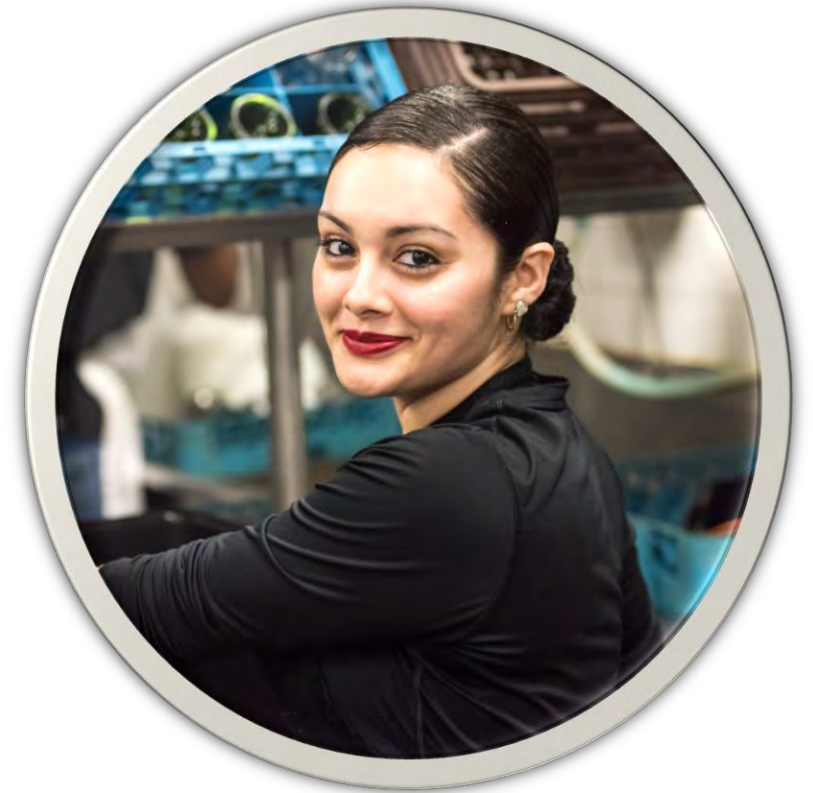
The same set of services as in the previous example. In-network primary care and specialist office visits, immunizations, preventive health screenings, and selected medications are covered for documented and undocumented members without being subject to SOC.



## CASE SCENARIO #3

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- Claudia is 25 years old, divorced resident of Napa County.
- Claudia works in a restaurant.
- The household income is \$32,000 per year and Claudia has \$19,000 in assets.
- Claudia was denied for Medi-Cal due to income and does not qualify for Covered California due to her immigration status.
- Claudia discloses she has Type I Diabetes and is rationing her remaining insulin.



## CASE SCENARIO #3 - ANSWERS

### 1. What can the county do to address Claudia's immediate need for pharmacy services?

After the county has reviewed and approved Claudia's CMSP application, please complete and FAX the CMSP 202 form (MedImpact Pharmacy Immediate Need) to MedImpact so CMSP eligibility can be loaded same day.

### 2. How can Claudia find out which providers accept CMSP?

The CMSP Contracted Provider Roster is updated monthly and can be downloaded at <https://cmsp.amm.cc/ProviderSearch>. Pharmacies participating in the CMSP network are updated quarterly and can be downloaded at <https://cmspcounties.org/find-care/>.

### 3. How much will Claudia's insulin cost?

Insulin is covered under CMSP's preventative care benefit with a \$5 copay if her SOC is not met. CMSP will cover up to a maximum limit of \$1500 for per enrollment term when SOC is not met.



A close-up portrait of a smiling man with a short haircut, wearing a dark blue polo shirt with white horizontal stripes and a gold chain necklace. In the background, two other people are visible but out of focus. A dark blue rectangular box is overlaid on the left side of the image, containing white text.

## OTHER CMSP PROGRAMS

# PATH TO HEALTH

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- PTH is a pilot program that began in February 2019 and provides services for undocumented adults between the ages of 26-49, living in a CMSP county, and have an FPL below 138%.
- Clinics use RedMane's mCase enrollment platform to enroll members.
- Enrollment & care is provided at **28** community health center systems with **125** locations in **22** counties

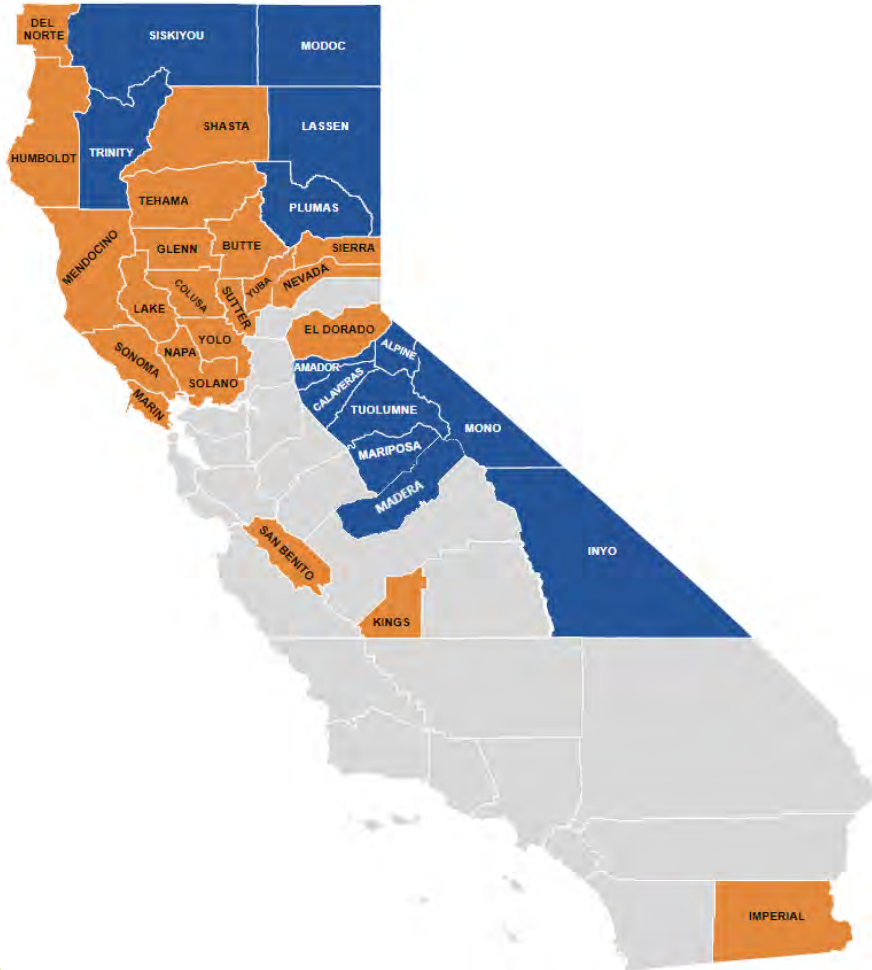
**Path to Health will be ending on December 31, 2023.**

**Restricted Scope Medi-Cal members will be transitioned to Full-Scope Medi-Cal beginning January 1, 2024.**







# CONNECT TO CARE



- Primary Care for both documented & undocumented adults (age 21 to 64) that reside in a CMSP county, have incomes between 138% and 300% FPL and have no existing health coverage.
- Clinics use RedMane's mCase enrollment platform.
- Pilot began in December 2020. Enrollment & care is provided at **28** community health center systems with **125** locations in **22** counties (shown in orange).
- Current enrollment is approximately **1,000** members.



# COMPARISON OF CMSP'S PROGRAMS

Programs for Residents of CMSP Counties		
<b>Age Limit</b>	21 – 64	21 - 64
<b>2023 Monthly Income (For Household of 2)</b>	\$4,930 or less 300% FPL or less	\$2,268 - \$4,930 138% - 300% FPL
<b>Citizenship Requirement</b>	No*	No
<b>How to Enroll</b>	County Social Services Department	Participating Health Centers
<b>Coverage for No-Cost Primary Health Care</b>	Yes, with certain limits	Yes, with certain limits
<b>Coverage for Basic Prescription Medications</b>	Yes, with \$5 copay & certain limits	Yes, with \$5 copay & certain limits
<b>Coverage for Dental, Emergency Room, Urgent Care, &amp; Inpatient Hospital Services</b>	Yes, with SOC & certain limits	No, application needed for CMSP

\*Effective July 1, 2023

# COMING IN 2024: CMSP BENEFIT APPLICATIONS IN MCASE

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- CMSP is working to incorporate the ability to submit applications for the CMSP benefit program through RedMane's mCase system, in addition to the current process through county social services.
- Application Assistors at participating clinics can expect to start submitting CMSP benefit applications through RedMane's mCase system in 2024.
- Training and an updated manual will be provided in 2024.

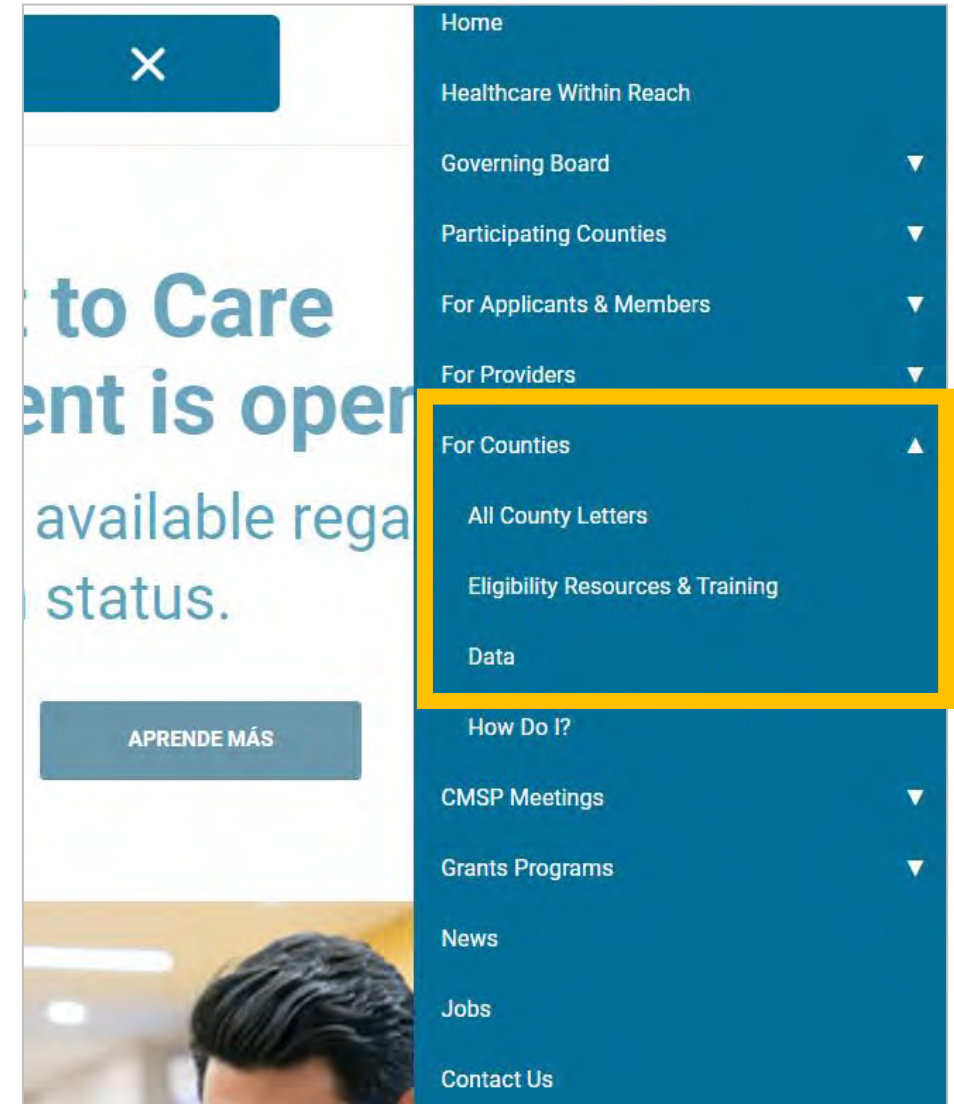


A photograph of a woman with long dark hair, wearing a blue t-shirt, smiling warmly while hugging two young children. The child on the right is a boy with dark hair wearing a blue and white patterned tank top. The child on the left is a girl with dark hair wearing a white shirt with a red floral pattern. They are outdoors on a gravel path with trees and a green trash can in the background. A semi-transparent blue banner is overlaid on the left side of the image.

## RESOURCES

# ELIGIBILITY MANUAL, FORMS, & ACL'S

- 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

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- 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 [eligibility@cmspcounties.org](mailto:eligibility@cmspcounties.org)





# CMSP ELIGIBILITY EXPENDITURE REPORT

- 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

COUNTY MEDICAL SERVICES PROGRAM Eligibility Expenditure Report	
<b>CMSP Certification Instructions:</b> This report is to be completed and sent to the CMSP Governing Board each quarter when the county submits its administrative claim in the County Expense Claims Reporting Information System (CECRIS) to the California Department of Social Services. This report will be used to determine future expenditure allocations as well as reallocations of unexpended funds. Information for Program Code 0217 on the DFA 327.4 (Staff Development Costs) and DFA 327.5 (Welfare Program Costs) should match the amount claimed on this report. <b>This report is due each quarter 15 days following submission of the administrative claim in CECRIS</b> and may be faxed to CMSP Governing Board, Attention Data Section at (916) 649-2606, emailed to <a href="mailto:accounting@cmspcounties.org">accounting@cmspcounties.org</a> or mailed to:  CMSP Governing Board Attention: Data Section 1545 River Park Drive, Suite 435 Sacramento, CA 95815	
Please fill out the following information	
Fiscal Year:	
Quarter:	
County:	
Prior To Audit:	
Total Cost:	
Date:	
Original Quarter:	
Amount Claimed:	
Staff Development:	
Welfare Program:	
<b>Signature</b> I certify under penalty of perjury that the amounts shown above are correct and accurately reflect the information which has been submitted to the California Department of Social Services on regular and supplemental (adjustment) administrative claims in the County Expense Claims Reporting Information System.	
Approver's Name:	Title:
Approver's Signature:	Email:
Date:	Phone:

# CMSP INDIVIDUAL MOVEMENT & ACTIVITY REPORT (CMSP 237)

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

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

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

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).....									
a. Applications pending from last month .....									
b. Adjustments to item 1a (Positive or negative) (Explain in comments) .....									
2. New applications .....									
3. Reapplications (3a + 3b + 3c) .....									
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) .....									
5. Total applications disposed during the month (5a + 5b + 5c).....									
a. Approvals .....									
b. Denials .....									
c. Withdrawals .....									
6. Pending applications carried forward to next month .....									
7. Annual redetermination of eligibility for SF-only clients .....									
8. Total disposed and redetermination activity (5 + 7) .....									

**Continuing Activity**

9. Continuing individuals on hand at beginning of month .....									
10. Individuals added during month (10a + 10b) .....									
a. Individuals added from intake (5a) .....									
b. Other approvals .....									
11. Total continuing individuals during month (9 + 10) .....									
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) .....									

**Comments:**

County person to contact regarding this report: \_\_\_\_\_ Telephone number: \_\_\_\_\_ Date prepared: \_\_\_\_\_

CMSP 237 (12/16) [Print Form](#) [Reset Form](#)

# CARE IN REACH WEBSITE

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

- ✓ Connect to Care
- ✓ CMSP Benefit

English:

<http://careinreach.com/>

Spanish:

<http://saludalalcance.com/>

**CMSP**

**Find healthcare within reach.**  
Connect with a community health partner and find a program that works for you.

**HEALTHCARE WITHIN REACH**

- To Qualify
- Path to Health
- Connect to Care
- CMSP Benefit

**ABOUT OUR SERVICES**

Versión en Español

The County Medical Services Program provides health coverage options to low-income adults that may not be eligible for other public programs. Our services are available to residents of 35 participating California counties.

**COVERED COUNTIES\***

If you do not live in one of these counties, please contact your county social services department to learn about programs offered in your county.

**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.

**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:

- Acute inpatient hospital care
- Ambulance services
- Primary care, specialist office visits and minor procedures
- Preventative health screenings
- Routine lab tests and adult immunizations
- Specified exams and physical therapy
- Psychiatry services (provided by a licensed, in-network psychiatrist)
- Limited dental services
- Durable medical equipment (DME), prosthetic and orthotic appliances, hearing aids
- Physical therapy and home health services
- Prescription medications with a \$5 copay per prescription (\$1,500 maximum benefit limit)

The CMSP benefit makes accessing these health care benefits easier and more affordable. Most benefits are available at no or low cost to members.

**ENROLLMENT & PROVIDERS**

Learn more about enrollment in the CMSP Benefit and find a participating provider [here](#).

\*If you do not live in one of these counties, please contact your county social services department to learn about programs offered in your county.

**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 198-300% 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 a physician)
- Prescription medications with a \$5 copay per prescription (\$1,500 maximum benefit limit)

Connect to Care makes accessing these health care benefits easier and more affordable. Most benefits are available at no or low cost to members.

**ENROLLMENT & PROVIDERS**

Learn more about enrollment in Connect to Care [here](#).

Apply for Connect to Care at a participating community health center. Find a participating provider [here](#).

Connect to Care	CMSP
21-64	21-64
Monthly income: \$2,107 - \$4,351 (198-300% FPL)	Monthly income: \$4,351 or less (300% FPL or less)
Cannot be enrolled in Medi-Cal or private insurance	Can enroll in other insurance options
Available regardless of immigration status	Coverage limitations apply depending on citizenship
<a href="#">To Apply</a>	<a href="#">To Apply</a>

[here](#), For a two-person household, 100% FPL income for a month for a two-person household, 300% FPL month. FPL income requirements are lower for single individuals.

# MARKETING: CARTELES

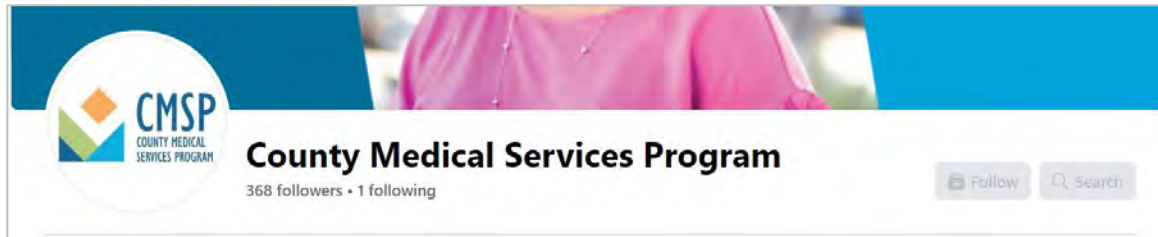
- Outdoor posters at convenience and grocery stores





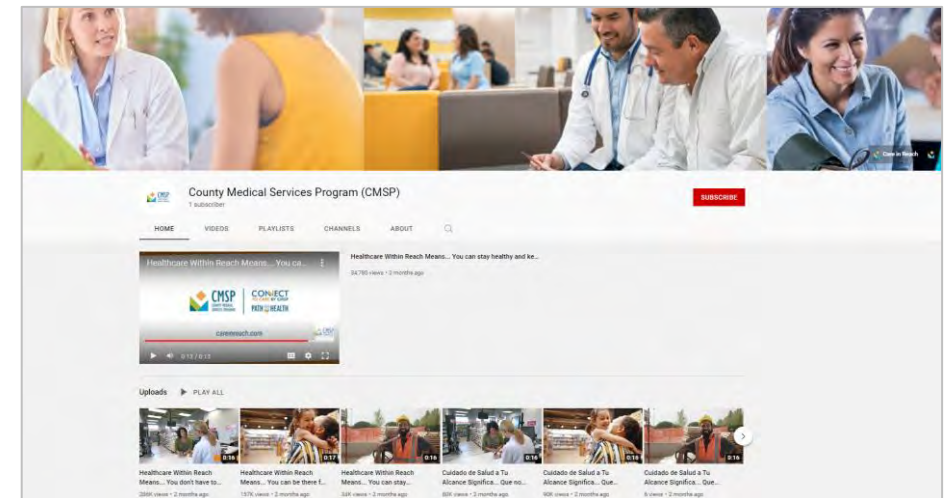
# MARKETING: SOCIAL MEDIA

## Official CMSP Facebook Page



<https://www.facebook.com/cmspcounties>

## Official CMSP YouTube Channel



<https://www.youtube.com/channel/UCpdrDAmbEG9qab8yUY6Bzqw>



# MARKETING MATERIALS AVAILABLE ONLINE

## Available for Download via Drop Box:

- ✓ **Collateral**
  - Bilingual (Spanish/English) Rack Cards
- ✓ **Posters/Carteles**
  - Bilingual (Spanish/English)
  - Multiple File Sizes Available for Print or Email
- ✓ **Video Ads**
  - English & Spanish
- ✓ **Radio Ads**
  - English & Spanish
- ✓ **Social Media Assets**
  - English & Spanish

### 1. Drop Box Link:

<https://www.dropbox.com/sh/d8oe1c6qqazv1ub/AAA6mJyTj-gEeCBx9uLXI-uVa?dl=0&lst=>







- ✓ **Note:** this link can also be found on <https://myconnecttocare.org/resources/> under “Resources for Providers”

#### MARKETING MATERIALS



Marketing Materials Available for Download — [Drop Box Link](#)

### 2. Drop Box Page with File Folders

	Collateral
	Digital banner ads
	OOH   Carteles
	Radio
	Social assets (paid and organic)
	Video

### 3. Download or Print!



# IMPORTANT WEBSITES

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

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



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

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



# KEY CONTACTS

## For Eligibility & User Access Issues/Questions:

[eligibility@cmspcounties.org](mailto:eligibility@cmspcounties.org)

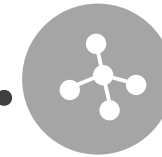
**REMINDER:** Please send application questions containing PHI via SECURE e-mail.

## For Questions Regarding Pharmacy Services:

MedImpact  
CMSP's Pharmacy Benefits Manager  
800-788-2949

## For Questions Regarding Medical Services:

AMM – Advanced Medical Management  
CMSP's Third Party Administrator  
CMSP: 877-589-6807  
Path to Health: 877-283-7284  
Connect to Care: 888-614-0846



## For Program & Policy Questions:

Kari Brownstein, Executive Director  
[kbrownstein@cmspcounties.org](mailto:kbrownstein@cmspcounties.org)  
916-649-2631 ext. 113

Alison Kellen, Program Director  
[akellen@cmspcounties.org](mailto:akellen@cmspcounties.org)  
916-649-2631 ext. 119

## For CMSP Eligibility Questions:

Guillermo Velazquez, Eligibility Analyst  
[gvelazquez@cmspcounties.org](mailto:gvelazquez@cmspcounties.org)  
916-649-2631 ext. 124

## For Marketing & Benefit Coverage Questions:

Par Pourzanjani, Program Analyst  
[ppourzanjani@cmspcounties.org](mailto:ppourzanjani@cmspcounties.org)  
916-649-2631 ext. 125

**THANK YOU!**